



February 16, 2018

The Honorable Orrin G. Hatch
Chairman

The Honorable Ron Wyden
Ranking Member

Committee on Finance
United States Senate
219 Dirksen Senate Office Building

Re: Stakeholder Input to Address the Opioid Crisis

Dear Chairman Hatch and Ranking Member Wyden:

On behalf of the active 18,000 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 payers 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 and Medicaid beneficiaries are some of the hardest-hit victims of the opioid crisis. With these programs providing healthcare to so many who suffer from opioid use disorder, or are prescribed opioids for pain management, it is essential that Medicare and Medicaid 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 (OUDs) and other substance use disorders (SUDs).

I. How can Medicare and Medicaid payment incentives be used to promote evidence-based care for beneficiaries with chronic pain that minimizes the risk of developing OUD or other SUDs?

Acupuncture has been shown to be a widely effective modality for treating chronic pain without the use of harmful opioids, but the Medicare and Medicaid programs do 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.

Acupuncture has been shown to be effective for treating 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 or 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}

Acupuncture for addiction has been shown to reduce or alleviate opioid withdrawal symptoms.⁷ 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.⁸ As the number of opioid addicts in the U.S. continues to rise, acupuncture can and should be more widely used to treat addiction.

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 also have 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 2017.⁹ **With the increased urgency of promulgating non-pharmacological avenues for addressing chronic pain, it is essential that Congress act to recognize acupuncture treatment by NCCAOM Board-Certified Acupuncturists™ under Medicare and Medicaid 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. NCCAOM National Board-Certified Acupuncturists™ represent the gold standard for the practice of acupuncture and should be recognized as such under the Medicare and Medicaid programs.

II. What barriers to non-pharmaceutical therapies for chronic pain currently exist in Medicare and Medicaid? How can those barriers be addressed to increase utilization of those non-pharmaceutical therapies when clinically appropriate?

As outlined above, Medicare and Medicaid beneficiaries are excluded from receiving effective, non-pharmaceutical treatment for chronic pain in the form of acupuncture, due to a lack of

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*

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

⁸ National Acupuncture Detoxification Association. "About NADA."

⁹"Pain Assessment and Management Standards for Hospitals," R³ Report, Issue 11. *The Joint Commission*. August 29, 2017.

coverage under both programs. Additionally, the rate-setting policies currently used by the Centers for Medicare and Medicaid Services (CMS) actually drive high opioid prescription rates on their own. In 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 and Medicaid 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.**

III. How can Medicare or Medicaid better prevent, identify and educate health professionals who have high prescribing patterns of opioids?

Increasing awareness of the potential for acupuncture and other non-pharmacological treatments should be a priority for Medicare, Medicaid, 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} Medicare and Medicaid should release similar guidance, outlining the importance of reducing or eliminating opioid prescriptions in favor of acupuncture.

IV. What best practices employed by states through innovative Medicaid policies or the private sector can be enhanced through federal efforts or incorporated into Medicare?

While Medicaid does not currently cover acupuncture treatment nationwide, some states have found success in pilot programs examining reimbursement for specific treatments. Ohio began covering acupuncture for the treatment of lower back pain and migraines in 2017, and further broadened its rules in 2018 to allow independent acupuncturists to perform their services for Medicaid patients.¹² Within the Ohio Medicaid program, more than 108,000 Ohioans diagnosed with the above conditions will be able to receive acupuncture treatment.

In Oregon, the Health Evidence Review Commission (HERC), in response to the opioid epidemic, reviewed evidence and found that non-narcotic therapies, including acupuncture,

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 and Prevention. March 18, 2016.

¹¹ "SAMHSA Releases Revised Federal Guidelines for Opioid Treatment Programs," Substance Abuse and Mental Health Services Administration. March 27, 2015.

¹² "Medicaid Transmittal Letter No. 3334-18-01." January 1, 2018. Ohio Department of Medicaid.

were safer and more effective than opioid prescriptions for back pain. Having found that 60% of Oregon Medicaid recipients seeking care for back pain in 2013 received opioid prescriptions, the Oregon Health Plan prioritized acupuncture for funding in their coverage and formally required providers to develop treatment plans that include non-pharmacological strategies for pain management. By changing the funding designation for back pain treatment under Oregon Medicaid, the OHP began to allow patients to be treated beyond primary care visits and medications, allowing reimbursement for acupuncture treatment and expanding patient access in the process.¹³

Finally, the state of Vermont has also addressed the opioid crisis by studying non-pharmacological treatment through Medicaid. In 2016, the Vermont Legislature appropriated funds for a pilot study to assess acupuncture as an adjunct therapy for the treatment of chronic pain in the Medicaid population. This study demonstrated statistically significant improvements in all eight domains of pain management. **Additionally, researchers found that a third of those who had been using opioids to manage their pain reported a reduction in their use after undergoing acupuncture treatment.** A majority of respondents reported improvements in their productivity due to reduced pain symptoms.¹⁴

These states provide three examples of innovative policies that Medicaid can employ on a wider scale in order to study and expand the use of acupuncture in response to the opioid epidemic. While the states have significant autonomy in the design of their Medicaid programs, because the opioid crisis is national, we believe Congress should consider national coverage and reimbursement for acupuncture treatment under the Medicaid program. Additionally, pilot studies such as those employed in Vermont and reimbursement and rate changes like those used in Oregon can increase access to such treatments.

NCCAOM applauds the Committee for prioritizing the response to the opioid crisis and for soliciting input from stakeholders across healthcare and looks forward to working with the Committee to further the development of policies that encourage non-pharmacological approaches to pain management. Medicare and Medicaid beneficiaries affected by the opioid crisis will benefit from expanded access to acupuncture. Guiding CMS to recognize and cover acupuncture for beneficiaries will allow more patients to utilize a proven, safe, and effective approach to pain management.

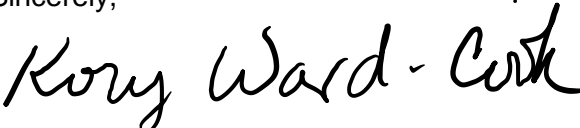
Thank you, again, for the opportunity to submit policies that can improve the Medicare and Medicaid programs to alleviate the opioid crisis. The NCCAOM and the Academy of Diplomates stand ready to provide any additional information as necessary and looks forward to continuing

¹³Rickards, James, Kim Wentz, and Trevor Douglass. "OHP Fee-for-Service Coverage of Back and Spine Pain Diagnosis and Treatment." March 6, 2017. *Oregon Health Authority*.

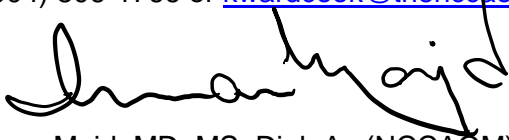
¹⁴Gobeille, Al and Cory Gustafson. "Medicaid Acupuncture Pilot Project Outcomes Report." September 29, 2017. *Department of Vermont Health Access*

to combat the epidemic through advocacy for safer and more effective treatments that include acupuncture. If our organization can offer further information, please contact Dr. Kory Ward-Cook by phone at (904) 806-1766 or by email at kwardcook@thenceaom.org.

Sincerely,



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