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January 31, 2012

The Honorable Secretary Kathleen Sebelius
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave., SW – Room 120F
Washington, DC 20201

Re: Essential Health Benefits Bulletin Released December 16, 2011

Dear Secretary Sebelius:

On behalf of the acupuncture and Oriental medicine (AOM) community, the American Association of Acupuncture and Oriental Medicine (AAAOM), the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) and the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®) appreciate the opportunity to comment on the Essential Health Benefits Bulletin released by the United States Department of Health and Human Services (HHS) on December 16, 2011.

The AAAOM, formed in 1981, is the sole professional organization for licensed acupuncturists in the United States (US); representing the interests of individual practitioners, their small businesses, physicians, health care professionals, patients and state professional associations. Enclosed is the AAAOM position statement and rationale[1] **in support of the designation of acupuncture services as an essential health benefit**. This position paper is endorsed by the CCAOM[2], an organization representing 51 AOM colleges approved by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), the national accrediting agency recognized by the US Department of Education for AOM colleges; and the NCCAOM®[3], the nationally recognized certification body in the US, representing over 17,000 licensed acupuncturists that have acquired Diplomate status. Collectively, our organizations represent the interests of over 29,000 licensed acupuncturists and nearly 6,000 students, as well as the millions of patients who seek out acupuncture services.

Since the start of its regulation in 1974, patient utilization of acupuncture as part of their overall health care has risen considerably every year[4]; between the 2002 and 2007 National Health Interview Surveys[5], acupuncture use among adults increased by approximately 1 million people. Acupuncture continues to spark significant public demand as a result of high patient satisfaction, positive clinical outcomes, physician

referrals and cost-effectiveness[6]. Acupuncture has been found to be highly effective in several medical conditions, including the management of chronic pain[7,8], increasing conception rates in couples experiencing infertility[9], in controlling chemotherapy-induced nausea and vomiting[7,10] and in the treatment of migraine headaches[11,12], to name a few. Acupuncture is a low-tech, non-invasive and cost-effective system of care with an excellent record of success and unparalleled safety record. The practice of acupuncture is standardized, licensed and currently regulated in 44 states, plus the District of Columbia; with legislation pending in five of the six remaining states.

For a particular service to be eligible for inclusion as an Essential Health Benefit (EHB), the Institute of Medicine (IOM) criteria state that it must (1) be safe, (2) be medically effective, (3) demonstrate meaningful improvement, (4) be a medical service and (5) be cost effective. As documented in the enclosed position statement by the AAAOM, acupuncture fits all of the above criteria for an eligible EHB service, and has demonstrated meaningful improvement in outcomes over current effective services and treatments for conditions in at least five of the ten general categories of health care outlined by HHS and IOM. Additionally of note, acupuncture delivery of care models improve access to care for a diversity of cultures within the US.

The Affordable Care Act (ACA), and its provisions establishing state health exchanges and prohibiting discrimination against licensed health care providers[13], holds tremendous potential to improve the lives of Americans and to reduce health care costs by providing services that are both effective and focused on preventive care. The inclusion of acupuncture services within this purview is pivotal to achieving the stated goals of the ACA. In addition, the ACA's emphasis on patient choice and access to care, as elucidated in section 2706 on non-discrimination[13], will benefit the most vulnerable, who historically cannot afford or access proper health care. The undersigned support HHS's determination to engage the states in establishing their own benchmarks under the ACA. Furthermore, we strongly encourage the setting of a default national benchmark plan that includes acupuncture as an essential health care service. Considering the existing variability in each state, one way to ensure a high level of uniform quality of care is to base the default benchmark plan for state exchanges on the Federal Employee Health Benefits (FEHB) program.

Federal health benefits, especially the FEHB program (the largest employer-sponsored health insurance program in the world), are cited as consumer friendly and cost-efficient, and are often held up as a model of the good employee coverage that should be available to all Americans. All federal employee health plans include coverage for some acupuncture services; evidencing support by the US government for acupuncture as an accepted and standard treatment of care. This recognition points to one of the many

reasons that acupuncture services should be considered by HHS to be part of the defined EHB.

Since AAAOM's position paper was first published weeks ago, tens of thousands of acupuncture patients across the US have expressed a desire to send comments to HHS urging support for inclusion of acupuncture services as part of the EHB. On behalf of those patients who have benefited from acupuncture services and have yet to provide comments and share their compelling stories, we request that HHS extend its public comment period. Given the substantive complexity of this critical issue, we feel the current response deadline is unreasonably short for all citizen stakeholders throughout the country to have an adequate opportunity to comment.

Our organizations welcome the chance to work with HHS on including acupuncture services in the EHB package and stand ready to educate and assist in the implementation of the state health exchanges. On behalf of the AOM profession and the patients it services, we thank you for the opportunity to comment on this important matter.

Sincerely,

Jeannie Kang, MS, LAc
President, AAAOM

Lixin Huang, MS
President , CCAOM

Kory M. Ward-Cook, PhD, CAE
Chief Executive Officer, NCCAOM

CC: Herb Schultz, Regional Director of Region IX, HHS
Representative Judy Chu

[1] The PDF is accessible online at aaaomonline.org or http://goo.gl/SkuBq [ENCLOSED]

[2] Council of Colleges of Acupuncture and Oriental Medicine: ccaom.org

[3] National Certification Commission for Acupuncture and Oriental Medicine: nccaom.org

[4] Barnes P. & Bloom B. (2008, December 10). Complementary and alternative medicine use among adults and children: United States, 2007. *National Center for Complementary and Alternative Medicine.* Retrieved January 27, 2012, from http://nccam.nih.gov/news/2008/nhsr12.pdf

[5] Barnes P.M., Powell-Griner E., McFann K. & Nahin R.L. (2004). Complementary and alternative medicine use among adults: United States, 2002. *CDC Advance Data Report #343*.

[6] Jabbour, M., Sapko, M.T., Miller, D.W., Weiss, L.M. & Gross, M. (2009). Economic evaluation in acupuncture: Past and future. *American Acupuncturist,* 49, 11. [ENCLOSED]

[7] Ezzo J., Vickers A.J., Richardson M.A., Allen C., Dibble S.L., Issell B,…Zhang, G. (2006). Acupuncture-point stimulation for chemotherapy-induced nausea and vomiting. *Cochrane Database Syst Rev*, (2)..

[8] Hopton A. & MacPherson H. (2010, March-April). Acupuncture for chronic pain: Is acupuncture more than an effective placebo? A systematic review of pooled data from meta-analyses. *Pain Pract*, 10(2):94-102.

[9] Franconi G., Manni L., Aloe L., Mazzilli F., Giambalvo Dal Ben G., Lenzi A., & Fabbri A.J. (2011, April). Acupuncture in clinical and experimental reproductive medicine: a review. *Endocrinol Invest*, 34(4), 307-311.

[10] Chao L.F., Zhang A.L., Liu H.E., Cheng M.H., Lam H.B. & Lo S.K. (2009, November). The efficacy of acupoint stimulation for the management of therapy-related adverse events in patients with breast cancer: a systematic review. *Breast Cancer Res Treat*, 18(2), 255-267.

[11] Linde K., Allais G., Brinkhaus B., Manheimer E., Vickers A. & White A.R. (2009, January). Acupuncture for migraine prophylaxis. *Cochrane Database Syst Rev*. 21;(1)..

[12] Li Y., Zheng H., Witt C.M., Roll S., Yu S.G., Yan J.,…Liang F.R. (2012, January).Acupuncture for migraine prophylaxis: A randomized controlled trial. *Canadian Medical Association Journal*.

[13] Section 2706. Non-discrimination in health care. *Patient Protection and Affordable Care Act* (Enrolled Bill [Final as Passed Both House and Senate]) Retrieved January 30, 2012, from http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf