



Public Protection Through Quality Credentials

July 18, 2014

Standard Occupational Classification Policy Committee (SOCPC)
U.S. Bureau of Labor Statistics
Suite 2135
2 Massachusetts Avenue NE
Washington, DC 20212
Reference: Standard Occupational Classification (SOC) Revision for 2018

Subject: "Acupuncturists"

Dear SOCPC Members:

The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM[®]), in collaboration with the national acupuncture and Oriental medicine organizations in the U.S. is submitting this application in response to the May 22, 2014 Federal Register notice 29620, which requests revisions for 2018 to the 2010 Standard Occupational Classification (SOC) and corrections to the 2010 SOC Manual. We believe, as evidenced in the attached documents, that the SOCPC should move "Acupuncturists" from 29-1199.00 - *Health Diagnosing and Treating Practitioners, All Other* to a new distinct SOC under the 29.0000 Major Code - *Health Diagnosing and Treating Practitioners*.

The movement to regulate the practice of acupuncture and Oriental medicine in the United States dates back as far as 1975, and, currently, Acupuncturists are licensed and regulated in 44 states plus the District of Columbia. In 1982, the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) was formed. ACAOM is recognized by the U.S. Department of Education to accredit Masters and Doctoral level programs in Acupuncture and Oriental Medicine (AOM). The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM[®]) was also established that same year. The NCCAOM promotes national standards for AOM practitioners through its national examination and certification programs. Currently, all states that regulate acupuncture accept or require NCCAOM certification of its practitioners (except for California, which offers its own state examination for licensure as an Acupuncturist).

In the 41 years since acupuncture has been regulated in this country, there has been significant growth in the number of practicing Acupuncturists, the number of states that regulate the practice of acupuncture and the licensing of Acupuncturists, and the acceptance of acupuncture within the health care system. We have attached recent data describing the growth of the profession, and are submitting those data today to support the recognition of Acupuncturists as a stand-alone profession. The NCCAOM has demonstrated the ability to track the growth and status of the profession in terms of numbers of practitioners, income, geographic distribution, main modalities utilized, practice settings, certifications, and other demographic and clinical practice variables.

As a result of our previous submission in 2008 and our request for an independent SOC, Acupuncturists were classified under the "Health Diagnosing and Treating Practitioners, All Other" (Major group category under code 29-1199.01). Although at that time Acupuncturists did not receive the requested independent SOC, we believe that we now have the supporting documentation to meet all the criteria and classification principles required for Acupuncturists to be assigned a distinct occupational code. Additionally, the Occupational Information Network (O*NET) Data Collection Program has continually collected



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occupational data on Acupuncturists since 2010. This data is similar to that which the NCCAOM has been tracking as well. Please refer to the *Acupuncturists: Profession Quick View* (Attachment #1); and *BLS Acupuncturists: Profession Description* (Attachment #2). We have also provided a list and definition of commonly used terms by Acupuncturists. Please see *Glossary* (Attachment #3).

In addition, we have attached letters of support from national organizations (please see list of organizations and contacts (Attachment #4). They are the:

- American Association of Acupuncture and Oriental Medicine (AAAOM)
- American Acupuncture Council (AAC)
- Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)
- Academic Consortium for Complementary and Alternative Health Care (ACCAHC)
- Acupuncturists Without Borders (AWB)
- Council of Colleges of Acupuncture and Oriental Medicine (CCAOM)
- Consortium for Oriental Medicine Research & Education (COMRE)
- Council of State Associations of Acupuncture and Oriental Medicine (CSA)
- Society for Acupuncture Research (SAR)
- Stanford Center for Biomedical Informatics Research (SCBIR)

As you consider finalizing the 2018 SOC Manual for publication, the above national organizations (representing, affiliated with, or in support of the roughly 30,000 licensed Acupuncturists and 8500 students in training) request that the BLS add *Acupuncturists* as a *Standard Occupational Classification* as a separate and distinct occupation. We believe this addition will better reflect the current and emerging occupational structure of the U.S. economy, and believe it to be a timely change.

Thank you for your attention and consideration. If you have any questions, please do not hesitate to contact me at kwardcook@thenccaom.org or call me at (904) 674-2501.

Sincerely,

Kory Ward-Cook, Ph.D., MT(ASCP), CAE
Chief Executive Officer
National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)

KWC/ml

CC: AAAOM
AAC
ACAOM
ACCAHC
AWB
CCAOM
COMRE
CSA
SAR
SCBIR

Enc.



29-1199.01 Acupuncturists: Profession Quick View

1. Nature of the work performed.

- **Maintain and restore the health of patients** through the diagnosis and treatment of a wide range of health conditions, utilizing Chinese medicine theory and modern biomedical science.
- **May** apply numerous modalities, including [acupuncture needle](#) insertion, [manual therapy](#), tool-assisted techniques, [moxibustion](#), lifestyle and diet counselling, herbal medicine and supplements, exercise therapy, [Tai Chi](#) and [Qi Gong](#).
- **Includes** graduates of [ACAOM](#) accredited schools and international graduates with equivalent training.
- **Excludes** “Physical Therapists” (29-1123.00), “Medical Acupuncturists” [who are Physicians] (29-1069.00 and others), “Dentists” (29-1021.00), “Chiropractors” (29-1011.00), “Naturopathic Physicians” (29-1199.04) and other health professionals who may use [acupuncture needles](#), but who are not trained and who do not treat utilizing Acupuncturists’ diagnostic and therapeutic approaches.

2. Attributes of the work performed that make the occupation distinct from other detailed occupations in the SOC.

No other occupation provides comprehensive medical treatment based on Chinese medicine theory.

3. Job titles.

Acupuncturist*, Licensed Acupuncturist*, Acupuncture Physician*, Doctor of Acupuncture**, Doctor of Oriental Medicine**, Doctor of Acupuncture and Oriental Medicine**, Certified Acupuncturist**, East Asian Medical Practitioner**.

- These titles are unique to the proposed occupation.
- *These titles are listed in the Direct Match Title File currently in use.
- **Additional titles that should be included in the file.

4. Indications of the number of jobs or workers in the occupation.

- 30,000 trained and credentialed Acupuncturists
- 8500 students in training.



Attachment #1

5. Types of employers.

- Private practice
- Hospitals
- Nursing homes
- Assisted Living facilities
- Medical groups
- Community clinics
- Disaster relief clinics
- Military agencies
- Government agencies

6. Education and training.

Practitioners graduate from graduate school programs accredited by the Accreditation Commission for Acupuncture and Oriental Medicine ([ACAOM](#)) requiring a minimum of 1905 academic hours or 3 years of academic preparation. Degrees awarded for primary training are Masters level. Many Acupuncturists train for a minimum additional 720 hours (minimum 2625 hours total) to include herbal medicine in their practices. A post-graduate Doctorate degree exists and a First Professional Doctorate degree is in development.

7. Licensing.

State licensure or registration is required in 44 states and the District of Columbia. Action is proceeding to include licensure in the 6 remaining states. Certification and/or national licensing exams are generally required.

8. Tools and technologies.

- [Acupuncture needles](#)
- [Ear seeds](#)
- [Press tacks](#)
- [Lancets](#)
- [Gua Sha](#) tools
- [Cupping](#) devices
- Moxa and [moxibustion](#) devices



Attachment #1

- Laser based point stimulators
- [Electric stimulation](#) machines,
- [TENS](#) units
- [Tuning forks](#)

9. Professional or trade associations and unions.

- American Association of Acupuncture and Oriental Medicine (AAAOM)
- Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)
- Council of Colleges for Acupuncture and Oriental Medicine (CCAOM)
- Council of State Associations (CSA)
- National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®)
- National Guild of Acupuncture and Oriental Medicine (NGAOM)
- People's Organization of Community Acupuncture (POCA)



Acupuncturists: Profession Description

Nature of the Work Performed

Acupuncturists maintain and restore the health of patients through the diagnosis and treatment of a wide range of health conditions, utilizing Chinese medicine theory and modern biomedical science. Acupuncturists apply numerous modalities which, may include [acupuncture](#), [manual therapies](#), tool-assisted techniques, [moxibustion](#), [auricular therapy](#), lifestyle and diet counseling, herbal medicine and supplements, exercise therapy, [Tai Chi](#) and [Qi Gong](#).

Acupuncturists base their practice on a complex, highly structured, system of observational biology. This system is rooted in understandings of how humans interact with and within natural and constructed environments and social systems. Its framework can be applied to animal systems as well. In order to determine the state of balance and imbalance in patients, Acupuncturists utilize unique groupings of signs and symptoms and diagnostic approaches in conjunction with standard biomedical evaluation techniques. These include specialized methods such as facial observation, and tongue and pulse diagnoses.

Chinese medicine as a distinct field clearly dates back as far as 1400 BC.¹ This framework is distinct from, but complimentary to, mainstream Western medicine, and emphasizes early disease detection and changes in patient behavior as primary means of minimizing disease burden.

Treated conditions include a wide variety of medical disorders including, but not limited to, those often categorized under the domains of internal medicine, musculoskeletal and physical medicine and rehabilitation, mental health, gynecology and fertility, endocrinology, and neurology.

Attributes of the Work Performed and How the Occupation is Distinct from other Detailed Occupations

No other healthcare occupation utilizes diagnostic and treatment models based on Chinese medicine theory. There are separate licensing laws for licensure or registration in 44 states and the District of Columbia.

Acupuncturists uniformly:

- Assess patient health problems and needs, and develop and implement care plans, including rehabilitative care, according to [Chinese based medical practices](#).
- Maintain medical records.
- Administer care to patients in all states of health and illness.
- Advise patients on health maintenance and disease prevention.
- Must pass rigorous, psychometrically sound certification/licensing examinations.

¹ <http://www.iep.utm.edu/yinyang>. Accessed 11/9/13



Attachment #2

- Must possess the key traits of medical clinicians, but are distinct from medical doctors, chiropractors, physical therapists, naturopaths, and others who may utilize [acupuncture](#) techniques without specific training in Chinese medicine theory, and who do not have separate licensure and certification for this body of knowledge.
- Must have the ability to function in multicultural environments, and to understand expansive viewpoints in medical theory.
- Do not prescribe pharmaceuticals.

Acupuncturists may

- Utilize herbal medicines as a predominant form of treatment.
- Perform point injections.
- Order radiographs.
- Order clinical laboratory tests.
- Run businesses, employ office staff, and utilize assistants.

Job Titles

There are several occupational titles for Acupuncturists. The following are the most commonly used job titles:

- Licensed Acupuncturist
- Doctor of Acupuncture
- Doctor of Oriental Medicine
- Doctor of Acupuncture and Oriental Medicine
- Certified Acupuncturist
- Acupuncture Physician
- East Asian Medical Practitioner

These titles are unique to this occupation.



Attachment #2

Number of Jobs or Workers in the Occupation

The following key points highlight the indications of the number of workers in the profession, number in training, other evidence for the efficacy interest in [acupuncture](#) services and other pertinent background information.

Number of Workers in the Occupation - Key Points

- There are approximately 30,000 Licensed Acupuncturists in the United States.²
- There are roughly 8500 students in training as Acupuncturists in more than 60 accredited programs or schools in the U.S.³
- Acupuncturists treat a very wide range of acute and chronic conditions, as well as promote health maintenance.^{4,5}
- Numerous peer-reviewed, evidence-based statements have been published recognizing [acupuncture](#) as a valuable treatment option for a wide range of conditions.⁶
- Leading hospitals across the country have increasingly integrated [acupuncture](#) and Oriental Medicine into services available for patients.^{7,8,9,10}

The World Health Organization (WHO) has identified over 90 conditions that have either proven efficacy of treatment by [acupuncture](#) or for which [acupuncture](#) is a promising treatment option¹¹. Very recently, the Department of Veterans Affairs' Health Services Research & Development Service's Evidence-based Synthesis Program published the *Evidence Map of Acupuncture*¹². This evidence mapping is intended to guide the Veterans Administration in informing future policy and clinical decision-making.

² Table prepared for the NCCAOM® 2013 Job Analysis Survey; <http://www.nccaom.org/regulatory-affairs/state-licensure-map> accessed 6/12/14.

³ ACCAHC Clinicians' and Educators' Desk Reference, 2013 Ed.; <http://www.accahc.org/cedr>. Accessed 3/ 30/2014.

⁴ <http://apps.who.int/medicinedocs/pdf/s4926e/s4926e.pdf>. accessed 3/3/2014.

⁵ <http://www.medicalacupuncture.org/ForPatients/AcupunctureintheNews.aspx>. Accessed 6/11/2014

⁶ See Figure 14 in this document.

⁷ <http://my.clevelandclinic.org/wellness/integrative-medicine/treatments-services/chinese-herbal-therapy.aspx>.

⁸ <http://www.mdanderson.org/patient-and-cancer-information/care-centers-and-clinics/specialty-and-treatment-centers/integrative-medicine-center/acupuncture/index.html>.

⁹ <http://www.childrenshospital.org/health-topics/procedures/acupuncture>

¹⁰ http://www.uclahealth.org/body.cfm?id=453&action=detail&limit_department=15&limit_division=1016.

¹¹ <http://apps.who.int/medicinedocs/pdf/s4926e/s4926e.pdf>. accessed 3/3/2014.

¹² Hempel, S, Taylor, S.L., Salloway, M., Miake-Lye, I.M., Beroes, J. M., Shanman, R., Booth, M.J., Siroka, A. M., Sheekelle, P.G., *Evidence Map of Acupuncture*, ESP Project #05-226; 2013, Veterans Administration.



Attachment #2

Types of Employers, Work Environment, and Employment

Acupuncturists work in a variety of clinical and wellness settings. While the majority of Acupuncturists are employed as solo practitioners (i.e. sole proprietors), the types of practice settings are growing for Acupuncturists to include, but not limited to:

- Hospitals,
- Medical groups
- Community clinics
- Disaster relief clinics
- Military establishments
- Government establishments.
- Nursing homes
- Assisted living facilities

The National Certification Commission for Acupuncture and Oriental Medicine has been tracking the practice settings of NCCAOM certified Acupuncturists since 2003.¹³ During the period between 2003 and 2013 the number of Acupuncturists working in settings other than private practice has grown significantly. With ever increasing integration of [acupuncture](#) and Oriental medicine into mainstream hospitals, clinics, integrative centers, teaching facilities, and the military, it is anticipated that Acupuncturists, the only professional group with specific training and validated entry examination requirements for [acupuncture](#) and Oriental medicine ([AOM](#)), will constitute an increasingly active professional community, as well as a growing economic force in the United States. Demonstrated demographic trends reflecting growth as far back as the 1980's are available to describe this professional group, with the Institute of Education Sciences National Center for Education Statistics (IPEDS) data available for more than a two decade span, and the United States Census Bureau North American Industry Classification System (NAICS) tracking Acupuncturists under code 621399. The inclusion of Acupuncturist as a specific occupational classification is critical to track this profession and to better reflect the current and emerging occupational structure of the U.S. economy.

¹³ <http://www.nccaom.org/job-task-analysis-jta-informational-page>; accessed 6/12/14



Attachment #2

Below are key points related to practice settings for Acupuncturists, followed by several figures illustrating specific collection data from the [NCCAOM](#)'s job analysis surveys from 2008 and 2013.

Practice Settings and Clinical Practice of Acupuncturists - Key Points

- **Acupuncturists practice in a variety of settings, and generally work 35-40 hours per week.**^{14 15}
- **Opportunities to expand practices into suburban and rural locales are robust, as most practice is currently concentrated in urban settings.**
- **Insurance reimbursement influences the availability of Acupuncturist services.**
- **Disaster relief**¹⁶ **as well as detoxification and addiction services**¹⁷ **represent expanding fields for Acupuncturist services.**
- **Innovative treatment delivery models have been developed to deliver [acupuncture](#) services to individuals of varying economic means.**¹⁸

The figures below provide important demographic and clinical practice metrics that support Acupuncturists as a distinct occupation.

¹⁴ Refer to reference #13.

¹⁵ *Executive Summary: Descriptive and Clinical Practice Profile from the NCCAOM® 2013 Job Analysis Survey; Refer to #13.*

¹⁶ <http://www.acuwithoutborders.org/index.html> accessed 2/12/14.

¹⁷ <http://www.acudetox.com/> accessed 2/12/14.

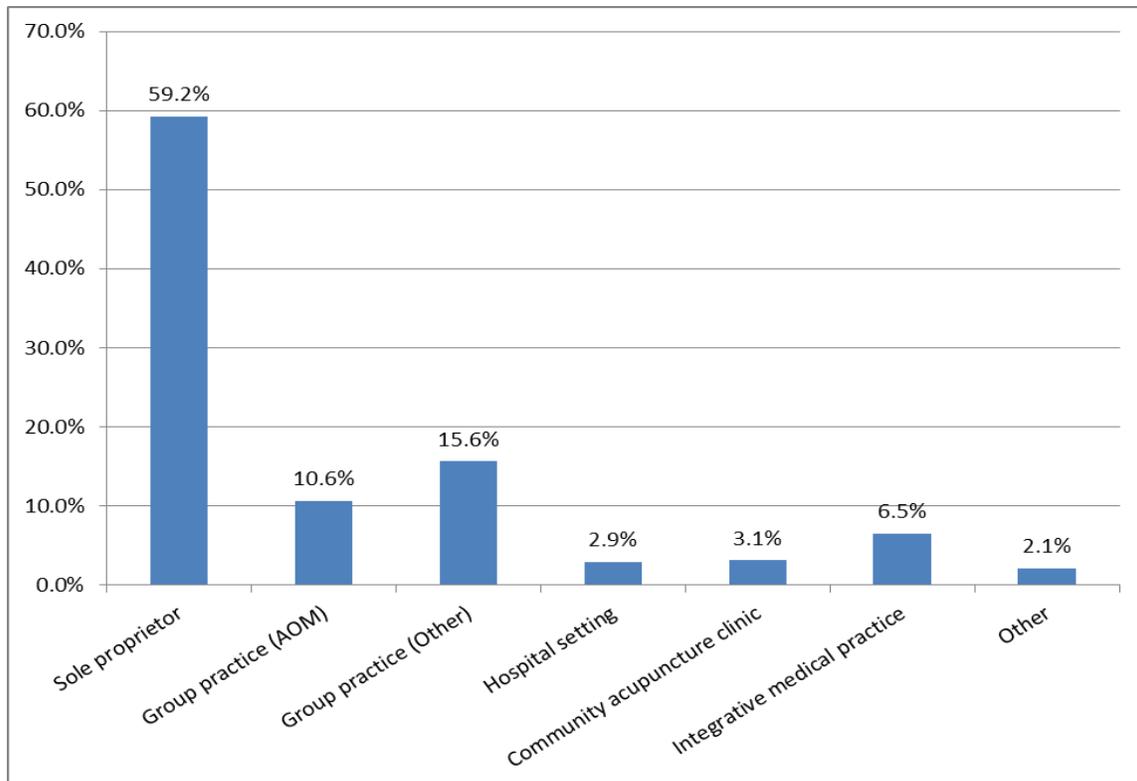
¹⁸ <https://www.pocacoop.com/about-us-our-mission>



Attachment #2

Figure #1, below, shows the types of employers for Acupuncturists. Figure #2, shows how Acupuncturists are employed in a group practice setting.

Figure #1: Types of Employers - Work Environment^{19,20} (n=1448)



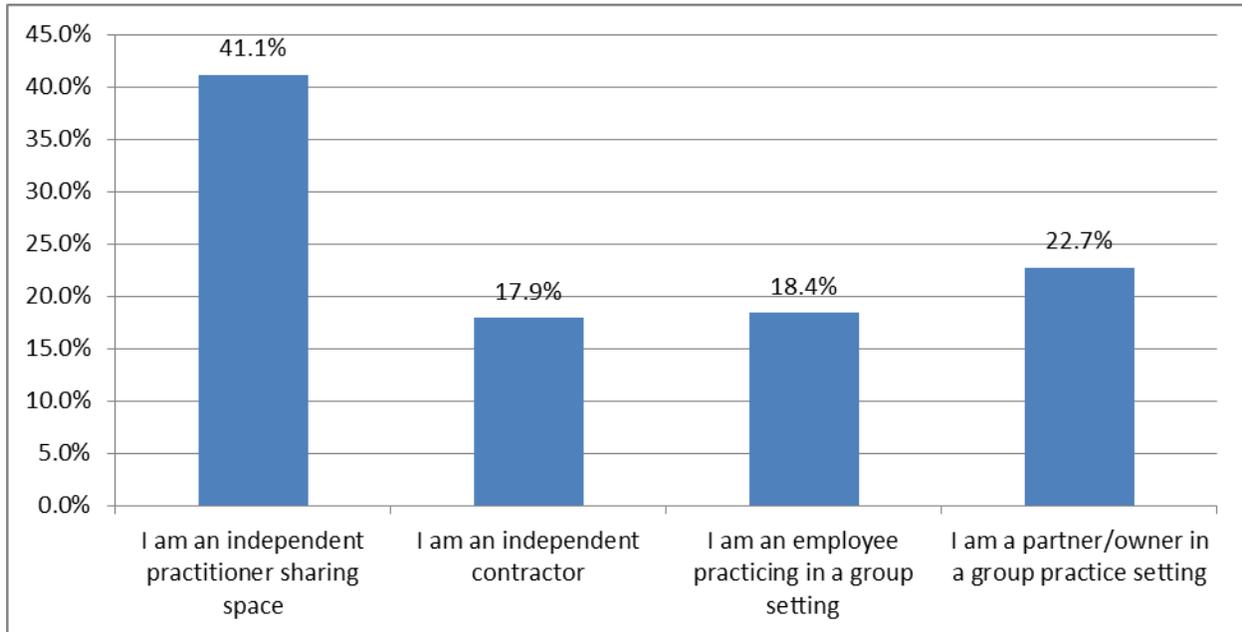
¹⁹ Executive Summary: Demographic and Clinical Practice Profile from the NCCAOM® 2013 Job Analysis (<http://www.nccaom.org/job-task-analysis-jta-informational-page>)

²⁰ NCCAOM® 2013 Job Analysis Report; <http://www.nccaom.org/job-task-analysis-jta-informational-page>; accessed 6/12/14.



Attachment #2

Figure #2: How Acupuncturists are Employed in a Group Practice²¹ (n=609)



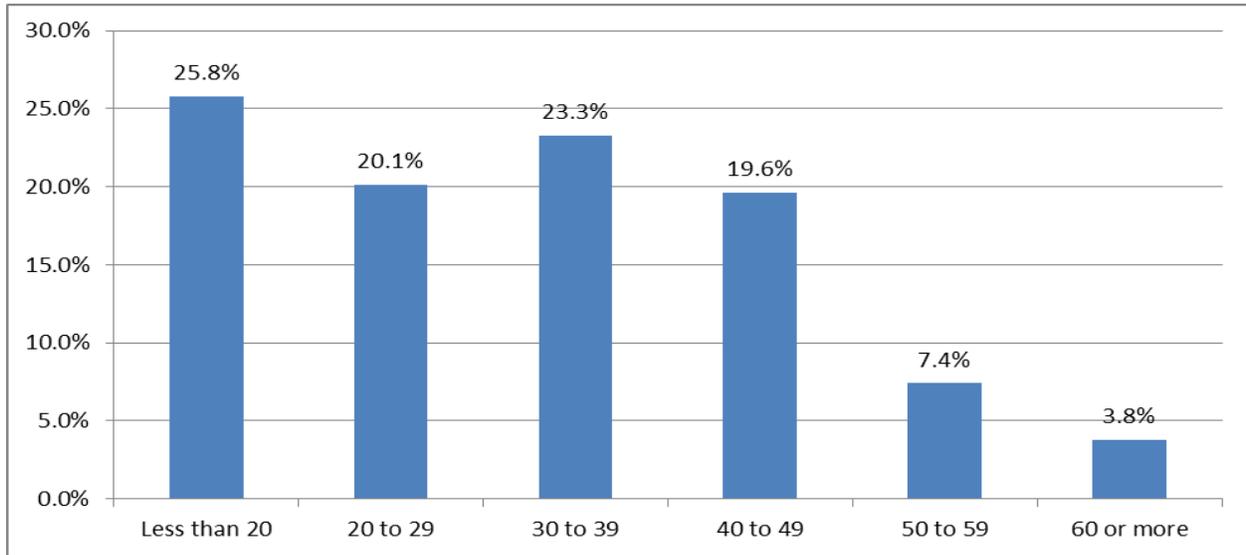
The figure below shows that some Acupuncturists work part-time, but the majority work more than 30 hours per week delivering [acupuncture](http://www.nccaom.org) services.

²¹ Executive Summary: Demographic and Clinical Practice Profile from the NCCAOM[®] 2013 Job Analysis (<http://www.nccaom.org/job-task-analysis-jta-informational-page>)



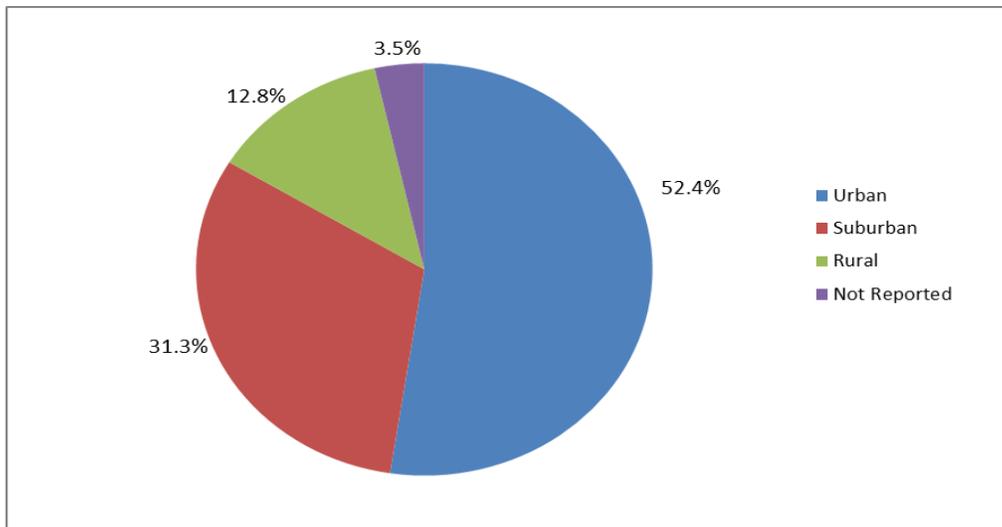
Attachment #2

Figure #3 Hours Worked per Week²² (n=1482)



Results from the from the NCCAOM[®] 2008 Job Task Analysis showed that more than 50% of certified Acupuncturists work in urban practice settings. Refer to Figure #4.

Figure 4: Rural, Urban, and Suburban Practice²³



Payment and Coverage for Acupuncturists' Services

²² Executive Summary: Demographic and Clinical Practice Profile from the NCCAOM[®] 2013 Job Analysis (<http://www.nccaom.org/job-task-analysis-jta-informational-page>)

²³ NCCAOM[®] 2008 Job Task Analysis, p. 21.

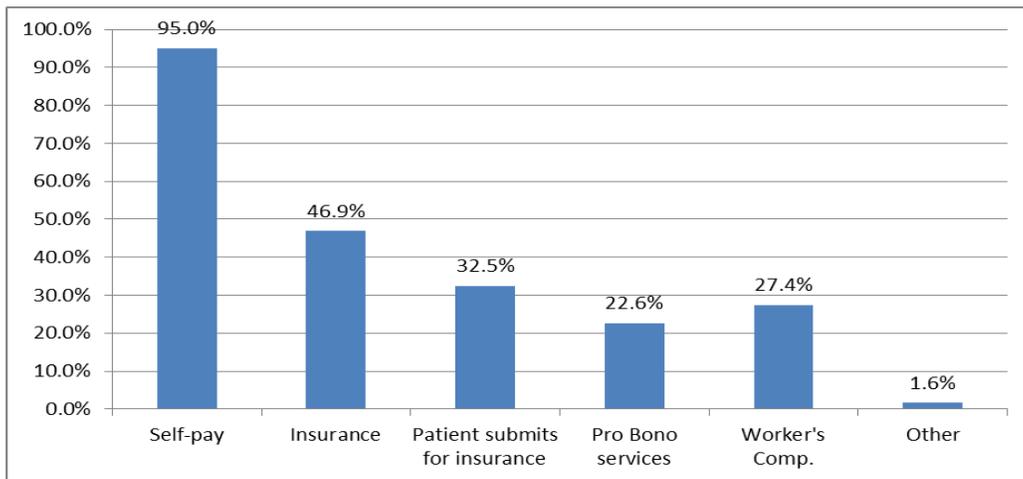


Attachment #2

The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®) 2013 Job Analysis Survey found that most Acupuncturists receive payments as cash (or credit card) from patients, and about 50% accept insurance coverage directly. Roughly 22% of Acupuncturists reported providing pro bono services. See Figure 5.

Figure #5: Payment Methods for Acupuncturists' Services* ²⁴ (n=1480)

*Respondents were able to choose all payment methods that they accepted. Totals will exceed 100%.



More information on payment coverage for [acupuncture](#) can be found in the most recent edition of the 2013 edition of ACCAHC *Clinicians' and Educators' Desk Reference*, chapter on Acupuncture and Oriental Medicine.²⁵

²⁴ Executive Summary: Demographic and Clinical Practice Profile from the NCCAOM® 2013 Job Analysis (<http://www.nccaom.org/job-task-analysis-jta-informational-page>)

²⁵ <http://www.accahc.org/cedr> ; 2013 Edition of the ACCAHC *Clinicians' and Educators' Desk Reference*



Attachment #2

Growth of the Profession

Positive signs exist for the growth of [acupuncture](#) services and the need for more Acupuncturists in the future. Below are key indicators for growth of the profession.

Earnings, Advancement, and Job Outlook - Key Points

- The median annual income for Acupuncturists is approximately \$52,000.^{26, 27} The [NCCAOM](#) has tracked this successfully for more than a decade. Median income is increasing.
- Academic training programs for Masters level Acupuncturists are evolving quickly.
- Post-graduate Oriental medicine clinical doctoral specialty training for Acupuncturists is available in gynecology, geriatrics, orthopedics, pain management, and pediatrics.²⁸
- Teaching and clinical supervision positions exist at the more than 60 accredited [acupuncture](#) programs.
- The U.S. Military has an increasing interest in the services of Acupuncturists particularly for [PTSD](#) and pain, and has made specific outreach for Acupuncturists.²⁹
- The WHO is developing clinical diagnostic codes for traditional medicines including [acupuncture](#) and Oriental medicine.³⁰
- According to the Deloitte 2008 Survey of Health Care Consumers, 20% of consumers report treating a health problem with an alternative approach to conventional medicine such as [acupuncture](#), while 40% indicate that they are open to doing so in the future³¹.

²⁶ Executive Summary: Demographic and Clinical Practice Profile from the NCCAOM® 2013 Job Analysis (<http://www.nccaom.org/job-task-analysis-jta-informational-page>)

²⁷ <http://www.onetonline.org/link/details/29-1199.01>, accessed 2/28/14

²⁸ <http://www.acaom.org>, accessed 6/12/14

²⁹ <https://www.usajobs.gov/GetJob/PrintPreview/314065200>

³⁰ Morris, W. Gomes, S., and Allen, M. Glob Adv Health Med. Sep 2012; 1(4): 38–41.

Published online Sep 1, 2012. doi: [10.7453/gahmj.2012.1.4.005](https://doi.org/10.7453/gahmj.2012.1.4.005)

PMCID: PMC3833512

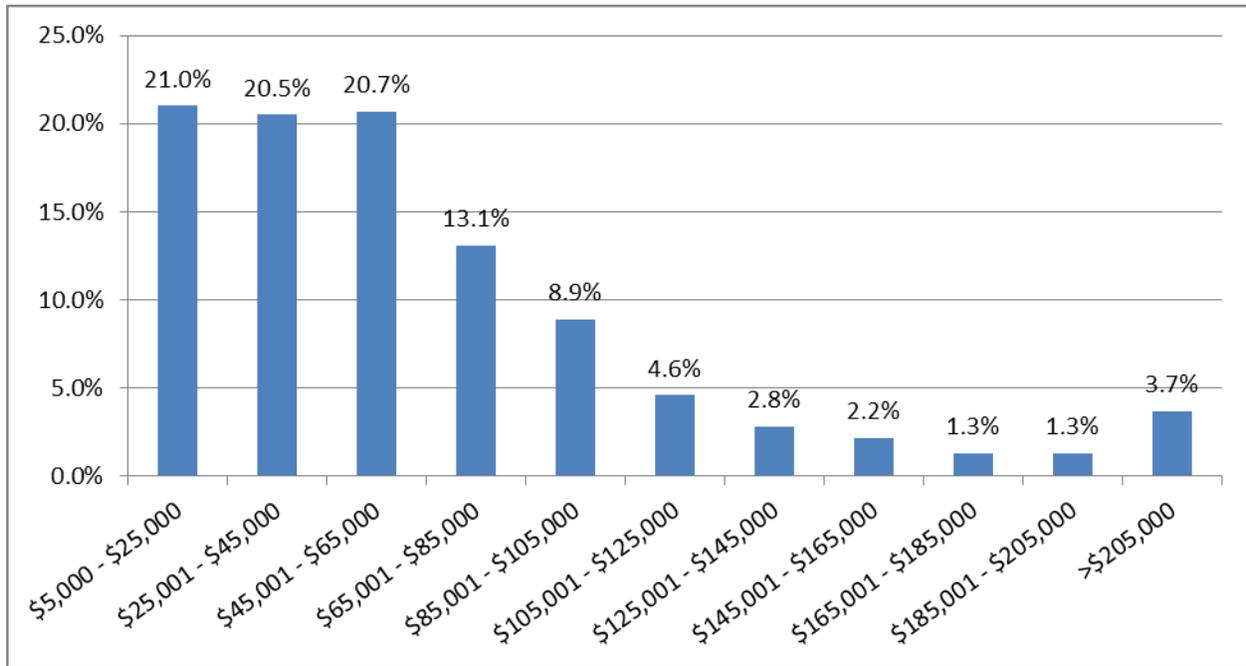
³¹ Deloitte 2008 Survey of Health Care Consumers, Deloitte Center for Health Solutions, Washington DC., 2008:1-22.



Attachment #2

Figures #6 and #7 below, provide more detailed information on yearly earnings of Acupuncturists, collected in 2013. Figure #8 shows how income is rising for Acupuncturists.

Figure #6: Annual Income³² (n=1112)



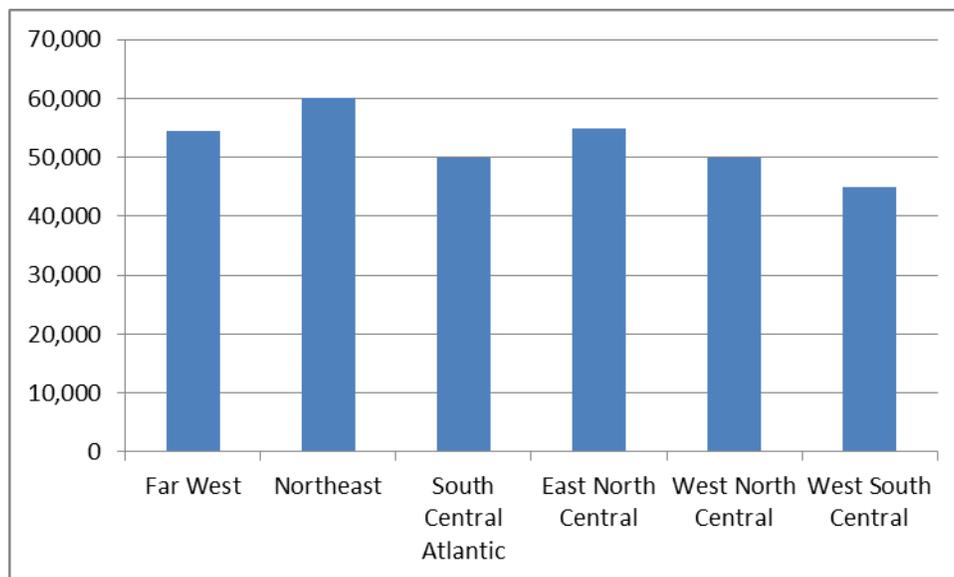
³² Executive Summary: Demographic and Clinical Practice Profile from the NCCAOM® 2013 Job Analysis (<http://www.nccaom.org/job-task-analysis-jta-informational-page>)



Attachment #2

Figure #7: Median Income by Geographical Region³³ (n=1100)

Region	States
Far West	Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming
Northeast	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont
South Central Atlantic	Alabama, Delaware, District Of Columbia, Florida, Georgia, Kentucky, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia
East North Central	Illinois, Indiana, Michigan, Ohio, and Wisconsin
West North Central	Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota
West South Central	Arkansas, Louisiana, Oklahoma, and Texas



³³ Executive Summary: Demographic and Clinical Practice Profile from the NCCAOM[®] 2013 Job Analysis (<http://www.nccaom.org/job-task-analysis-jta-informational-page>)



Figure #8 Median Income Comparisons³⁴



Tracking the Growth of the Profession

Tracking the Growth of the Profession - Key Points

- **NCCAOM[®]** has demonstrated the ability to track statistics on Acupuncturists via its Job Task Analysis surveys done in 2003, 2008, 2013, as well as via internal data mining on certification statistics.³⁵
- **NCCAOM[®]** has collected and published data on the number of applicants for certification and re-certification each year, demonstrating significant rises over the past decade.³⁶
- These numbers parallel the increase in the number of students enrolled in **ACAOM** accredited Masters of Acupuncture and Masters of Oriental Medicine; and Doctor of Acupuncture and Oriental Medicine academic programs.³⁷

Another measure of growth tracked within the field of **AOM** is increasing student enrollment in professional programs. The following data depicts enrollment numbers in three campuses of an **AOM** institution with campuses in the

³⁴ Executive Summary: Demographic and Clinical Practice Profile from the NCCAOM[®] 2013 Job Analysis (<http://www.nccaom.org/job-task-analysis-jta-informational-page>) and NCCAOM[®] 2008 Job Task Analysis (<http://www.nccaom.org/job-task-analysis-jta-informational-page> accessed 2/12/2014).

³⁵ <http://www.nccaom.org/nccaom-annual-reports>; at the NCCAOM[®] website, www.nccaom.org.

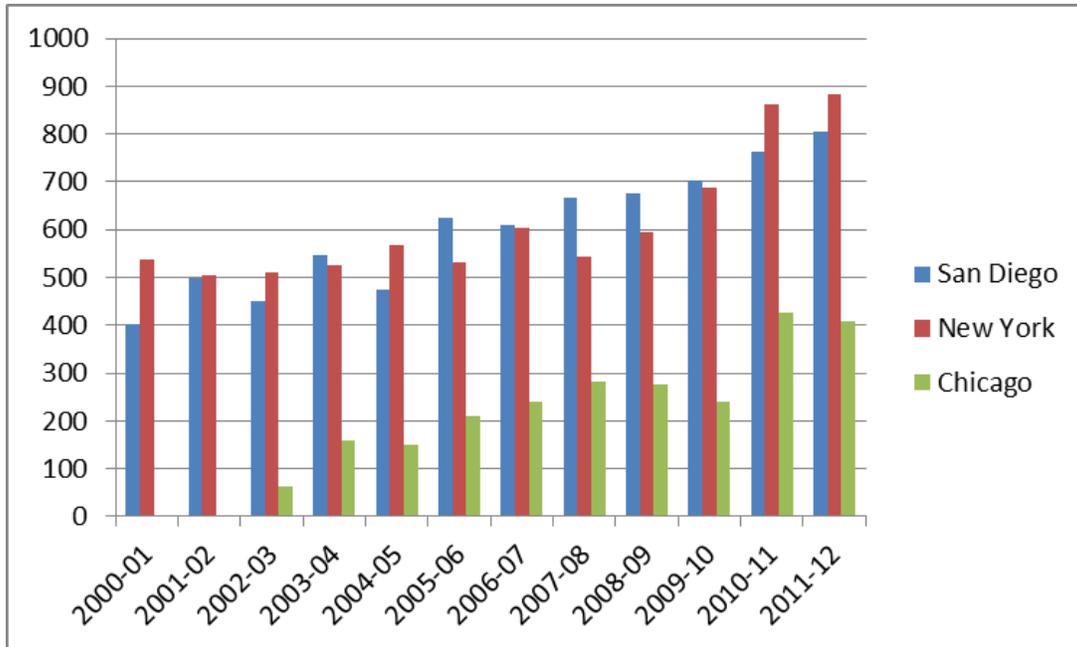
³⁶ ACAOM Fall 2013 Newsletter; <http://www.acaom.org/documents/11-11-newsletter.pdf> at www.acaom.org



Attachment #2

Western, Midwest and Eastern regions. This data reveals consistent trends nationally across the U.S., with student enrollment rising over the past decade in all regions.

Figure #9: Total Student Enrollment by Year for Three Campuses of the Pacific College of Oriental Medicine, Evidencing Growth across the U.S. within One AOM Educational System



Enrollment trends are similar in all three regions.³⁸ These enrollment trends correspond closely with data collected through IPEDS.

³⁸ IPEDS Data Describing Acupuncture and Oriental Medicine Education Programs in the United States



Attachment #2

Table 1: Number of Newly NCCAOM® Certified Diplomates by Year: 2008 through 2013³⁹

Year	Newly Certified Diplomates
2008	1,039
2009	1,320
2010	1,036
2011	1,021
2012	1,125
2013	1,139

**Table 2: Acupuncture and Oriental Medicine Program Graduates by Degree Type, United States
2008 – 2012⁴⁰**

Degree Type	2008*	2009*	2010	2011	2012
All degrees	1,692	1,907	1,801	1,685	1,735
Diploma	80	49	37	73	62
Masters	1,571	1,813	1,712	1,556	1,609
Doctorate	29	39	52	56	64
No. of programs	59	62	64	66	65

*Total includes 12 bachelor's degrees in 2008 and six in 2009.

Education and Training

³⁹ NCCAOM® Certification data

⁴⁰ IPEDS Data Describing Acupuncture and Oriental Medicine Education Programs in the United States



Attachment #2

In the U.S. education and training of Acupuncturists take place in accredited academic programs in Acupuncture or Oriental Medicine. (Approximately 5% of the training to become an entry-level Acupuncturist takes place through apprenticeship programs.)

Education and Training - Key Points

- **Acupuncturists train for a minimum of 1905 academic hours over a course of at least three years.**
- **Many Acupuncturists train for an additional 720 hours for a total of 2625 hours minimum to include herbal medicine in their practices.**
- **Degrees awarded for primary training include Masters level degrees in either Acupuncture or Oriental medicine (which includes herbal medicine).**
- **Acupuncturists are trained in standard medical history taking and are trained to interface with the conventional medical community.**

The current U.S. standard of education for eligibility to take the [NCCAOM](#)[®] certification exams is graduation from a formal Acupuncture or Oriental Medicine program that has achieved accreditation or is in candidacy (pre-accreditation) status by [ACAOM](#), which is the only agency recognized for this purpose by the United States Department of Education.

The minimum length of a professional [acupuncture](#) curriculum is at least 3 academic years (a minimum of 1905 hours), which consists of at least 705 hours in Oriental medical theory, diagnosis, and treatment techniques in [acupuncture](#) and related studies, 660 hours in [acupuncture](#) clinical training, 450 hours in biomedical clinical sciences, and 90 hours in counseling, communication, ethics, and practice management. The minimum length of a professional Oriental medicine curriculum (which includes the study of Chinese herbology) is at least 4 academic years (minimum of 2625 hours, which is composed of at least 705 hours in Oriental medical theory, diagnosis and treatment techniques in [acupuncture](#) and related studies, 450 hours in didactic Oriental herbal studies, 870 hours in integrated [acupuncture](#) and herbal clinical training, 510 hours in biomedical clinical sciences, and 90 hours in counseling, communication, ethics, and practice management. There are currently no abbreviated programs that are accredited by [ACAOM](#), nor are graduates of abbreviated programs allowed to sit for the [NCCAOM](#) examinations.

Figure #10 illustrates the differences in training and competency documentation for licensure between Acupuncturists and other health professions who are not licensed Acupuncturists.

Attachment #2

Figure #10: Qualifications of Licensed Acupuncturists Compared to Other Healthcare Providers Utilizing Acupuncture as a Treatment Modality

Title	Education	Competency Assessment	States with Representation	Conditions treated
"Licensed Acupuncturists" (L.Ac., DOM) 	3 to 4 years of accredited Acupuncture or Oriental Medicine program (1,900 to 4,000 hours)	NCCAOM certification in Acupuncture and Oriental Medicine CMT Certificate Passage of certification or licensure examination	44 states, plus Washington DC	Broad range of syndromes, symptoms and prevention
MD, DO 	Zero to 300 hours of acupuncture training	Some MD's are certified by the American Board of Medical Acupuncture (ABMA)	All states except Hawaii	Pain Management
DC, ND 	Typically 100 to 300 hours of acupuncture training	None or some assessment may be required	DC – 23 states ND – 6 states	Pain Management
PT 	Typically 40 to 50 hours of "dry needling" continuing education credits	No assessment	Approximately 14 states, plus Washington DC	Pain Management

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Attachment #2

Licensure

Licensure activity of Acupuncturists has steadily and significantly increased between 1973 and 2014.

Licensure - Key Points

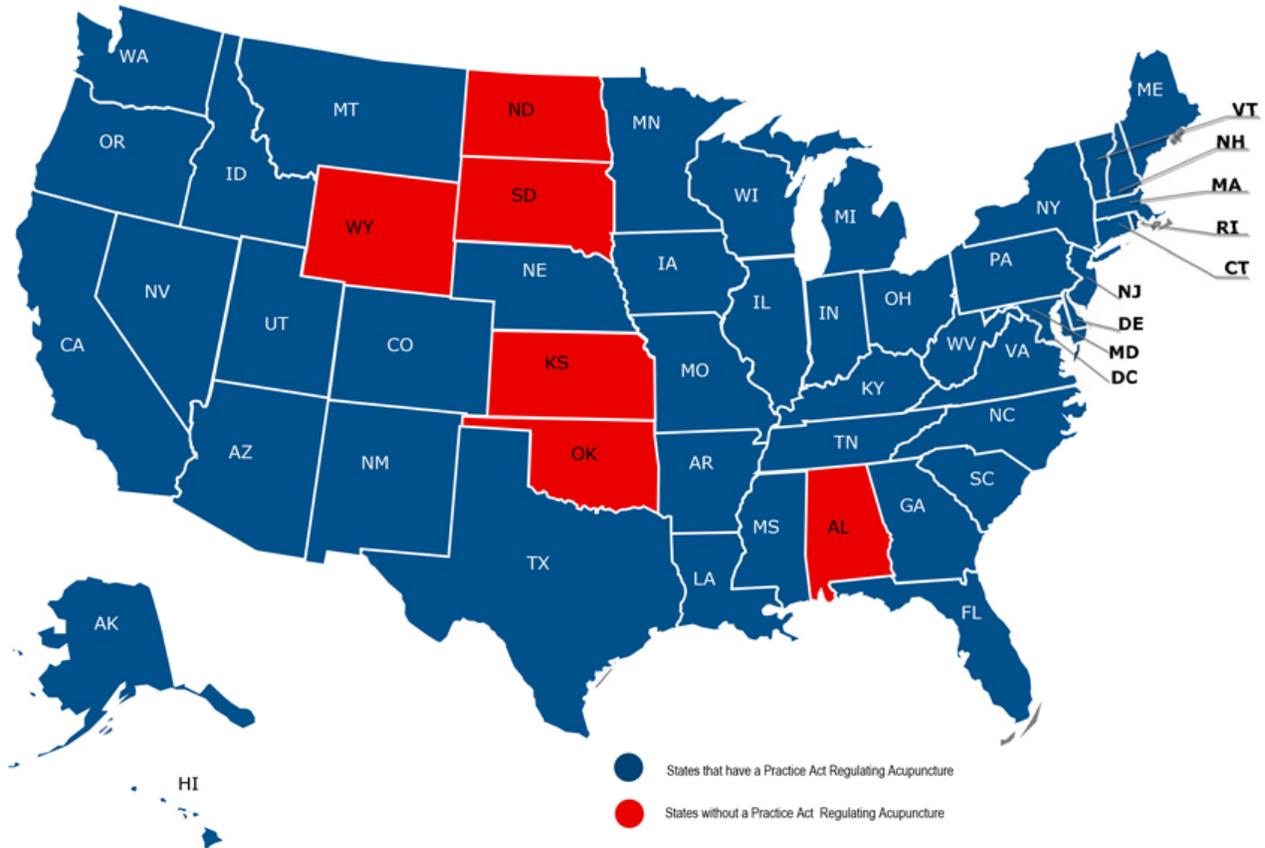
- **Acupuncturists have been licensed as a distinct profession since 1973.**
- **Licensure continues to expand and evolve.**
- **There is active work on licensure legislation occurring in the six unlicensed states as of 2014.**
- **Rigorous, psychometrically sound testing measures are in place to assure standards of competency and safety in practice.**

There has been licensure of Acupuncturists as a separate and distinct profession since 1973, when the first practice acts were established in Maryland, Nevada, and Oregon. Early standards for licensure were set on a state-by-state basis. Since 1982, national standards have existed verifying the entry-level knowledge and skills required for the safe and effective practice of [acupuncture](#). See Figure #11, a map that shows states that recognize and license Acupuncturists, and Figure #12, a chronology of [acupuncture](#) practice laws in the United States.



Attachment #2

Figure #11 States that Recognize Licensed Acupuncturists

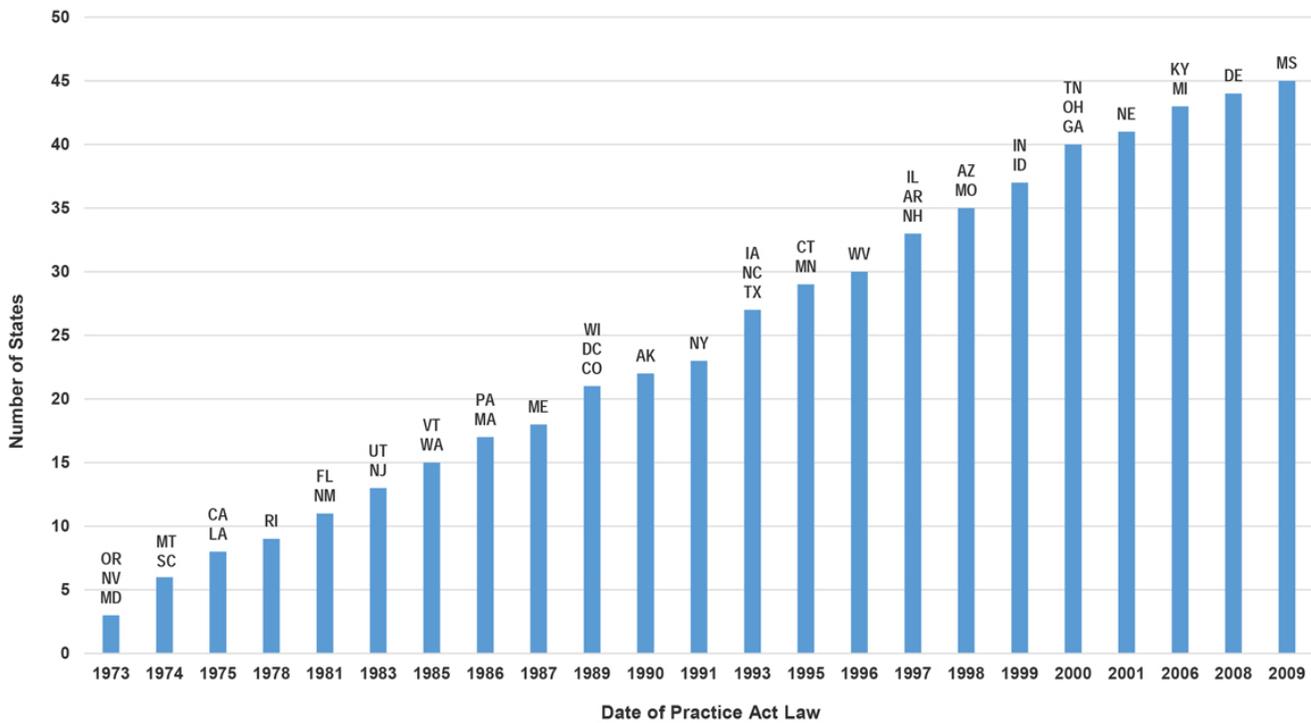


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Attachment #2

Figure #12: Chronology of Acupuncture Practice Laws in the United States



Tools and Technologies*

Acupuncturists use numerous modalities and tools to treat.

Tools and Technologies - Key Points

Tools and technologies to treat include but are not limited to:

- [Acupuncture needles](#)
 - [Press tacks](#)
 - [Ear seeds](#)
 - [Lancets](#)
 - [Gua Sha](#) tools
 - Moxa and [moxibustion](#) devices
 - Laser stimulators
 - [Electric stimulation](#) machines
 - [TENS](#) units
 - [Cupping](#) devices
 - [Tuning forks](#)
- *(Please see glossary for explanations)



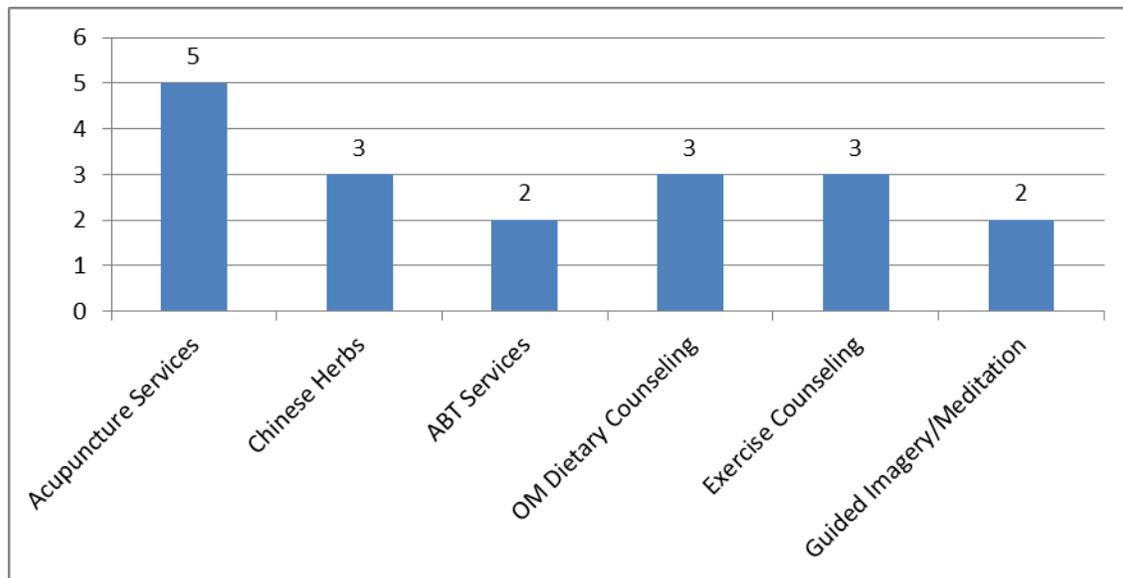
Attachment #2

The best-known manual technique used by Acupuncturists is [acupuncture](#) itself. This modality involves the use of [acupuncture needles](#) to stimulate points on the body based on an intricate system of diagnosis and treatment. Acupuncturists use a wide range of additional tools and techniques to stimulate points on the body and to otherwise affect and promote health. The full range of techniques encompasses approaches from ancient and modern science, including but not limited to [acupuncture](#), [cupping](#), [Gua Sha](#), [moxibustion](#), [manual therapy](#) including [Tui Na](#), [electric stimulation](#), laser stimulation, herbal medicine, dietary modification, dietary supplements, lifestyle modification, [Tai Chi](#), [Qi Gong](#), and other forms of exercise therapies.

The types of services typically performed by Acupuncturists almost always include [acupuncture](#) treatments; other services are performed with somewhat lesser frequency. See Figure #13.

Figure #13: Types of Services Performed on Patients⁴¹ (n=1399)

1 = Never; 2 = Less than 25%; 3 = 26% to 50%; 4 = 51% to 75%; 5 = 76% to 100%.



Ability to Track the Profession and Pathway to BLS Recognition

During the period of 2008 to the present, there has been systematic tracking of Acupuncturists by the [NCCAOM](#) and O-NET. The Institute of Education Sciences National Center for Education Statistics (IPEDS) tracks programs and graduates of accredited acupuncture and Oriental medicine programs whose students are eligible for Federal loans;

⁴¹ Executive Summary: Demographic and Clinical Practice Profile from the NCCAOM[®] 2013 Job Analysis (<http://www.nccaom.org/job-task-analysis-jta-informational-page>)



Attachment #2

the United States Census Bureau North American Industry Classification System (NAICS) tracks the offices of healthcare providers (non-MD offices, e.g. acupuncturists' offices).

Pathway to BLS Recognition - Key Points

- **Acupuncturists have been working for BLS recognition since 2008.**
- **Acupuncturists have been recognized as a “Bright Outlook” profession by O-Net since 2009.**
- **[NCCAOM](#)[®] has successfully tracked the growth of the field of [AOM](#) since 2008.**

Timeline of the Events related to BLS Recognition:

- **2007 - 2008:** [NCCAOM](#)[®] collaborated with the American Association of Acupuncture and Oriental Medicine (AAAOM), the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), the Council of Colleges for Acupuncture and Oriental Medicine (CCAOM), Federation Acupuncture and Oriental Medicine Regulatory Agencies (FAOMRA), and the National Acupuncture Foundation (NAF) to put forth a proposal requesting that the BLS recognize the [AOM](#) profession.
- **2008:** The BLS received this proposal from the [NCCAOM](#).
- **2009:** BLS was unsure if Acupuncturists could be tracked as a profession, but the occupation Acupuncturist was identified for collection as an O*NET “New and Emerging Occupation”. O*NET labeled Acupuncturists with a “bright outlook” logo, **Bright Outlook**. O*NET published (and currently continues to publish) a summary report for Acupuncturists with identified tasks, interests, work values and wages and employment estimates. See: <http://online.onetcenter.org/help/bright/29-1199.01>.
- **2010:** The BLS’s SOC Policy Committee placed Acupuncturists in a classification under the major group of Healthcare Practitioners and Technical Occupations (29-0000) and the minor group of Health Diagnosing and Treating Practitioners (29-1000).
- **2010:** Acupuncturists were classified under the “Health Diagnosing and Treating Practitioners, All Other” broad occupation category (29-1199), and also received a distinct code, 29-1199.01 (a sub classification of 29-199) on the Occupational Information Network (O*NET) Data Collection Program which published the first tracking of the profession on the O*NET website.



Attachment #2

External Recognition of Acupuncturists

The following information provides further background on unique recognition of Acupuncturists.

External Recognition - Key Points

- U.S. [AOM](#) training programs for Acupuncturists have been in development since the mid-1970's.
- Professional associations, trade associations, and accreditation bodies have been in place since the early 1980's.
- Acupuncturists are nationally certified as a Diplomate of Acupuncture or a Diplomate of Oriental Medicine by the [NCCAOM](#)[®]. Both of these certification programs are recognized by the National Commission for Certifying Agencies (NCCA), a separate commission of the Institute of Credentialing Excellence (ICE).
- Schools or programs of Acupuncture or Oriental Medicine are accredited by [ACAOM](#), which is recognized by the U.S. Department of Education.
- Research in [AOM](#) continues to develop, and numerous professional medical groups have published statements on conditions for which there is strong data supporting [acupuncture](#)'s efficacy as an evidence-based treatment option.

Evidence is mounting nationally and internationally for the value of [acupuncture](#) services. See Figure #14 on next page.



Figure #14: Sample Research Basis and Consensus Recommendations for Acupuncture

Research Basis
(Numbers in [brackets] are reference numbers for [PubMed](http://www.ncbi.nlm.nih.gov/pubmed/)
<http://www.ncbi.nlm.nih.gov/pubmed/>)
Current as of January 2014

There are strong, evidence-based recommendations supporting the use of acupuncture for the following conditions:

- Postoperative nausea and vomiting [10357346]; [9924226]; [19370583]; [19632409]; [24006673]
- Chemotherapy-induced nausea and vomiting [9282380]; [8758186]; [2380964]; [2357773]; [12777644]; [16192603]; [17723973]; [19748316]; [19460284]
- Postoperative dental pain [7614199]; [2052392]; [327853]; [10326816]

There are recommendations suggesting that acupuncture may be useful as an evidence-based, adjunctive treatment or possible alternative treatment for the following conditions:

- Hypertension [23608661]
- Dysmenorrhea [2362462]; [2783493]; [3540764]; [7304499]; [15500532]; [18951224]; [18447217]; [21249697]; [20492044]; [20347835]; [22863651]
- Tennis elbow [8000747]; [2135016]; [2087335]; [6888954]; [6850196]; [9070367]; [15213328]; [12269719]
- Carpal tunnel syndrome [10100028]; [9449066]; [10228456]; [19590482]
- Addiction to heroin, cocaine, alcohol, and nicotine [10228456]; [10587932]; [10467448]; [9395651]; [8842852]; [8450571]; [17710817]; [21249644]
- Stroke rehabilitation [10228456]; [10088585]; [9360031]; [8232927]; [20167912]
- Myofascial pain [10228456]; [9758075]; [9809733]; [2520419]; [12048416]; [12946294]; [18576919]; [19888488];
- Fibromyalgia [10228456]; [10086765]; [12207851]; [16770975]; [17189243]; [23728665]
- Headache [10228456]; [12946294]; [15023830]; [15527670]; [17115982]; [18624803]; [19160338]; [23970929]; [23067573]
- Osteoarthritis [10228456]; [15494348]; [15611487]; [16005336]; [16818924]; [17577006]; [17215263]; [17075849]; [22588814]
- Low back pain [10228456]; [11783809]; [12406534]; [12890859]; [14600536]; [15674876]; [16488895]; [18978583]; [19433697]; [22811745]; [22203884]; [23111099]
- Asthma [10228456]



Attachment #2

Profession History

In the U.S., Acupuncture and Oriental Medicine (AOM) first gained national media attention after the front-page article, “Now, About My Operation in Peking,” appeared in the *New York Times* on July 26, 1971.⁴² Reporter James Reston, who was in China covering Nixon’s groundbreaking relations visit to Beijing, wrote about receiving [acupuncture](#) for post-appendectomy pain that occurred during his trip. Following this new public interest, [AOM](#) training programs in the U.S. began in the mid to late 1970’s. The first program was the New England School of Acupuncture established in 1975 in Newton, Massachusetts. There are now over 60 accredited [AOM](#) colleges in the United States.

The first national association for practitioners of [AOM](#), founded in 1981, was the American Association of Acupuncture and Oriental Medicine (AAAOM). In 1982, the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) was founded in an effort to improve the standards and consistency of the [AOM](#) schools. Together, the [CCAOM](#) and the AAAOM co-founded the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) also in 1982. [ACAOM](#) was recognized by the U.S. Department of Education (USDE) in 1988 to accredit master’s degree programs, and in 2011, the USDE granted [ACAOM](#)’s request for an expansion of educational programs to include post-graduate doctoral programs in [acupuncture](#) and Oriental medicine (DAOM). The DAOM programs are in a state of rapid development, and current programs are designed as combined clinical and research training programs.⁴³

In 1982, the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM[®]) was established. [NCCAOM[®]](#) is the only national certification organization whose certification programs in [Acupuncture](#), Chinese Herbology, and Oriental Medicine are accredited by the National Commission for Certifying Agencies (NCCA), a separate commission of the Institute of Credentialing Excellence (ICE).

In 1997 the National Institutes of Health issued a consensus statement on [acupuncture](#). Researchers found [acupuncture](#) to be effective in treating adult post-operative and chemotherapy-induced nausea and vomiting, and post-operative dental pain. Additionally, it was reported that [acupuncture](#) can be a useful adjunct treatment or an acceptable alternative when treating addiction, stroke rehabilitation, headache, menstrual cramps, tennis elbow, fibromyalgia, [myofascial pain](#), osteoarthritis, low back pain, carpal tunnel syndrome, and asthma.^{44,45}

With increasing integration of [acupuncture](#) and Oriental medicine into mainstream hospitals, clinics, integrative centers, teaching facilities, and the military, it is anticipated that Acupuncturists, the only professional group with specific training and validated entry examination requirements for [AOM](#), will constitute an increasingly active professional community, as well as a growing economic force in the United States. Demonstrated demographic trends reflecting growth as far back as the 1980’s are available to describe this professional group, with Institute of Education

⁴² Reston J. *Now, about my operation in Peking*. *New York Times*; July 26, 1971.

⁴³ <http://www.acaom.org/>

⁴⁴ NIH Consensus Conference. Acupuncture. *JAMA*. 1998 Nov 4;280(17):1518-24.

⁴⁵ <http://consensus.nih.gov/1997/1997acupuncture107html.htm>



Attachment #2

Sciences National Center for Education Statistics (IPEDS) data⁴⁶ available for more than a two decade span, and the United States Census Bureau North American Industry Classification System (NAICS) tracking Acupuncturists under code 621399⁴⁷. States such as Minnesota also track Acupuncturists via the Minnesota Provider Tax, providing another source of profession-specific data. The inclusion of Acupuncturist as a specific occupational classification is critical to track this profession and to better reflect the current and emerging occupational structure of the U.S. economy.

In 2013 the World Health Organization published a comprehensive overview of its “Traditional Medicine Strategy 2014-2023” documenting efforts towards inclusion of [AOM](#) and other forms of traditional medicines into the healthcare systems of nations worldwide. This global directive demonstrates the trend for recognition of medical systems such as [AOM](#) as distinct, valuable, and emerging in prevalence and importance. It also highlights the need for excellence in training and governmental regulation and recognition. It states: “A global strategy to foster [Traditional Medicine’s] appropriate integration, regulation, and supervision will be useful to countries wishing to develop a proactive policy towards this important - and often vibrant and expanding - part of health care.”⁴⁸ The inclusion of *Acupuncturist* as a distinct professional classification is in line with both national and international trends.

Related Practitioners

Chinese Herbology Practitioners

[Asian Bodywork](#) Therapists

Sources of Additional Information

American Association of Acupuncture and Oriental Medicine (AAAOM), PO Box 96503 #44114, Washington DC 20090-6503. Internet: www.aaaomonline.org

Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), 8941 Aztec Drive, Eden Prairie, MN 55347. Internet: www.acaom.org

Council of Colleges for Acupuncture and Oriental Medicine (CCAOM), 600 Wyndhurst Ave, Suite 112, Baltimore, MD 21210. Internet: www.ccaom.org

National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®), 76 South Laura Street, Suite 1290, Jacksonville, FL 32202. Internet: www.nccaom.org

⁴⁶ <http://nces.ed.gov/ipeds/datacenter/>

⁴⁷ <http://www.census.gov/cgi-bin/sssd/naics/naicsrch> 621399 “Offices of All Other Miscellaneous Healthcare Practitioners”

⁴⁸ www.who.int, http://www.who.int/medicines/publications/traditional/trm_strategy14_23/en/, page 8, accessed June 1, 2014.



Attachment #2

Society for Acupuncture Research (SAR), 130 Cloverhurst Court, Winston Salem, NC 27103. Internet:

www.acupunctureresearch.org

World Federation of Acupuncture and Moxibustion Societies (WFAS), F7, B Dongjiu Mansion, Xizhaosi street, Dong Cheng District, Beijing. 100061, China. Internet: www.wfas.org.cn/en/

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Glossary

ABT:

“Asian Bodywork Therapy (ABT) is the treatment of the human body/mind/spirit...by using pressure and/or manipulation...based upon Chinese medical principles...”^{49]}

ACAOM:

The **Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)** is the national accrediting agency recognized by the U.S. Department of Education for the accreditation and pre-accreditation ("Candidacy") throughout the United States of first-professional master's degree and professional master's-level certificate and diploma programs in acupuncture and Oriental medicine, and professional post-graduate doctoral programs in acupuncture and in Oriental medicine (DAOM), as well as freestanding institutions and colleges of acupuncture and Oriental medicine that offer such programs.⁵⁰

Acupuncture:

The insertion of [filiform needles](#) into specific points on the body to elicit therapeutic responses. This term is also used to refer to the field of acupuncture and Oriental medicine (AOM), which encompasses the full body of medical practices noted in the primary document.

Acupuncture needles:

[Filiform needles](#) varying in size generally from 28-44 French gage, and specified for the use of acupuncture. These are FDA Class II medical devices as classified in the FDA Code of Federal Regulations Sec. 880.5580 Acupuncture needle definition: *An acupuncture needle is a device intended to pierce the skin in the practice of acupuncture. The device consists of a solid, stainless steel needle. The device may have a handle attached to the needle to facilitate the delivery of acupuncture treatment.*

AOM:

Abbreviation for acupuncture and Oriental medicine

Auricular therapy (aka ear acupuncture):

A system of treatment utilizing specific points on the ear to regulate the body's internal organs, structures, and functions.

⁴⁹ <http://www.aobta.org/>

⁵⁰ <http://www.acaom.org/>



Attachment #3

CCAOM:

The Council of Colleges of Acupuncture and Oriental Medicine. “The Council is a 501(c)(6) voluntary membership association for acupuncture schools and programs in the U.S. Established in 1982, the Council’s primary mission is to advance AOM by promoting educational excellence in the field.”⁵¹

CNT

Clean Needle Technique (CNT) refers to the national needle safety protocol that is contained in the *Clean Needle Technique Manual for Acupuncturists* and taught in the CNT course offered by the CCAOM.⁵²

Chinese based medical practices:

A group of treatment styles evolving out of ancient Chinese medicine theory and including classical Chinese medicine (CCM), “Traditional Chinese Medicine” (TCM), Japanese traditional medicine, Korean traditional medicine, and others.

Cupping:

A therapeutic treatment technique utilizing suction and applied to body regions or specific points on the body.

Ear seeds (aka ear balls):

Small seeds from the Vaccaria plant or made of various types of metals. These seeds are held in place on the ear with a small piece of adhesive tape, and are used to stimulate specific points during the practice of ear acupuncture.

Electric stimulation (aka E-stim):

A treatment method using low voltage electric current to stimulate points or regions on the body for therapeutic purposes.

Filiform needle:

A solid needle that is filament-like in construction, standing in contrast to hollow-bore needles (aka hypodermic needles). Filiform needles are generally round tipped and are designed for slipping into the skin rather than cutting through tissue. They are generally made of stainless steel.

Gua Sha:

A therapeutic technique involving compression of body regions in a rubbing manner using a firm-edged tool. The skin is not broken in this technique.

⁵¹ <http://www.ccaom.org/>

⁵² <http://www.ccaom.org/>



Attachment #3

Lancets:

Small, sharp edged instruments used to pierce the skin for making focused incisions. These are traditionally two-edged devices.

Manual therapy:

A general term encompassing the use of manipulation, mobilization, and massage to affect the body and regulate function. The best-known manual therapy system in Chinese medicine is Tui Na. Shiatsu is a Japanese based manual therapy system as well.

Moxibustion:

A treatment technique that involves the burning of mugwort herb (aka Artemesia or “moxa”) in various forms to facilitate healing. Moxibustion may be applied directly to the body or indirectly near the body, and may utilize a number of different tools in said application.

Myofascial pain:

Pain related to muscle tissue, and generally attributed to dysfunctional muscle activity.

NCCAOM®:

The National Certification Commission for Acupuncture and Oriental Medicine. “The NCCAOM is a non-profit 501(c)(6) organization established in 1982. The NCCAOM is the only national organization that validates entry-level competency in the practice of acupuncture and Oriental medicine (AOM) through professional certification. All NCCAOM certification programs are currently accredited by the National Commission for Certification Agencies (NCCA). All active NCCAOM Certification Programs carry the NCCA seal.”⁵³

Press tacks (aka Intradermal needles):

Very fine, often less than 1.5mm long filaments that can be used in acupuncture treatment protocols. These can be taped into place for prolonged therapy, or inserted and removed.

PTSD:

Abbreviation for Post-Traumatic Stress Disorder.

⁵³ <http://www.nccaom.org/about/about-us-home>



Attachment #3

PubMed:

A U.S., NIH/Library of Sciences search engine. “PubMed comprises more than 23 million citations for biomedical literature from MEDLINE, life science journals, and online books. Citations may include links to full-text content from PubMed Central and publisher web sites.”⁵⁴

Qi Gong (aka Qigong):

A diverse set of practices that coordinate posture, breathing, and mental focus to affect health. These practices are based in Chinese philosophy, and are often sub-classified further into medical, martial art, and spiritual practices, and then also into “internal” and “external” practices.⁵⁵

Tai Chi (aka Tai chi Chuan; Taiji Quan):

“A noncompetitive, self-paced system of gentle physical exercise and stretching. Each posture flows into the next without pause, ensuring that your body is in constant motion.”⁵⁶

TENS:

Transcutaneous Electrical Nerve Stimulation.

Tui Na (aka Tuina):

A hands-on, body treatment technique that utilizes the same diagnostic and treatment philosophy as acupuncture, but utilizes manual therapy instead of needles.

Tuning fork:

An acoustic resonating device in the shape of two-pronged fork. Tuning forks are constructed to emit specific pitches and are used to stimulate therapeutic responses via acoustic resonance. Tuning forks are constructed out of metal, and are used singly or in a set to achieve desired effects.

⁵⁴ <http://www.ncbi.nlm.nih.gov/pubmed>

⁵⁵ <http://nqa.org/resources/what-is-qigong/>

⁵⁶ <http://www.mayoclinic.org/healthy-living/stress-management/in-depth/tai-chi/art-20045184>



July 17, 2014

Standard Occupational Classification Policy Committee,
U.S. Bureau of Labor Statistics, Suite 2135
2 Massachusetts Avenue NE.
Washington, DC 20212

Reference: Standard Occupational Classification (SOC) Revision for 2018

Dear Members of the Standard Occupational Classification Policy Committee (SOCPC):

The American Association of Acupuncture and Oriental Medicine (AAAOM) is the national professional association representing over 32,000 AOM professionals, over 6,000 current students, and millions of patients since 1981. The AAAOM prides itself on promoting public health and high quality healthcare through the practice of acupuncture and Oriental medicine. Our mission is to “support our members and the AOM community through education, occupational resources, media support, and legislative advocacy in our commitment to facilitate access to the highest quality of healthcare in the United States.”

The profession of acupuncture is a standardized, licensed, and fully regulated health care profession that conducts training in accredited institutions and provides safe, low cost and comparatively effective evidence-based medical services.

This rapidly growing profession will continue to have increasing impacts on healthcare and the economy in the United States. Given the increasing number of professionals and the impact of their work, we believe the Bureau of Labor Statistics (BLS) should collect, analyze, and disseminate essential economic information to support public and private decision-making in accordance with its mission. Therefore, We join the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM[®]) and the other acupuncture and Oriental medicine organizations to have the 2010 SOC changed to have Acupuncturists receive a separate and distinct occupational code.

Sincerely,

Don Lee, LAc, DNBAO, AOS, CSCS
President, AAAOM Board
DonLeelac@gmail.com
(818) 687-6602

June 20, 2014

Standard Occupational Classification Policy Committee,
U.S. Bureau of Labor Statistics, Suite 2135,
2 Massachusetts Avenue NE.,
Washington, DC 20212

Reference: Standard Occupational Classification (SOC) Revision for 2018

Dear Members of the Standard Occupational Classification Policy Committee (SOCPC):

The American Acupuncture Council is the professional malpractice insurance organization representing licensed acupuncturists in the U.S. Our mission is to provide peace of mind, security and financial protection for the policyholders; offering quality insurance products, risk management information and legal defense when necessary. This company is dedicated to exceeding clientele expectations by providing outstanding customer service.

We join the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®) and the other state and national acupuncture and Oriental medicine organizations to have the 2010 SOC changed to have Acupuncturists receive a separate and distinct occupational code.

Acupuncture is the fastest growing healthcare profession in the world according to the World Health Organization. WHO conducted a study in 2012 with their member nations. The results showed that 82% of the world's population uses some form of traditional medicine. WHO is in the process of establishing diagnostic codes for acupuncture to be interfaced with the ICD-11 Codes. These codes are being built with the data bases of Stanford University.

Sincerely,



Marilyn Allen
Chief Marketing Officer



8941 Aztec Drive | Eden Prairie, Minnesota 55347 | p: 952-212-2434 f: 952-657-7068

June 30, 2014

Standard Occupational Classification Policy Committee,
U.S. Bureau of Labor Statistics, Suite 2135,
2 Massachusetts Avenue NE.
Washington, DC 20212

Reference: Standard Occupational Classification (SOC) Revision for 2018

Dear Members of the Standard Occupational Classification Policy Committee (SOCPC):

The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) is the national accrediting agency recognized by the U.S. Department of Education for the accreditation and pre-accreditation ("Candidacy") throughout the United States of first-professional master's degree and professional master's-level certificate and diploma programs in acupuncture and Oriental medicine, and professional post-graduate doctoral programs in acupuncture and in Oriental medicine (DAOM), as well as freestanding institutions and colleges of acupuncture and Oriental medicine that offer such programs. The mission of ACAOM is to foster excellence in acupuncture and Oriental medicine through the implementation of accreditation standards for educational institutions of acupuncture and Oriental medicine.

We join the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®) and the other state and national acupuncture and Oriental medicine organizations to have the 2010 SOC changed to have Acupuncturists receive a separate and distinct occupational code and support the rationale supplied by the NCCAOM regarding this requested change.

Sincerely,

Mark S. McKenzie, LAc MsOM DiplOM
Executive Director, Accreditation Commission for Acupuncture & Oriental Medicine

www.acaom.org



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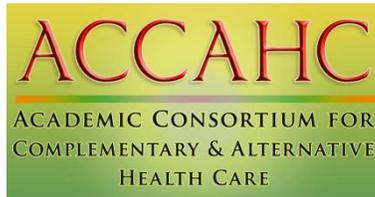
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Councils of Colleges

Association of Chiropractic Colleges
Alliance for Massage Therapy Education
Association of Accredited Naturopathic Medical Colleges
Council of Colleges of Acupuncture and Oriental Medicine

Accrediting Agencies

Accreditation Commission for Acupuncture
and Oriental Medicine
Commission on Massage Therapy Accreditation
Council on Chiropractic Education
Council on Naturopathic Medical Education
Midwifery Education Accreditation Council

Testing and Certification

National Board of Chiropractic Examiners
National Certification Board for Therapeutic
Massage & Bodywork
National Certification Commission for
Acupuncture and Oriental Medicine
North American Board of Naturopathic Examiners

**Traditional World Medicines &
Emerging Professions**

Accreditation Commission for Homeopathic
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June 25, 2014

Standard Occupational Classification Policy Committee,
U.S. Bureau of Labor Statistics, Suite 2135,
2 Massachusetts Avenue NE.,
Washington, DC 20212

Reference: Standard Occupational Classification (SOC) Revision for 2018

Dear Members of the Standard Occupational Classification Policy Committee
(SOCPC):

The Academic Consortium for Complementary and Alternative Health Care (ACCAHC- www.accahc.org) is a mainly academic consortium the core members of which are the councils of colleges, accrediting agencies and certification organizations associated with the five licensed integrative health and medicine disciplines that have a US Department of Education-recognized accrediting body. These are chiropractic, naturopathic medicine, massage therapy, direct-entry midwifery and acupuncture and Oriental medicine. In total these are linked to 380,000 licensed practitioners. Our mission is to enhance mutual respect and understanding across all healthcare professions while urging a proactive health focus in our healthcare system.

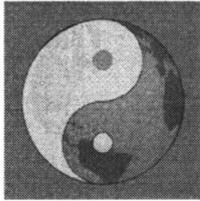
ACCAHC joins the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM[®]) and the other state and national acupuncture and Oriental medicine organizations to have the 2010 SOC changed to have Acupuncturists receive a separate and distinct occupational code. The lack of recognition of this profession to this point is somewhat confounding. Roughly 30,000 graduates have been licensed through US state agencies after completing education from one of the roughly 60 accredited acupuncture schools with standing from the U.S. Department of Education-recognized accreditation agency for this field.

In addition, scores of health systems, academic health centers, employers, the US Department of Defense and elsewhere, are increasingly employing these practitioners in efforts to meet the demands of a values-based system. The SOC action would seem to be a remedial step on something that has simply been overlooked. We urge you to add this classification at the earliest moment.

Please let me know if you have any questions.

Sincerely,

John Weeks, Executive Director
ACCAHC



Acupuncturists Without Borders

909 Virginia NE, Suite 211
Albuquerque, NM 87108

501c3 tax-exempt organization

Phone: (505) 266-3878 Fax: (866) 574-0239

www.acwb.info

June 18, 2014, 2014

Standard Occupational Classification Policy Committee,
U.S. Bureau of Labor Statistics, Suite 2135,
2 Massachusetts Avenue NE.,
Washington, DC 20212

Reference: Standard Occupational Classification (SOC) Revision for 2018

Dear Members of the Standard Occupational Classification Policy Committee (SOCPC):

Acupuncturists Without Borders (AWB) is a non-profit organization that trains licensed acupuncturists to provide clinical services to communities impacted by natural disaster and human conflict.

As part of the AWB *Military Stress Recovery Project*, we support over 30 community service clinics across the country that provide free acupuncture treatments to veterans and their families suffering from pain and post-traumatic stress. The MSRP was created because acupuncture is not a standardized treatment offered by the Veterans Affairs medical care system. Veterans come to our MSRP clinics because they want acupuncture treatment but cannot receive acupuncture from acupuncturists who are not also MDs or nurses on-site in the VA. **At this time, the primary obstacle to providing acupuncture as a standalone service within the VA is the absence of a professional occupational code for acupuncturists, which is required for all VA staff.**

We join the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®), as well as the other state and national acupuncture and Oriental medicine organizations, in requesting that the 2010 SOC be changed to give Acupuncturists a separate and distinct occupational code.

Sincerely,

A handwritten signature in black ink, appearing to read "Carla Cassler DAOM, LAc". The signature is fluid and cursive.

Carla Cassler, DAOM, LAc
Co-Director, Acupuncturists Without Borders



Council of Colleges of
Acupuncture and Oriental Medicine

June 24, 2014

Standard Occupational Classification Policy Committee
U.S. Bureau of Labor Statistics, Suite 2135
2 Massachusetts Avenue NE
Washington, DC 20212

Reference: Standard Occupational Classification (SOC) Revision for 2018

Dear Members of the Standard Occupational Classification Policy Committee (SOCPC):

The Council of Colleges of Acupuncture and Oriental Medicine (CCAOM/Council) is the national membership association for colleges and programs of acupuncture and Oriental medicine (AOM) in the U.S. The Council was established in 1982 and has as its mission the advancement of AOM by promoting educational excellence in the field. All of the Council's member schools have received either full accreditation or accreditation candidacy status from the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), which is the national agency recognized by the U.S. Department of Education for the accreditation of AOM programs in the U.S. Some 20% of the Council's member schools are also regionally accredited. The membership of the Council currently consists of 54 AOM colleges and programs (excluding branch campuses) located in 21 states. In the past 12 years since 2002, the membership of the Council has increased from 42 to 54 member colleges, a 29% increase.¹

The education and training for a professional acupuncturist in the U.S. is governed by the minimum standards promulgated by ACAOM.² Graduates of ACAOM approved AOM programs are eligible to take the national certification exams of the National Certification Commission for

¹ The distribution of these schools in the U.S. is shown on a national map at www.ccaom.org and a list of member colleges in each state may also be viewed at <http://www.ccaom.org/members.asp?sort=state>.

² See www.acaom.org. ACAOM's accreditation standards are contained in the Commission's Accreditation Manual at http://www.acaom.org/documents/accreditation_manual_712.pdf. While other health care practitioners may use acupuncture in their respective practices, the amount of training these practitioners receive *solely in acupuncture* is significantly less than that received by a comprehensively trained acupuncturist. See *Know Your Acupuncturist* at http://www.ccaom.org/downloads/CCAOM_KnowYourAcu.pdf.

acupuncture and Oriental Medicine (NCCAOM).³ In addition to having a national membership association (CCAOM), national accrediting agency (ACAOM), and national certification agency (NCCAOM), the acupuncture profession in the U.S. also has a national professional association for acupuncture practitioners (American Association for Acupuncture and Oriental Medicine-AAAOM),⁴ as well as numerous state acupuncture associations. There are approximately 25,000-30,000 acupuncturists in the U.S.

The existence of the foregoing national education, certification, and college and practitioner membership structure for the acupuncture profession in the U.S. strongly supports both the high quality of services that the profession provides to health care consumers and the compelling need for recognition of the profession in its own right by the Bureau of Labor Statistics. Moreover, recognition of the independent profession of “acupuncturist” by the Bureau would be entirely consistent with the fact that currently 44 states and the District of Columbia have already done the same by adopting acupuncture practice acts for comprehensively trained professional acupuncturists.⁵ The widespread existence of these practice acts demonstrates that the states have taken legal cognizance of the unique nature of the health care services provided by acupuncturists compared to the services other health care practitioners provide.

The occupational uniqueness of acupuncture is well summarized in a leading reference that states “[t]his ancient medicine, which can interface well with conventional medicine, has its own nomenclature, physiology, pathology, and therapeutics, which create a complex system of medicine documented in classical and modern texts.”⁶ Although as with any health occupation the scope of practice for acupuncture varies somewhat from state to state under the applicable acupuncture practice acts, it is acupuncture’s unique therapeutic paradigm that distinguishes this profession and its practitioners from other health care therapies.⁷

Following the upsurge of interest in acupuncture in the U.S. in the early 1970s, the profession has grown significantly and to the point at which regularly collectable and reliable data exist to validate this occupation’s distinctive existence. The data contained in NCCAOM’s independent submission to the Bureau is illustrative. In addition, each academic institution or program that is subject to ACAOM’s national standards of accreditation must submit

³ See www.nccaom.org. NCCAOM’s national certification examinations are accepted or required by virtually every state that has an acupuncture practice act. The state of California has its own separate school approval process and state licensing exam.

⁴ See www.aaaomonline.org.

⁵ A list of states having acupuncture practice acts may be viewed at [file:///C:/Users/CCAOM/Downloads/State%20Licensure%20Table%20\(11\).pdf](file:///C:/Users/CCAOM/Downloads/State%20Licensure%20Table%20(11).pdf).

⁶ Academic Consortium for Complementary and Alternative Health Care, *Physicians & Educators’ Desk Reference on the Licensed Complementary & Alternative Healthcare Professions* 20 (2013 ed.). This publication, which is available from ACCAHC (www.accahc.org), provides a highly informative discussion of the acupuncture profession in the U.S. today.

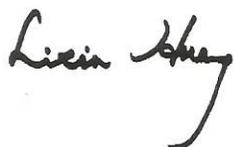
⁷ A useful summary of this paradigm may be found in the ACCAHC *Desk Reference*, cited in note 6, at pp. 22-24.

comprehensive annual reports to ACAOM that contain a wealth of data concerning acupuncture education in the U.S., including student enrollment and demographic information.

For the foregoing reasons, the Council enthusiastically joins NCCAOM and other state and national AOM organizations to urge that the Bureau change the 2010 SOC so that Acupuncturists receive a separate and distinct occupational code. In light of the significant time interval associated with the next revision to the SOC (2028), it would be very unfortunate, if not unconscionable, if recognition of acupuncture as a stand-alone occupation were further delayed beyond this current review cycle scheduled for 2018.

The Council very much appreciates the Bureau's consideration of the recommendation this letter makes and offers to provide any further information the Bureau may need.

Sincerely,

A handwritten signature in black ink, appearing to read "Lixin Huang". The signature is written in a cursive style with a long, sweeping tail on the letter "g".

Lixin Huang, MS
President

Reference: Standard Occupational Classification (SOC) Revision for 2018

Dear Members,

The Consortium for Oriental Medicine Research and Education is a (501-c) foundation that supports the Oriental Medicine and Acupuncture professions in the United States. COMRE was formed for the purpose of advancing and increasing extensive Acupuncture research and education in the US.

We join the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM*) and the other state and national acupuncture and Oriental Medicine organizations to have the 2010 SOC changed to have Acupuncturists receive a separate and distinct occupational code.

Acupuncturists have recently been included in the *List of Essential Health Benefits* under Obama-Care in several states, hinting that this field is not only growing immensely, but becoming a nation-wide necessity as well. There is also an increasing awareness among the insurance industry on the national level regarding the insurance of Oriental Medicines, and benefits more and more health insurance plans that include Acupuncture as a covered modality.

The International Standards Organization has a technical committee-249 working on standards for needles, hubs, and informatics for Oriental Medicine and acupuncture. These standards are sure to provide accurate and helpful guidelines for the Acupuncture profession. As other healthcare providers have, acupuncturists have also put forward an astonishing success rate, proving that it would thrive as a free-standing profession.

Sincerely,



Marilyn Allen, President.



June 23, 2014

Standard Occupational Classification Policy Committee,
U.S. Bureau of Labor Statistics, Suite 2135,
2 Massachusetts Avenue NE.,
Washington, DC 20212

Reference: Standard Occupational Classification (SOC) Revision for 2018

Dear Members of the Standard Occupational Classification Policy Committee (SOCPC):

The Council of State Associations of Acupuncture and Oriental Medicine (CSA) is a collaborative coalition of independent, state-based acupuncture associations in the United States who share as their mission the desire to support public health through the promotion of acupuncture and Oriental Medicine. We represent 37 individual state professional associations with a combined membership of over 4500 licensed acupuncturists and 1500 student acupuncturists.

We join the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM[®]) and the other state and national acupuncture and Oriental medicine organizations to have the 2010 SOC changed to have "Acupuncturists" receive a separate and distinct occupational code.

The state associations of the CSA have advocated on behalf of the licensed acupuncturists in the United States for nearly 35 years. Many of our associations formed in the early 1980s in order to support the passage of state legislation authorizing the creation of health occupation regulatory boards to approve acupuncture practitioners for licensing and to assure that the public was adequately safeguarded by imposing standards of educational training and scope of practice. Our members range from the seasoned provider who boasts three and a half decades of their career life performing acupuncture health services for patients to new graduates hopeful of dedicating their life to this career. Our members offer their services through a variety of employment locations including private practice, community health care settings, integrative medical centers, and urgent care and hospital settings throughout the country.

Our profession has been a part of the healthcare landscape in the United States for over forty years, and is now a definitively identifiable group of professionals with unequivocally unique attributes. A separate and distinct occupational code is appropriate for "Acupuncturists" at this time.

Sincerely,

David W. Miller, MD, L.Ac., Vice-Chair, Council of State Associations

Organizations in Support

Acupuncture Association of Colorado
Acupuncture Association of Missouri
Advancement of Oriental Medicine in Alabama
Acupuncture & Oriental Medicine Association of Minnesota
Acupuncture and Oriental Medicine Society of Massachusetts
Association for Professional Acupuncture in Pennsylvania
Acupuncture Society of the District of Columbia
Acupuncture Society of New York
Acupuncture Society of Virginia
Arizona Society of Oriental Medicine and Acupuncture
California State Oriental Medical Association
Connecticut Society of Acupuncture and Oriental Medicine
Florida Acupuncture Association
Idaho Acupuncture Association
Illinois Association of Acupuncture and Oriental Medicine
Indiana Association of Acupuncture and Oriental Medicine
Kentucky State Acupuncture Association
Maine Association of Acupuncture and Oriental Medicine
Maryland Acupuncture Society
Michigan Association of Acupuncture and Oriental Medicine
Mississippi Oriental Medicine Association
Nebraska Acupuncture & Oriental Medicine Association
New Hampshire Acupuncture & Asian Medicine Association
New Jersey Association of Acupuncture and Oriental Medicine
North Carolina Association of Acupuncture & Oriental Medicine
North Dakota Association of Acupuncture and Oriental Medicine
New Mexico Society for New Mexico and Asian Medicine
Ohio Association of Acupuncture and Oriental Medicine
Oregon Association of Acupuncture and Oriental Medicine
South Carolina Oriental Medicine Association
South Dakota Acupuncture and Oriental Medicine Association
Texas Association of Acupuncture and Oriental Medicine
Utah Association for Acupuncture & Oriental Medicine
Vermont Acupuncture Association
Washington East Asian Medicine Association
Wisconsin Society of Certified Acupuncturists
and
Individual acupuncturists of Wyoming (no formally registered association)



Society for Acupuncture Research

130 Cloverhurst Court, Winston Salem, NC 27103
www.acupunctureresearch.org | info@acupunctureresearch.org

July 14, 2014

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* Founder

Standard Occupational Classification Policy Committee
U.S. Bureau of Labor Statistics, Suite 2135
2 Massachusetts Avenue NE.
Washington, DC 20212

Re: Standard Occupational Classification (SOC) Revision for 2018

Dear Members of the Standard Occupational Classification Policy Committee (SOCPC):
The Society for Acupuncture Research (SAR) is a non-profit membership organization whose mission is to advance and disseminate scientific research into acupuncture and related therapies to inform global health care. SAR, formed in 1993, has become widely recognized as the premier international focal point for acupuncture research. We organize international conferences that foster inquiry into the rapidly expanding body of acupuncture research and explore the impact of this research on contemporary health care. Our board is comprised of both clinicians and research scientists who devote their time and resources to further SAR's goals. We also organize board Think Tanks, which explore topical questions in acupuncture research and culminate in published white papers on these topics.

We would like to join the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®) and the other state and national acupuncture and Oriental medicine organizations to have the 2010 SOC changed to have Acupuncturists receive a separate and distinct occupational code.

We believe that acupuncturists should receive an independent SOC, as the acupuncture field has been characterized by significant support from recent scientific publications in regard to acupuncture's clinical efficacy. Specifically, in addition to a growing list of randomized clinical trials demonstrating that acupuncture can be effective in treating various maladies, a recent meta-analysis focused on chronic pain has demonstrated that acupuncture is in fact superior to placebo in producing analgesia [1]. This landmark publication in the prestigious high impact journal, Archives of Internal Medicine, amalgamated the results of the largest unbiased trials, covering close to 18,000 patients treated. The authors concluded that "acupuncture is effective for the treatment of chronic pain and is therefore a reasonable referral option. Significant differences between true and sham acupuncture indicate that acupuncture is more than a placebo." This, and other new research publications highlighting the viability of acupuncture in safely and effectively treating pain and other conditions, support the use of an independent SOC for acupuncture.

Sincerely,

Vitaly Napadow
Co-President, SAR Board of Directors

Richard Harris
Co-President, SAR Board of Directors

1. Vickers AJ, Cronin AM, Maschino AC, Lewith G, MacPherson H, Foster NE, Sherman KJ, Witt CM, Linde K: Acupuncture for chronic pain: individual patient data meta-analysis. *Arch Intern Med* 2012, 172(19):1444-1453.



STANFORD CENTER FOR BIOMEDICAL INFORMATICS RESEARCH

MARK A. MUSEN, MD, PhD

*Professor of Medicine (Biomedical Informatics)
Chief, Biomedical Informatics Research
(650) 725-3390 Fax (650) 725-7944
email: musen@stanford.edu
http://www.bmir.stanford.edu*

June 30, 2014

Standard Occupational Classification Policy Committee,
U.S. Bureau of Labor Statistics, Suite 2135,
2 Massachusetts Avenue NE.
Washington, DC 20212

Reference: Standard Occupational Classification (SOC) Revision for 2018

Dear Members of the Standard Occupational Classification Policy Committee (SOCPC):

The Stanford Center for Biomedical Informatics Research has been working with the Council of Colleges of Acupuncture and Oriental Medicine and the World Health Association on the development of a standard nomenclature for the coding of procedures related to acupuncture and traditional medicine.

We join the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM[®]) and state and national acupuncture and Oriental medicine organizations to have the 2010 SOC changed to have Acupuncturists receive a separate and distinct occupational code. Our work has the goal of developing a classification of the activities that acupuncturists perform in service of their patients. It is apparent to us that these services are unique and form the core of the profession. It therefore seems appropriate to distinguish acupuncturists and to recognize their specific professional identity.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark A. Musen".

Mark A. Musen, M.D., Ph.D.
Professor of Medicine (Biomedical Informatics)
Chief, Biomedical Informatics Research