



American Association of Acupuncture and Oriental Medicine (AAAOM) Position Statement in Support of the Designation of Acupuncture as an Essential Health Benefit Service

The AAAOM supports designating acupuncture as an Essential Healthcare Benefit (EHB) for the following reasons:

- *acupuncture is safely and effectively practiced nationally by state licensed and regulated health care professionals who are trained in institutions whose accreditation is recognized by the U.S. Department of Education;*
- *acupuncture is a proven, cost-effective and comparatively-effective medical treatment for commonly occurring illnesses as enumerated by the World Health Organization (WHO) and the National Institutes of Health (NIH);*
- *acupuncture is an important aspect of integrative medical care whereby thousands of trained licensed acupuncturists and physicians are practicing acupuncture in clinics, hospitals, universities, veterans' care facilities, and military establishments;*
- *acupuncture reimbursement for treatment by licensed acupuncturists and physicians is available through federal, state, and private third party payers;*
- *acupuncture, a medically-effective service, has an unparalleled safety record with far fewer side effects than conventional therapies such as prescription drugs and surgery as well as consistent meaningful improvement outcomes;*
- *acupuncture is sought after by the public as there is an established need for increased patient access to care; and*
- *acupuncture meets the EHB criteria and services, and at minimum, serves five of the EHB categories of care.*

The Affordable Care Act (“ACA”) of 2010 was enacted to ensure that Americans have access to quality, affordable health care. Starting in 2014, plans offered in the new ACA Health Insurance Exchanges, Medicaid state plans, and individual and small group plans will be required to provide a package of essential health benefits (“EHB”). Under the ACA,¹ the Secretary of the Department of Health and Human Services is charged with defining EHB categories through regulation, ensuring that the EHB floor “is equal to the scope of benefits provided under a typical employer plan.”²

In order to comply with EHB regulations, the Institute of Medicine has recommended³ that insurance plans must cover items and services in at least ten categories of care. Plans can modify coverage within a benefit category so long as they do not reduce the value of coverage. The ten categories include: 1. ambulatory patient services; 2. emergency services; 3. hospitalization; 4. maternity and newborn care; 5. mental health and substance use disorder services, including behavioral health treatment; 6. prescription drugs; 7. rehabilitative and habilitative services and devices; 8. laboratory services; 9. preventive and wellness services and chronic disease management; and 10. pediatric services, including oral and vision care.

Over 3.1 million adults visited an acupuncturist in 2007, a figure that has risen sharply over the past decade; in 2007 there were 79.2 visits to an acupuncturist per 1,000 adults compared to 27.2 visits in 1997.⁴ Visits to a health care practitioner of any kind totaled \$61.5 billion, of which, \$11.9 billion was spent on CAM providers such as acupuncturists. The acupuncture profession⁵ is a standardized^{6,7}, licensed and regulated health care profession that conducts training in accredited institutions⁸, and performs safe⁹, low cost^{10,11} and comparatively effective^{12,13} services

¹ Section 1302(b)(2) of the Affordable Care Act.

² Centers for Medicare & Medicaid. (2011, December 16). *Essential Health Benefits Bulletin*. Retrieved January 13, 2012, from ccio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf.

³ <http://www.iom.edu/Activities/HealthServices/EssentialHealthBenefits.aspx>.

⁴ Wolsko PM, Eisenberg DM, Davis RB, Ettner SL, Phillips RS. Insurance coverage, medical conditions, and visits to alternative medicine providers: Results of a national survey. *Arch Intern Med*. 2002 162(3):281-7.

⁵ The AAAOM was formed in 1981 to be the unifying force for American Acupuncturists who are dedicated to ethical practice, high educational standards, and the regulation of Acupuncture and Oriental Medicine (AOM). The AAAOM is the oldest and largest professional organization in the United States and its purpose is to serve as the official representative for the profession in state, federal, and international affairs. The AAAOM represents individual practitioners, their small businesses, physicians, healthcare professionals, patients, and state professional associations, which maintain membership in the AAAOM.

⁶ Astin JA, Marie A, Pelletier KR, Hansen E, Haskell WL. A review of the incorporation of complementary and alternative medicine by mainstream physicians. *Arch Intern Med*. 1998;158(21):2303-10.

⁷ Wahner-Roedler DL, Vincent A, Elkin PL, Loehrer LL, Cha SS, Bauer BA. Physicians' attitudes toward complementary and alternative medicine and their knowledge of specific therapies: a survey at an academic medical center. *Evid Based Complement Alternat Med*. 2006;3(4):495-501.

⁸ <http://aaaom.org/about/>.

⁹ Lao L, Hamilton GR, Fu J, Berman, BM. (2003, Jan-Feb) *Altern Ther Health Med*.; Is acupuncture safe? A systematic review of case reports. 9(1):72-83.

¹⁰ Witt CM, Reinhold T, Jena S, Brinkhaus B, Willich SN. 2008 Apr; *Cephalalgia*. Cost-effectiveness of acupuncture treatment in patients with headache. 28(4):334-45.

¹¹ Reinhold T, Witt CM, Jena S, Brinkhaus B, Willich SN. 2008 Aug; *Eur J Health Econ*. Quality of life and cost-effectiveness of acupuncture treatment in patients with osteoarthritis pain. 9(3):209-19. Epub 2007 Jul 19.

that address conditions noted in the EHB criteria and guidelines. In select insurance plans acupuncture has demonstrated meaningful improvement in outcomes over current effective services and treatments for conditions spanning multiple EHB categories of care: maternity/infertility, mental health, rehabilitative services, preventative wellness, and chronic disease management as discussed and referenced below.

1) Ambulatory patient services: According to the National Institutes of Health (NIH), acupuncture is the practice of inserting thin needles into specific body points to improve health and wellbeing. Throughout the country, the majority of licensed acupuncturists provide care on an outpatient basis for a wide array of disorders. Among the most common conditions for which patients seek acupuncture is pain. Many types of pain relief are currently reimbursed by insurance providers—a development supported by a growing body of science and research. *Nature Neuroscience*, one of the world’s leading scientific journals, published a May 30, 2010, article confirming acupuncture’s role in triggering the release of adenosine—a neuromodulator with anti-nociceptive properties.¹⁴

Knee pain due to osteoarthritis is an example of a condition commonly treated by acupuncture. When acupuncture was added to the treatment protocol for arthroplasty of the knee, over a third of patients were able to avoid surgery, resulting in a savings of \$9,000 per patient.¹⁵ The *Journal of Bone and Joint Surgery* estimates that by 2030, the demand for primary total knee arthroplasties is projected to grow by 673% to 3.48 million procedures due to an increase in the aging U.S. population. If a third of those patients could avoid surgery through acupuncture care, this could generate a total savings of \$10.44 billion.¹⁶

2) Maternity and newborn care: Maternity wards world-wide are among the hospital settings most familiar with the positive health outcomes acupuncturists help provide. A 2005 British Medical Journal published a randomized single blind controlled trial (n=386) showing that acupuncture and certain stabilizing exercises constitute efficient complements to standard treatment for the management of pelvic girdle pain (PGP) during pregnancy. Acupuncture was found to be superior to stabilizing exercises in this study.¹⁷

¹² Witt CM, Jena S, Brinkhaus B, Liecker B, Wegscheider K, Willich SN. 2006 Nov; *Arthritis Rheum.*; Acupuncture in patients with osteoarthritis of the knee or hip: a randomized, controlled trial with an additional nonrandomized arm. 54(11):3485-93.

¹³ Cherkin DC, Sherman KJ, Avins AL, Erro JH, Ichikawa L, Barlow WE, Delaney K, Hawkes R, Hamilton L, Pressman A, Khalsa PS, Deyo RA. 2009 May; *Arch Intern Med.* A randomized trial comparing acupuncture, simulated acupuncture, and usual care for chronic low back pain. 11;169(9):858-66.

¹⁴ Goldman N, Chen M, Takumi F. (2010 May); *Nature Neuroscience.*

<http://www.nature.com/neuro/journal/v13/n7/abs/nn.2562.html>. 13, 883-888.

¹⁵ Christensen BV, Iuhl IU, Vilbek H, Bulow HH, Dreijer NC, Rasmussen HF, 1992, *National Center for Biotechnology Information.* Acupuncture treatment of severe knee... PubMed - NCBI. (n.d.). Retrieved January 13, 2012, from <http://www.ncbi.nlm.nih.gov/pubmed/1514335>.

¹⁶ Kurtz S, Ong K, Lau E, Mowat F, Halpern M, 2007, *The Journal of Bone & Joint Surgery*, Projections of Primary and Revision Hip and Knee Arthroplasty in the United States from 2005 to 2030, Retrieved from <http://www.ejbs.org/cgi/content/abstract/89/4/780>.

¹⁷ Elden L, Ladfors L, Olsen MF, Ostgaard HC, Hagberg H, 2005, Effects of Acupuncture and Stabilizing exercises... Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/15778231>.

3) Mental health and substance use disorder services including behavioral health

treatment: Currently, the military and the Veteran's Administration are using acupuncture to combat the symptoms of post-traumatic stress disorder (PTSD) in facilities across the country (including Camp Pendleton, Ft. Hood, and Walter Reed Army Medical Center). One active military clinic reported weekly cost savings to be \$18.76 per patient by replacing pharmacotherapy with acupuncture care—representing an annual cost savings of \$129,000 in 2009.¹⁸ Similarly, the authors of a 2011 randomized, double-blind controlled trial concluded that acupuncture for post-stroke depression (PSD) is as effective as fluoxetine but without obvious drug-induced adverse reaction involved.¹⁹

4) Rehabilitative and habilitative services and devices: One case of carpal tunnel syndrome (CTS) treatment without surgical intervention costs \$5,246 versus an estimated \$1,000 in acupuncture treatments (based on 15 visits at \$65 per visit)²⁰. According to NIH, an estimated three of every 10,000 workers lost time from work in 1998 because of carpal tunnel syndrome. Conservatively assuming 54,000 impacted workers per year, this equals an annual savings of \$216 million for CTS treatment alone. Dutch researchers at the Erasmus University Medical Center Rotterdam observed that musculoskeletal complaints are associated with a large medical and societal burden. They concluded that the observed improvements in health-related quality of life (HRQoL) suggest a subjective, clinically relevant, benefit of routine acupuncture therapy in treating musculoskeletal complaints.²¹

5) Preventive and wellness services and chronic disease management: Many hospitals and clinics deploy acupuncturists for preventive and wellness care as well as the management of chronic disease. Research indicates that acupuncture can be used for pre-surgical care to reduce the amount of post-operative morphine consumption. This is significant as post-operative pain is a large predictor of the subsequent generation of chronic pain.²² Cancer Treatment Centers of America (CTCA) employs acupuncturists in its five nationwide hospitals, providing thousands of acupuncture treatments in a truly integrative setting.²³ According to the Centers for Disease Control and Prevention (CDC), stroke is the third most common cause of death in the United States. Stroke patients who received adjunctive acupuncture treatment decreased their hospital stays by about half and saved \$26,000 per patient. In California alone, with a reported 641,000 stroke patients in 2005, this would represent savings of \$16.6 billion.²⁴

¹⁸ Spira A, 2008 *Mil Med*, Acupuncture: a Useful tool for health care in and operational medicine environment, retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/18700595>, 173(7) 629-34.

¹⁹ Jiu, ZZ, 2011, *National Center for Biotechnology Information* [Acupuncture for post-stroke depression: a... - PubMed - NCBI. (n.d.). Retrieved January 13, 2012, from <http://www.ncbi.nlm.nih.gov/pubmed/21355143>.

²⁰ Clairmont A. Economic aspects of carpal tunnel syndrome. In Kraft GH, Johnson EW (Eds) *Physical Medicine and Rehabilitation Clinics of North America, Carpal Tunnel Syndrome*. W.B. Saunders, Philadelphia;1997:8(3)571-576.

²¹ Van den berg I, Tan L, van Brero H, Tan KT, Janssens AC, Hunink MG, 2010 *National Center for Biotechnology Information*. Health-related quality of life in patients with... [Acupunct Med. 2010] - PubMed - NCBI. (n.d.). Retrieved January 13, 2012, from <http://www.ncbi.nlm.nih.gov/pubmed/20643729>.

²² Preoperative intradermal acupuncture reduces postoperative pain, nausea and vomiting, analgesic requirement, and sympathoadrenal responses. Kotani N, Hashimoto H, Sato Y, Sessler DI, Yoshioka H, Kitayama M, Yasuda T, Matsuki A. *Anesthesiology*. 2001 Aug;95(2):349-56.

²³ Information retrieved from <http://www.cancercenter.com/complementary-alternative-medicine/acupuncture.cfm>.

²⁴ *MMWR Weekly* May 18,2007 56(19); 469-74 Prevalence of Stroke – United States 2005, Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5619a2.htm>.

In the context of cost-effectiveness research specifically, acupuncture is known internationally to substantially reduce the conventional costs of care.²⁵ In the United Kingdom, acupuncture is available through the federally funded National Health Service (NHS); one million people receive acupuncture treatments through the NHS each year. The German Acupuncture Randomized Trials (ART), the Acupuncture in Routine Care (ARC) studies, and the German Acupuncture Trials (GERAC)²⁶ were clinical trials that demonstrated the benefit of acupuncture in multiple disease states, including pain. Moreover, data from these studies demonstrated acupuncture's cost-utility in terms of cost per Quality Adjusted Life Year (QALY)²⁷. As a consequence of this work in April 2006, Germany's social health insurance funds began normal reimbursements for acupuncture treatment of chronic low back pain and osteoarthritis of the knee.

An analysis of over 18,000 claims in New York found that "expenditures on acupuncture may be offset through reductions in other health care utilization."²⁸ Acupuncture was found to be a less costly alternative for some medical services and pharmaceuticals. Acupuncture use was associated with decreased spending in: primary care, outpatient services, and surgery and pharmaceuticals (specifically gastrointestinal and pain medications). Acupuncture coverage expands patient choice, and healthcare access; is already an important part of the fabric of American healthcare; and is safely and effectively practiced throughout the country. There is wide acceptance of acupuncture by health insurance carriers, and health care providers as well as the US health care consumer, - who often need to pay out-of-pocket, - a measure of patient value.²⁹ Detailed below are certain patient groups that receive acupuncture on a regular basis in addition to some of the relevant research associated with those groups.

Military Personnel: Currently, there are several veterans' affairs and active military treatment facilities that utilize acupuncture for pain management, PTSD, and compassion fatigue for health care providers. HealingWorks, a non-profit organization, provides acupuncture and integrative medical services to military personnel and to their family members and caregivers.

1. Acupuncture is one of the treatment modalities used to treat the symptoms of PTSD at the Ft. Bliss Restoration & Resilience Center, the Warrior Combat Stress Reset Program at Ft. Hood, and at Camp Pendleton.
2. Acupuncture is also utilized at Walter Reed Army Medical Center for the treatment of compassion fatigue in health care providers.
3. Ft. Carson, Schofield Barracks Clinic, the Seattle VA, the VA at Salt Lake City, and the Air Force use acupuncture for pain management.

²⁵ Jabbour, M et al, "Economic Evaluation in Acupuncture", *The American Acupuncturist*, Fall 2009, vol. 49.

²⁶ Haake M, Muller H-H, Schade-Brittinger C, Basler HD, Schafer H, Maier C, et al. German Acupuncture Trials (GERAC) for Chronic Low Back Pain: Randomized, Multicenter, Blinded, Parallel-Group Trial With 3 Groups. *Arch Intern Med*. 2007 September 24, 2007;167(17):1892-8.

²⁷ Cummings M. Modellvorhaben Akupunktur - a summary of the ART, ARC and GERAC trials. *Acupunct Med*. 2009 Mar;27(1):26-30.

²⁸ Bonafede, M. et al. "The Effect of Acupuncture Utilization on Healthcare Utilization"; *Med Care* 2008; 46: 41-48

²⁹ 2007 CDC National Health Interview Survey: Total CAM out-of-pocket expenditures in 2007 were \$33.9 billion or 1.5% of total health care expenditures; however, this number represents 11.2% of total out-of-pocket health care expenditures in the United States.

4. Corporate Employees: In 2004, the Kaiser Family Foundation found that, out of 3,017 randomly selected public and private firms, 47% of employers offer acupuncture as a covered health benefit. Conditions such as carpal tunnel syndrome continue to adversely impact firms, and acupuncture has become a widely accepted treatment for CTS. In addition, acupuncture has been included in California's worker's compensation model since 2007.

Licensed acupuncturists provide quality care in close collaboration with other providers. The Association of American Medical Colleges predicts a nationwide shortage of 91,500 primary care physicians by 2020. Acupuncturists have the potential to help fill this gap in the absence of other primary care providers (PCPs) in many parts of the country.³⁰ Nationwide, hospitals and clinics have hired acupuncturists to provide care in areas such as pain management, gynecology, and oncology.

In conclusion, the inclusion of acupuncture in the Essential Health Benefits package will increase patient access to safe, cost-effective and comparatively-effective health care, improve outcomes, and reduce adverse events of conventional therapies, and provide an overall increase in cost-savings for American health care.

³⁰https://www.aamc.org/newsroom/reporter/april11/184178/addressing_the_physician_shortage_under_reform.html.