



March 15, 2018

The Honorable Kevin Brady
Chairman

The Honorable Richard Neal
Ranking Member

The Honorable Peter J. Roskam
Chairman, Subcommittee on Health

The Honorable Sander Levin
Ranking Member, Subcommittee on Health

Committee on Ways and Means
United States House of Representatives
1102 Longworth House Office Building

Re: Stakeholder Feedback on Addressing the Opioid Crisis in Medicare

Dear Chairman Brady, Ranking Member Neal, Rep. Roskam, and Rep. Levin,

On behalf of the 18,000 active National Board-Certified Acupuncturists™ practicing across the country, the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)® and its professional membership division, the NCCAOM Academy, would like to thank you for the opportunity to provide input on how the Committee can address the rising tide of the opioid crisis. As the largest payer in the American healthcare system, the Medicare and Medicaid programs are uniquely situated to have a significant impact on the effects of the opioid epidemic, and we commend the Committee for its attention to this matter.

The NCCAOM was established to assure the safety and well-being of the public and to advance the professional practice of acupuncture by establishing and promoting national evidence-supported standards of competence and credentialing. Acupuncture treatment is an effective, non-pharmacological modality with a strong body of evidence to support its use for treating a variety of chronic and acute pain symptoms. The NCCAOM National Board Certification Examinations are recognized by 46 states plus the District of Columbia for the licensure of acupuncturists. The NCCAOM is well-positioned to help guide the increasing recognition of acupuncture as a widely-used, powerful addition to the treatment of pain and addiction through the Medicare and Medicaid programs.

As outlined in the Committee's request for input, Medicare beneficiaries are some of the hardest-hit victims of the opioid crisis. With the Medicare program providing healthcare to so many who suffer from opioid use disorder, or are prescribed opioids for pain management, it is essential that Medicare also provide avenues to reduce the potential harm caused by these prescriptions. Acupuncture treatment has been shown to have significant effects in treating addiction, withdrawal symptoms, and the conditions of both chronic and acute pain that often precipitate opioid prescriptions in the first place. However, acupuncture treatment is not currently covered by Medicare or Medicaid, save for a few state-based pilot programs. In

addition, acupuncturists are currently not recognized providers under the Social Security Act. By expanding coverage and reimbursement for acupuncture treatment by licensed acupuncturists, the Medicare and Medicaid programs could dramatically lessen both the incidence of opioid prescriptions and the symptoms associated with opioid use disorder. The NCCAOM is happy to provide input on several of the questions outlined by the Committee.

Treatment

I. Alternative Options for the Treatment of Pain:

Acupuncture has been shown to be a widely effective modality for treating chronic pain without the use of harmful opioids, but the Medicare program does not currently cover such treatment. This forces beneficiaries to pay out-of-pocket and may cause them to forego treatment in favor of being prescribed opioids, which are covered.

Reducing the quantity and instance of opioid prescription, especially among Medicare beneficiaries, will continue to be an essential factor for addressing the opioid crisis. By increasing beneficiary access to alternative pain management options, many will be able to receive shorter or decreased dosage of their opioid prescriptions, or in some cases avoid prescription opioids altogether. Acupuncture has been shown to be effective for numerous types of pain, especially chronic pain, with the strongest evidence surrounding back, knee, neck, and shoulder pain, as well as chronic headaches – all disruptive disorders which are often treated with opioid prescriptions. **One meta-analysis of almost 18,000 patients across 29 randomized controlled trials found that acupuncture was significantly more effective than the use of NSAIDs, the absence of the service of placebo controls.**¹ More specifically, the Acupuncture Evidence Project has tabulated research studies that have found evidence of positive effects of acupuncture on different conditions, covering 46 different symptoms.²

Major practitioner groups have begun to realize the potential of using acupuncture for pain management. **In 2017, the American College of Physicians published guidelines strongly recommending acupuncture as an effective treatment for chronic and acute lower back pain, a condition which often leads to opioid prescriptions among sufferers.**³

Acupuncture can be used in place of an initial opioid prescription when faced with chronic pain concerns. In fact, beyond simply treating pain, the mechanisms of acupuncture actually produce and release endogenous opioids in the body, acting as a natural analgesic without prescribing

¹ Vickers AJ, Cronin AM, Maschino AC, Lewith G, MacPherson H, Foster NE, et al. Acupuncture for Chronic Pain: Individual Patient Data Meta-Analysis. *Archives of Internal Medicine*. 2012; 172(9): 1444-53

² McDonald J, Janz S. The Acupuncture Evidence Project: A Comprehensive Literature Review. *Australian Acupuncture & Chinese Medicine Association Ltd*, Dec 19, 2016.

³ Qaseem A, Wilt TJ, McLean RM, Forciea MA; Clinical Guidelines Committee of the American College of Physicians. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians. *Annals of Internal Medicine*, 2017 April 4; 166(7): 514-530.

opioids.⁴ **Studies have demonstrated that acupuncture can reduce consumption of opioid-like medications (OLM) by more than 60% in post-surgical environments.** ^{5, 6}

II. Reimbursement:

Medicare and Medicaid do not recognize acupuncturists as providers and do not reimburse for acupuncture treatment. The original National Coverage Determination (NCD) for acupuncture prevents Medicare reimbursements for acupuncture treatment as an anesthetic or analgesic. However, that determination was based on analyses that were both limited in scope and more than 15 years out of date. These analyses do not reflect the strong and growing evidence base outlined above that shows the effectiveness of acupuncture as a pain management treatment.

Hospital accreditation organizations have also recognized the importance of providing pain management options beyond drugs. The Joint Commission requires that hospitals provide non-pharmacological modalities as part of their revised Pain Management and Assessment Standards for Hospitals, released in late 2017.⁷ **With the increased urgency of promulgating non-pharmacological avenues for addressing pain, it is essential that Congress act to recognize acupuncture treatment by NCCAOM Board-Certified Acupuncturists™ under Medicare to allow patients wider access to such treatment.**

Acupuncture is most effectively performed by healthcare professionals who are fully trained and maintain their expertise through board certification by NCCAOM. Twenty-two states require NCCAOM Board Certification in order to issue a license to practice acupuncture, and twenty-five more and the District of Columbia use the NCCAOM examinations as part of their licensing requirements. NCCAOM National Board-Certified Acupuncturists™ represent the gold standard for the practice of acupuncture and should be recognized as such under the Medicare program.

Overprescribing

I. Perverse Incentives in Medicare:

As outlined above, Medicare beneficiaries are excluded from receiving effective, non-pharmaceutical treatment for chronic pain in the form of acupuncture, due to a lack of coverage under the program. Beyond that, the rate-setting policies currently used by the Center for Medicare and Medicaid Services (CMS) actually drive high opioid prescriptions on their own. In

⁴ Zhang R, Lao L, Ren K, Berman BM. Mechanisms of Acupuncture-Electroacupuncture on Persistent Pain. *Anesthesiology*, 2014; 120(2): 482(503)

⁵ Lin JG, Lo MW, Wen YR, Hsieh CL, Tsai SK, Sun WZ. The Effect of High and Low Frequency Electroacupuncture in Pain after Lower Abdominal Surgery. *Pain*. 2002;99(3): 509-514.

⁶ Wang B, Tang J, White PF, Naruse R, Sloninsky A, Kariger R, et al. Effect of the Intensity of Transcutaneous Acupoint Electrical Stimulation on the Postoperative Analgesic Requirement. *Anesthesia and Analgesia*, 1997; 85(2): 406-13.

⁷ "Pain Assessment and Management Standards for Hospitals," R3 Report, Issue 11. *The Joint Commission*. August 29, 2017.

the current system, bundled payments can make alternative treatments cost-prohibitive for hospitals and physicians, especially for post-surgical acute pain, which also sees high opioid prescriptions. **Costs incurred by the hospitals when creating multimodal pain management strategies will essentially get deducted from their fixed-fee payments, hampering providers' ability to utilize non-opioid treatments.**

CMS should provide reimbursement for acupuncture services as an individualized treatment and also work to revise reimbursement policies to encourage wider use of acupuncture for chronic and acute pain. **Creating reimbursement policies for acupuncture treatment under Medicare would increase the availability of treatment to beneficiaries and allow these programs to make concrete strides towards decreasing or eliminating opioid prescriptions for those covered.** Once acupuncture becomes recognized under Medicare and established as the widely effective pain management solution that it can be, there can and should be movement towards establishing an Advanced Payment Model for opioid-related episodes of care utilizing acupuncture to reduce prescriptions.

II. Tools to Prevent Opioid Abuse

In addition to the beneficial effects of acupuncture treatment for pain management, acupuncture can also be used to treat Opioid Use Disorder symptoms. Acupuncture for addiction has been shown to reduce or alleviate opioid withdrawal symptoms in users, and could provide an effective avenue for curbing opioid dependence by allowing users to approach withdrawal without relying on further pharmacological methods.⁸ The National Acupuncture Detoxification Association (NADA) catalogs more than 1,000 programs across the United States and Canada that use acupuncture as a treatment for overcoming addiction.⁹

As the Committee explores ways to expand tools used by the Medicare program to treat addiction, acupuncture can and should be more widely utilized to help beneficiaries deal with the effects of opioid addiction and as a method to ease a transition to non-use.

Communication and Education

I. Beneficiary and Prescriber Notification and Education

Increasing awareness of the potential for acupuncture and other non-pharmacological treatments on the part of providers and beneficiaries should be a priority for Medicare and the federal government as a whole. In the last several years, agencies such as the Centers for Disease Control & Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA) have issued guidelines for prescribing opioids for chronic pain.^{10, 11}

⁸ Wen H, Cheung SYC. Treatment of Drug Addiction by Acupuncture and Electrical Stimulation. *Asian Journal of Medicine*, 1973; 9:139-141.

⁹ National Acupuncture Detoxification Association. "About NADA."

¹⁰ "CDC Guidelines for Prescribing Opioids for Chronic Pain – United States, 2016," Morbidity and Mortality Weekly Report. *U.S. Department of Health and Human Services, Centers for Disease Control & Prevention*. March 18, 2016.

¹¹

Medicare should release similar guidance, outlining the importance of reducing or eliminating opioid prescriptions in favor of acupuncture.

Guidelines around alternative treatments could be utilized for both beneficiaries and providers, to inform the discussion around pain management for both parties. Providers should be fully aware of the available avenues for treatment and should be able to guide their patients to modalities that are likely to work for them, whether in conjunction with or in place of opioid prescriptions. In addition, patients should be aware that other treatment options exist beside solely drug treatments. Patients may sometimes lack a full understanding of the prescription and any other options that may be available since they are presented as medically necessary and are not illicit if taken as prescribed. However, providers often do not fully discuss the use of these opioids with their patients, and a patient may believe that they are required to take a full slate of an opioid prescription as if it were an antibiotic or some other medicine, when in fact they should only be relying on them as necessary.

By increasing awareness around the dangers of legally prescribed opioids and the options for non-pharmacologic treatments, patients can be led to reduce their own opioid use, even if their provider is prescribing them.

NCCAOM applauds the Committee for prioritizing the response to the opioid crisis and for soliciting input from the healthcare community. We look forward to working with the Committee to further the development of policies that encourage non-pharmacological treatments for pain management. Medicare beneficiaries affected by the opioid crisis will benefit from expanded access to acupuncture, and guiding CMS to recognize this service will allow more patients to utilize a proven, safe, and effective approach to pain management.

Thank you, again, for the opportunity to submit policies that can improve the Medicare program to alleviate the opioid crisis. The NCCAOM and the Academy of Diplomates stand ready to provide any additional information as necessary and looks forward to continuing to combat the epidemic through advocacy for safer and more effective treatments that include acupuncture. If our organization can offer any further information, please contact Joe Nahra by phone at 202-367-2494 or by email at jnahra@thenccaom.org.

Sincerely,



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