



March 25, 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,

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)® would like to thank you for the opportunity to provide comments on the Task Force's draft report. We appreciate the Task Force's commitment to addressing the country's pain and opioid crisis and look forward to helping expand the utilization of non-pharmacological treatments for pain through acupuncture.

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. Currently, the NCCAOM certifies 1,200-1,500 acupuncturists per year and represents almost 18,000 nationally board-certified acupuncturists. In recent years, the NCCAOM has worked to advocate for acupuncture services, along with other complementary and integrative treatments, as a commonly used supplement or replacement for opioid prescriptions when treating a multitude of chronic and acute pain complaints. Expanding access to these treatments will help better manage Americans' pain while supporting the triple aim of lower cost, better outcomes, and improved patient satisfaction.

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The NCCAOM appreciates the Task Force's efforts to improve pain management in the U.S., and we applaud the depth and breadth of the recommendations in the draft report. Specifically, we support the emphasis on the biopsychosocial model of care and promoting a multidisciplinary approach to treating chronic pain. These will be key to changing the paradigm of pain treatment nationwide and stemming the tide of the opioid crisis. Additionally, we appreciate the draft report's recognition of the importance of complementary and integrative treatments for pain, especially acupuncture. Acupuncture has consistently been shown to be a widely effective modality for treating chronic pain without the use of harmful opioids, and increasing access to and utilization of this treatment and other non-pharmacological treatments for pain should continue to be a top priority for the federal government.

The draft report brings much-needed attention to the current gaps in pain treatment for American patients, and we strongly support the Department's efforts to address these gaps. Our specific comments on the draft report address three major areas: reimbursement, research and education, and workforce requirements.

### **Reimbursement**

As the draft report states, inadequate reimbursement is one of the largest barriers to the expanded use of non-opioid, non-pharmacological pain treatments. Developing a reimbursement structure that promotes the use of acupuncture and other complementary and integrative treatments is paramount to the success of



the ongoing efforts to manage the opioid crisis. Improving reimbursement will also help reduce the perverse incentives currently present in Medicare and other payment programs, which encourage the prescription of cheap opioids over more involved treatments tailored to individual patients.

We applaud the Task Force for their recognition of the barriers that inadequate reimbursement presents, and we appreciate the specific recommendations to address this issue. Specifically, the recommendations in Section 3.3.2, *Insurance Coverage for Complex Management Situations*, detail the importance of “implement[ing] innovative payment models that recognize and reimburse holistic, integrated, multimodal pain management.” It is essential to develop payment policies that allow for widespread utilization of non-pharmacological therapies. As stated throughout the draft report, there is no shortage of clinical practice guidelines recommending these therapies for pain management, and paying for these therapies should be a primary focus for the federal government as well as private payors.

One way in which the Task Force could guide the development of improved reimbursement structures is to highlight effective models of care that exist already. Section 2.1, Recommendation 1a encourages “coordinated and collaborative care that allows for best practices and improved patient outcomes whenever possible,” and cites the collaborative stepped model of pain care used by the VA and the DoD. The Task Force should work to promote this model and other successful, practical models of integrative pain management as a roadmap for other payors, including CMS, to emulate. Providing examples of integrative pain management models can demonstrate the potential for these models to be implemented throughout the healthcare industry and move pain management reimbursement fully into the world of value-based care.

### **Research and Education**

While entities like the Task Force are increasing the recommendations to use non-pharmacological pain treatments, there is still a need for significantly expanded research into these treatments. Section 2.6 of the draft report highlights this need in Recommendation 2a: “Conduct further research on complementary and integrative health approaches to determine therapeutic value, risk and benefits, mechanisms of action, and economic contribution.” We appreciate the Task Force’s acknowledgement of these gaps and the recommendation to improve the knowledge base surrounding these treatments. There is a significant base of evidence supporting the therapeutic benefits of acupuncture for treating pain, but comparative effectiveness research is still needed.

Specifically, there is a need for additional research into the value of acupuncture (and other integrative treatments) for specific populations, such as Medicare beneficiaries. Additionally, the report highlights the gap in “clinical studies examining the feasibility of integrating complementary and integrative health approaches into current care models.” This is essential – while there is growing understanding that acupuncture and integrative health approaches can provide tangible benefits to pain patients, there is not a widespread understanding of how to practically integrate these treatments into the current system. While much of this gap is due to the lack of adequate reimbursement and other barriers to access, being able to truly expand the use of integrative pain treatments will require specific research into different models of care and the path to incorporating these treatments and practitioners into the existing delivery system. We hope the Task Force will continue to promote research into practical integration of complementary and integrative health approaches and expand this focus in the final report.

The draft report also highlights the importance of better patient and provider education about pain management and treatment options. Section 3.2 states that “public, patient, and provider education is critical to the delivery of effective, patient-centered pain management.” As the draft report’s



recommendations about increasing the integration of holistic pain management into the healthcare system are addressed, it is important that patients and providers are further educated about the non-opioid, non-pharmacological treatment options recommended by the draft report and existing CPGs. 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. Additionally, patients may sometimes lack a full understanding of the breadth of non-pharmacological treatments that are supported by evidence. By increasing awareness around the options for non-pharmacologic treatments, patients can be led to reduce their own opioid use, even if their provider is prescribing them.

### **Workforce**

Finally, the draft report recognizes the shortage of “multidisciplinary physicians and other health care providers who specialize in pain,” (Section 3.3.3) and recommends that the availability of nonphysician specialists be expanded. It is certainly essential that all patients be able to access all effective treatments and not face barriers related to an understaffed workforce. However, as efforts are made to increase the availability of these specialists, including acupuncturists and other practitioners of integrative health, it is essential to ensure that providers are trained in the safe practice of their specialties. While each area of integrative health will have its own model for ensuring qualifications and competency, any work to integrate these practitioners into the healthcare delivery system should include requirements around appropriate clinicians.

The draft report highlights the Veterans Administration’s work in providing collaborative, integrative pain care to its beneficiaries. Among other treatments, the VA has worked to expand access to acupuncture for all covered veterans, and requires NCCAOM board certification for acupuncturists to be appointed as VA healthcare practitioners. This standard helps ensure that all practitioners are qualified to provide reliable, high-quality care to patients, and other entities should look to the VA model to develop appropriate workforce requirements around pain management providers in all areas.

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The NCCAOM is grateful to the Task Force for prioritizing the improvement of pain management across the country, and we look forward to continuing to support these efforts in the acupuncture environment. If we can provide any additional information to assist in the development of the final report, or to further future Task Force work, please contact the NCCAOM Government Relations Department by email at [advocacy@thnccaom.org](mailto:advocacy@thnccaom.org).

Sincerely,



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