



HEALTH CARE / PUBLIC HEALTH

Understanding the Challenges of U.S. Acupuncture Practice (Pt. 8)

PT. 8: THE MICROSYSTEM – INEFFECTIVE REPRESENTATION AND SUMMARY

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Ineffective Representation of the Profession

There are four types of organizations in acupuncture profession, the same as in every mainstream profession: (a) one representative national association of the practitioners – the American Association of Acupuncture and Oriental Medicine (AAAOM) used to be a national acupuncture association, but its membership has decreased dramatically due to a lack of cohesiveness and a common vision;¹ (b) one medical education governing body – NCCAOM stands in for licensing qualifications for every state with a practice act, with the exception of California, which has its own standards; (c) one school accreditation body that drives education standards – ACAOM is the acupuncture accreditation body, which notably allows each school to set its own specific standards; and (d) one national organization that represents schools and sets standards for schools in terms of performance – CCAOM plays no compliance role for its members.

The other mainstream medical professions all have very strong organizations that can represent them to serve their practitioners' interests, including, for example, the American Medical Association (AMA), the American Association of Nurse Practitioners (AANP), and the American Physical Therapy Association (APTA). Acupuncture has multiple national associations, but none of them has significant percentages of members.

For instance, NCCAOM is the largest national acupuncturist professional membership organization; according to the NCCAOM certification handbook, there are currently more than 17,000 active NCCAOM certificate holders, which is still less than 50% of the 34,481 licensed

acupuncturists in 2015 in the U.S.²⁻³

California has 11,477 acupuncturists with active licenses in California, which is the largest number of acupuncture practitioners by state and serves as the leader in the industry of acupuncture.²⁶ However, there are about 25 to 30 acupuncture associations in California, which dilutes the voice of the profession and leaves policymakers in California to sort through issues on their own.⁴

In 2018, California finally united a strong statewide association. As an assembly member, Low, highlighted, "When the new association is formed, the acupuncture profession can finally advocate before the government with a strong, unified voice to make sure that insurance companies have more coverage for acupuncture and acupuncture can be another option in the battle against the opioid crisis."⁴

Currently, California and the other national acupuncture organizations, such as the NCCAOM, cannot agree on using one national licensing exam. The acupuncture profession has two licensing exams that do not allow reciprocity and mutual benefit for practitioners.

There are also disagreements among different associations, and between the NCCAOM and the California Acupuncture Board. According to Starr, before the Medical Act of 1858, no communication among professionals accounted for the Western medicine profession's lack of cohesiveness.⁵ As a result, the weak profession could not gain support from the public.

In general, the acupuncture profession currently does not have a united national organization in its true sense that can represent the largest number of practitioners to promote the profession to the government, insurance companies, and other medical mainstream professions.

Without a unified and representative national organization, the integration of acupuncture into mainstream medicine will be difficult.

Summary of Parts 1-8

Numerous factors and causes contribute to the problem of practice, from societal views on health to individual acupuncturists, when it comes to the integration of the acupuncture profession into mainstream health care. Neal and Neal's networked approach [Pt. 2, [July issue](#)] appropriately frames the influences between the various systems of EST.⁶

[The chronosystem](#) [Pt. 3, August issue] can reflect the change over time in the acupuncture profession in the United States. The macrosystem represents societal views on health and safety concerns of the public. [The exosystem](#) [Pt. 4, September issue] of health policy and acupuncture regulations can directly affect the microsystem of acupuncturists and acupuncture profession.

Evidence-based medicine, insufficient awareness of reliable CAM treatments by mainstream professionals, lack of consistent professional competencies, and influence of capitalism comprise the mesosystem [Pt. 5 and Pt. 6, [October](#) and [November](#) issues]. The mesosystem of evidence-based medicine can also directly impact the exosystem of health policy.

[The microsystem](#) [Pt. 7, December issue] of acupuncturists and acupuncture profession play the most important role in influencing the integration of the profession into mainstream health care. Varied acupuncture training, as well as the insufficient Western medicine training of acupuncturists, could contribute to the disqualification of the acupuncture profession to meet the requirement of mainstream medicine.

Ineffective representations of the acupuncture industry make it difficult for the profession to influence, or be involved in, policy decisions being made by the government agencies, insurance companies, and other mainstream medical professions.

Both varied training and ineffective representation of the acupuncture profession are the internal barriers to integrating acupuncture into mainstream/western medicine.⁷ This literature review helps to understand the complicated factors that are associated with the problem of current U.S. acupuncture practice.

The factors that are associated with the challenges of acupuncture practice in the United States are complex, and we believe the factors are not limited to the components discussed in this article. We hope our colleagues can continue to dig out more to help us to understand our professional challenges. Finding the challenges within the practice is the first step and might further contribute to providing insights into ideas and plans on how we advance our profession.

References

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