



June 26, 2019

Alicia Richmond Scott, Designated Federal Officer
Pain Management Inter-Agency Task Force
U.S. Department of Health and Human Services
Attention: HHS-OS-2018-0027

Re: Request for Public Comments on the Pain Management Best Practices Inter-Agency Task Force Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations

Dear Ms. Scott,

The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)[®] commends the Pain Management Best Practices Inter-Agency Task Force for its final report for non-opioid, best-practice options to manage acute pain. The NCCAOM appreciates the Task Force's commitment to addressing the country's pain and opioid crisis by recognizing and supporting non-pharmacological pain-management options.

The NCCAOM seeks to ensure the public's safety and well-being by establishing and promoting national, evidence-supported competence and credentialing standards for the acupuncture profession. Each year, the NCCAOM certifies 1,200 -1,500 acupuncturists and represents almost 18,000 nationally board-certified acupuncturists. In recent years, the NCCAOM has advocated for acupuncture services as a supplement to, or replacement for, opioid prescriptions for chronic and acute-pain complaints.

The NCCAOM applauds the final report's "multimodal approach that includes medications, nerve blocks, physical therapy, and other modalities" such as acupuncture for managing acute pain. The NCCAOM also appreciates the final report's biopsychosocial care models to promote a multidisciplinary approach to treating chronic pain.

The NCCAOM specifically supports the Task Force's following initiatives:

- Section 2.1 – Approaches to Pain Management: Encourage "coordinated and collaborative care that allows for best practices and improved patient outcomes whenever possible," using the Veterans' Administration's (VA) and the Department of Defense's (DOD) collaborative, stepped, pain-care model.
- Section 2.6 – Complementary and Integrative Health: Grow the evidence base to standardize and implement complementary and integrative pain-management options.
- Section 3.3 – Education: Educate patients and practitioners about recommended non-opioid, non-pharmacological treatment options to make them aware of the available, personalized treatment options.



- Section 3.4.2 – Insurance Coverage for Complex Management Situations: Recognize and address the barriers that inadequate reimbursement presents to facilitate “payment models that recognize and reimburse holistic, integrated, multimodal pain management.”
- Section 3.4.3 – Workforce: Increase the pain-specialist workforce such as certified acupuncturists and create incentives for “multidisciplinary pain-management teams and programs of excellence” to treat “diverse and complex pain conditions.”
 - The NCCAOM strongly recommends that efforts to integrate practitioners into the healthcare delivery system should ensure these clinicians meet appropriate training requirements.
 - The Final Report highlights the VA’s efforts to provide collaborative, integrative pain care to its beneficiaries. In doing so, the VA has expanded access to acupuncture for all covered veterans, and help ensure patient safety and quality by requiring NCCAOM board certification for all of its acupuncturists. This standard helps ensure that all practitioners are qualified to provide reliable, high-quality care to patients. Other entities should use the VA model to develop appropriate workforce requirements for pain- management practitioners.

The NCCAOM thanks the Task Force for prioritizing efforts to improve pain management across the country, and looks forward to continuing to support efforts in the acupuncture environment. The NCCAOM stands by as a resource and partner combatting opioid misuse, overuse, dependency. Please contact [Molly Giammarco](#), Senior Manager, Government Relations for the NCCAOM, with any questions.

Sincerely,



Afua Bromley, MSOM, Dipl. Ac. (NCCAOM)®, L.Ac.
Chair, NCCAOM Board of Commissioners