

What H.R. 4803 Means for You and How to Support It

Editor's Note: The following is excerpted from an article submitted by the ASA and NCCAOM leadership teams regarding H.R. 4803, the Acupuncture for Our Seniors Act, introduced on July 29, 2021, by U.S. Representative Judy Chu (D-Calif.). The complete article including background on this important new legislation will appear in our October print / digital issue.

Because acupuncturists are not Medicare providers, they cannot bill for covered Medicare services and can only provide acupuncture services to Medicare beneficiaries under the supervision of a Medicare-recognized practitioner. This requirement significantly disrupts the acupuncture service-delivery model, as most acupuncturists are independent providers.

This disruption, in turn, creates an access barrier by preventing many qualified acupuncturists from providing services to Medicare beneficiaries. It also inhibits Medicare beneficiaries from accessing care from qualified acupuncturists.



Medicare currently only covers acupuncture for chronic lower back pain (cLBP). Medicare will cover more services as acupuncture's evidence base grows, and the U.S. health care system continues to embrace integrative and complementary health and wellness methods. So, while many within the profession may not feel the effects of this barrier now, they will as Medicare begins to cover more acupuncture services.

Medicare policy allows physicians, physician assistants, nurse practitioners, and clinical nurse specialists to provide acupuncture for cLBP, but restricts the most qualified and experienced practitioners — acupuncturists — from independently providing this service. Without Medicare recognition, current policy will continue to exclude acupuncturists from these opportunities — despite their training and expertise — and allow other provider groups to fill this void.

Why Medicare Recognition Is Essential

The Medicare program covers Americans over the age of 65; approximately 60 million Americans today. By 2030, estimates indicate that Medicare will cover 80 million Americans and cover more evidence-based services. As the largest payer in the United States, Medicare influences many third-party-payer coverage decisions. To grow the acupuncturist profession, Medicare recognition is a critical next step.

Why H.R. 4803 Is Unique Legislation

H.R. 4803 was introduced after CMS' 2020 decision to cover acupuncture services for cLBP. This coverage decision complements legislative efforts to establish acupuncturists

as Medicare providers because it validates the growing evidence base; and exposes the fact that Medicare recognizes acupuncture as a service, but does not recognize acupuncturists as providers.

While past bills have sought to establish Medicare provider status for acupuncturists, they

simultaneously sought recognition from the Veterans Health Administration and the Public Health Service. H.R. 4803 takes a narrow approach by focusing specifically on Medicare recognition. This is strategic, as it results in a smaller bill that will involve fewer congressional committees of jurisdiction, help with the bill's cost estimates, and enable advocacy efforts to focus on Medicare recognition.

Congress is a fiscally sensitive body, so it is critical to keep bills as cost-neutral or cost-effective as possible. This is one reason why H.R. 4803 does not authorize Medicare to cover additional acupuncture services. Including additional services would also contribute to the bill's cost. It can also prevent the profession and CMS from adapting and evolving with emerging evidence.

A list of services codified into law would be very difficult to change in the future. Medicare, however, can more readily adjust or remove services and is thus better suited to add services.

Next Steps: How You Can Help Support H.R. 4803

The legislative effort to establish acupuncturists as Medicare providers must be strategic and reflect the profession's interests and needs. The ASA and the NCCAOM understand the nuances of the acupuncture profession, and the need for effective and well-timed grassroots campaigns. The [ASA / NCCAOM Medicare Roadmap](#) provides guidance on this process, including when acupuncturists should contact their members of Congress and engage in other grass-roots efforts.

The ASA and the NCCAOM's immediate next step for supporting H.R. 4803 is to obtain bipartisan support from the committees in the House of Representatives that have jurisdiction over Medicare (Energy & Commerce Committee and Ways & Means Committee), and to engage the profession on grassroots efforts. The bill will have a much stronger chance of advancing if we work together and stay strategic.

What You Can Do Now

Grassroots Engagement: The ASA and the NCCAOM need your help to support this bill. We will be there every step of the way to ensure you have what you need to make a difference. Look for information soon from the ASA / NCCAOM on grassroots training to engage congressional offices, patients, fellow acupuncturists, and other practitioners. The ASA and the NCCAOM will keep the profession updated on the bill's progress, next steps and new opportunities to get involved with ASA / NCCAOM advocacy efforts.

Patient Testimonies: The ASA and the NCCAOM are collecting patient testimonials that show how acupuncture has benefited them and how access to acupuncturists is critical. To make this easy for your patients and for you, we will send patient-testimonial templates that your patients can easily complete. Congressional offices want to hear from you — and the positive impact you have on patients is critical to our message.

This effort will need engagement from acupuncturists, their patients and supportive stakeholder groups. It will take time and patience, and ultimately, a united voice from the profession. The ASA and the NCCAOM are working together to ensure advocacy for H.R. 4803 is coordinated, effective and timely. Both groups will continue to work together to provide progress updates, query the profession for data, talking points and grassroots advocacy instruction, and information on how you can help advance this initiative.

As always, the ASA and the NCCAOM welcome your questions and comments; please get in touch: advocacy@thenccaom.org and advocacy@asacu.org.

SEPTEMBER 2021

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