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November 14, 2018

Mr. Beagan,

Thank you for working to ensure the DOI receives an informed perspective on the new opioid bill provisions related to pain treatment. In this document, we have outlined how insurance coverage for acupuncture can help many people suffering from pain in Massachusetts.

The Acupuncture Society of Massachusetts urges the inclusion of insurance reimbursement for the appropriate treatment of pain using acupuncture services so that patients will have access to non-opioid treatments for pain.

Acupuncturists and the Acupuncture Society of Massachusetts believe that it is critically important for patients in the Commonwealth to have access to non-opioid pain treatment options. Acupuncture treatments from licensed acupuncturists both effectively treat pain and avoid the health hazards associated with opioid use and abuse. Insurance coverage and reimbursement for these treatments can provide this access.

The Acupuncture Society of Massachusetts advocates for the ability of health care providers to recommend acupuncture as a first-line, non-pharmacologic treatment method in patients presenting with pain syndromes.

Acupuncture is an evidence based, cost-effective, and safe treatment option for numerous pain conditions**.** Acupuncture is one of the most rigorously studied medical intervention for pain available to consumers. As far back as 1997, the NIH, in the wake of its Consensus Conference on Acupuncture, recommended the inclusion of acupuncture into the healthcare system.

Since then, two peer-reviewed, large studies on back pain showed that acupuncture performed at the highest level of clinical effectiveness. Traditionally conservative institutions such as the **American Academy of Physicians describe acupuncture as a first level of treatment.**

We have included those pain conditions that have been most rigorously studied and found to be successfully treated with acupuncture, as well as studies of cost effectiveness. We have also included some guidelines for treatment, and for times when acupuncture treatment would be inappropriate.

Thank you for your assistance and attention to this matter.

Acupuncture Society of Massachusetts
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Per your request at the DOI information sharing sessions re: the requirement to provide guidelines for non-opioid evidence based treatments for pain, The Acupuncture Society of Massachusetts respectfully submits this document for review and implementation. Please note we are available for consultation and conversation as this process moves forward.

We begin with acupuncture evidence: The Overview

Acupuncture research has experienced an exponential growth over the last 20 years, with over 13,000 publications and a 2-fold higher growth-rate than for conventional biomedical research.[1] The Cochrane database of controlled trials includes over 10,000 trials for acupuncture, compared with 7,500 for physiotherapy, 3,200 for massage and under 1,000 for chiropractic.[2]

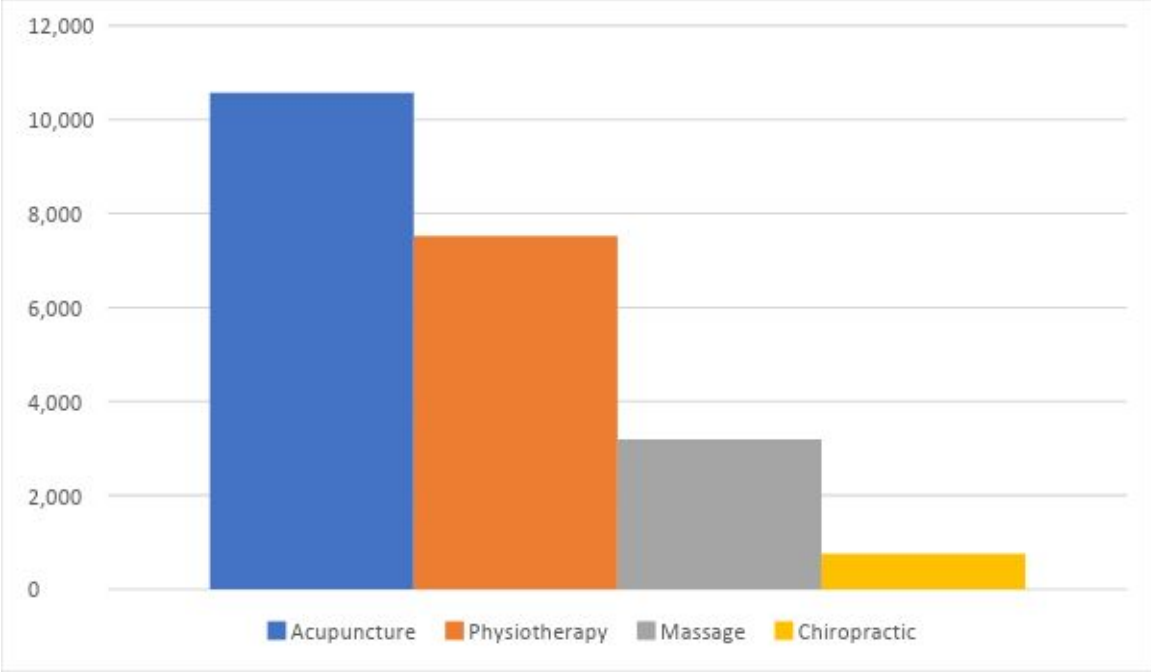


Figure 1 Number of trials registered with Cochrane collaboration for various non-pharmacological treatments as of November 2018

In line with this strong and expanding evidence based, medical treatment guidelines increasingly incorporate acupuncture as a recommended treatment option for a variety of conditions. A recent review of medical guidelines found over 2,000 positive recommendations for acupuncture in over 1,300 medical guidelines, making acupuncture one of the most recommended treatments in modern medicine. These recommendations were produced by government health institutions, national guidelines, insurance companies and specialty medical groups, predominantly in the United States and Canada, Europe, and Australasia.[3]

What conditions does acupuncture treat?

In 2014, the US Department of Veteran Affairs undertook a review of acupuncture for all clinical areas for which there is evidence.[4] This review was updated in 2017 and published as the Acupuncture Evidence Project.[5] The updated review included over 1,000 systematic reviews

and evaluated the effectiveness of acupuncture for 122 treatments over 14 clinical areas. They found some evidence of effect for 117 conditions. The review found moderate or strong evidence for the effectiveness of acupuncture for 46 conditions, listed below.

Review of systematic reviews of acupuncture for numerous conditions	
Evidence of positive effect	
Allergic rhinitis	Knee osteoarthritis
Chemotherapy-induced nausea and vomiting (with anti-emetics)	Migraine Prevention
Chronic low back pain	Postoperative nausea & vomiting
Headache (tension-type and chronic)	Postoperative pain
Evidence of potential positive effect	
Acute low back pain	Modulating sensory perception thresholds
Acute stroke	Neck pain
Ambulatory anesthesia	Obesity
Anxiety	Perimenopausal & postmenopausal insomnia
Aromatase-inhibitor-induced arthralgia	Plantar heel pain
Asthma in adults	Post-stroke insomnia
Back or pelvic pain during pregnancy	Post-stroke shoulder pain
Cancer pain	Post-stroke spasticity
Cancer-related fatigue	Post-traumatic stress disorder
Constipation	Prostatitis pain/chronic pelvic pain syndrome
Craniotomy anesthesia	Recovery after colorectal cancer resection
Depression (with antidepressants)	Restless leg syndrome
Dry eye	Schizophrenia (with antipsychotics)
Hypertension (with medication)	Sciatica
Insomnia	Shoulder impingement syndrome, early stage (with exercise)
Irritable bowel syndrome	Shoulder pain
Labour pain	Smoking cessation (up to 3 months)
Lateral elbow pain	Stroke rehabilitation
Menopausal hot flushes	Temporomandibular pain

A few examples where acupuncture would not be appropriate:

- as a first line treatment for open bone fractures (ex. from car accident)
- as a first line treatment for heart attack
- as a first line treatment for ruptured appendix

Acupuncture Treatment Dosing

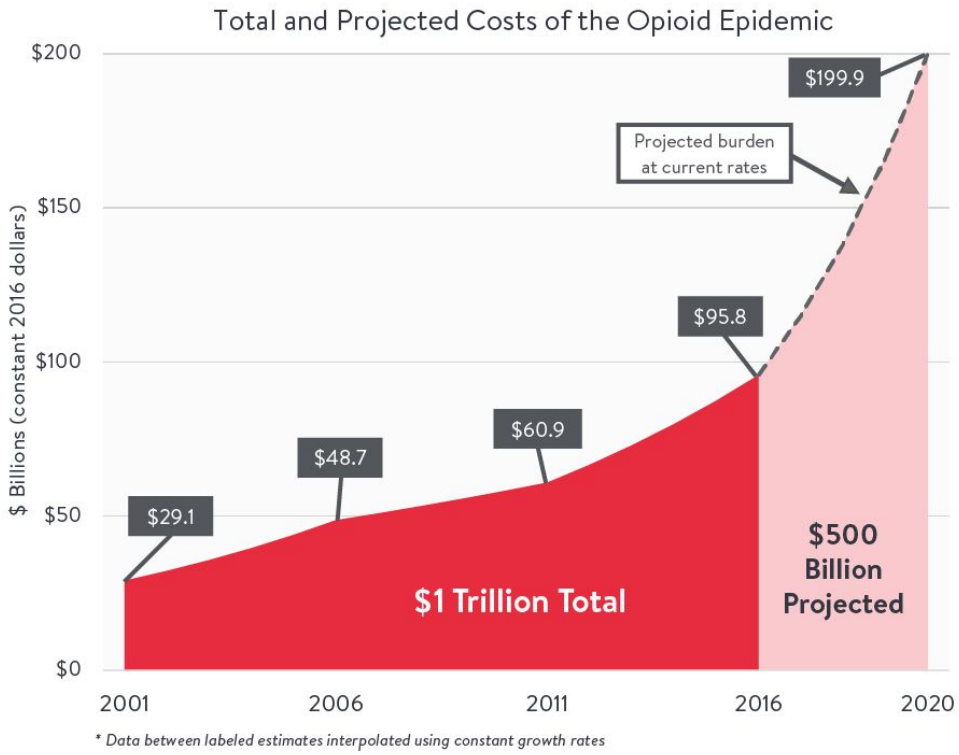
Systematic reviews of acupuncture find that compared to active sham needling control, acupuncture is most effective when a greater number of treatments are given and when treatment is more frequent, particularly in the initial phases of treatment. A recent Cochrane

review of acupuncture for migraine prevention found that acupuncture was significantly more effective than sham needling control. When analyzed in terms of the number of treatments, in studies that gave up to 12 treatments acupuncture versus studies that included 12 treatments or more, acupuncture had a clinically significant reduction in migraines that persisted at 3 month follow up.[6] The authors found that, "If people have six days with migraine per month on average before starting treatment, this would be reduced to five days in people receiving only usual care, to four days in those receiving fake acupuncture or a prophylactic drug, and to three and a half days in those receiving true acupuncture."

A recent meta-analysis of acupuncture for chronic pain, which included osteoarthritis, musculoskeletal pain, headache and shoulder pain, found a dose-dependent response of acupuncture treatment, with an increase in effect size of 0.1 per 5 sessions compared with usual care.[7]

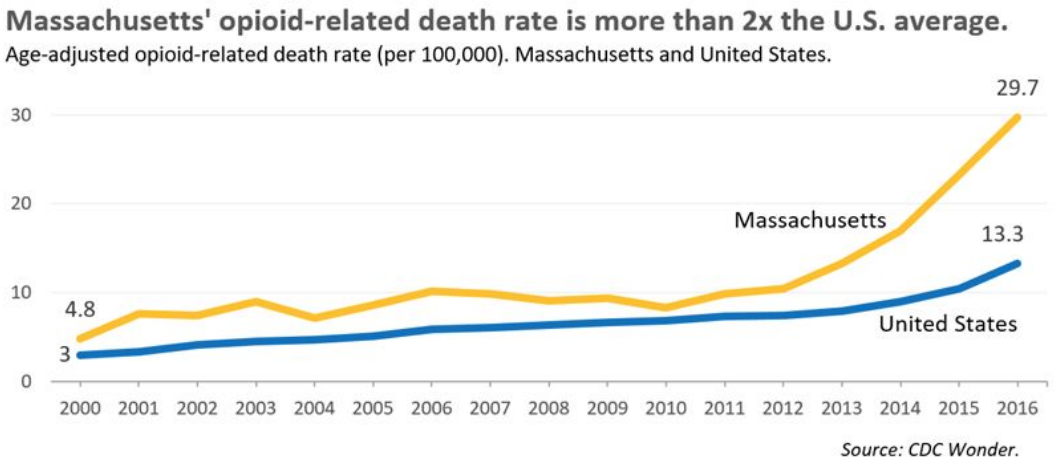
The Cost of Pain and Misuse of Opioids, and the Transition to Value-Based Care

The economic burden of opioids in the US is massive. In 2016 alone, it cost over **$95.8 billion**, and that is projected to almost double in the next few years.



Opioid costs are higher in Massachusetts because of the 2x of opioid-related death rate compared to the rest of the US even though Massachusetts has the 46th (out of 51) prescriber rate including the District of Columbia

(https://www.cdc.gov/drugoverdose/maps/rxstate2016.html).
(http://www.bostonindicators.org/reports/report-website-pages/opioids-2018)



Massachusetts had an economic burden of over $1.91 Billion in additional cost due to opioids. There are an estimated 160,000 people in Massachusetts that are "misusers" of opioid pain medication. That is over 2% of the Massachusetts population.

Insurance carriers that have implemented acupuncture coverage for their members and reported successful implementation. Harvard Pilgrim Health Plan was one of the carriers that pioneered including acupuncture in their plans back in 2013. Vin Capozzi, who spearheaded the program, and lead implementation at Harvard Pilgrim said: ***"Adding acupuncture to a carriers health plan is a no brainer"*** **(**because of its positive benefits for patients and the plan). He went on to say that the additional costs to the plan (after having it in place for several years) of adding acupuncture to the list of covered benefits was *"nominal"*.

However, one of the most important aspects of inclusion is that in most instances acupuncture can decrease the overall costs of care due to the reduction in more expensive procedures and medications, while simultaneously providing better patient outcomes. Acupuncture is positioned perfectly for opioid issues because it can not only reduce pain without addictive medication, it can also assist with substance abuse withdrawal.

About 100 Million Americans suffer from chronic pain That is about 30% of the US population. What is unfortunate is that only about 1-2% of people in the US gets acupuncture in a given year due to coverage limitations and a lack of education about what acupuncture can do, and how it can help.

There are about 1,125 licensed acupuncturists in Massachusetts who have graduated from an accredited school. The population of Massachusetts is about 6.8 million. About 1 million people are covered by a fully insured plan, and the rest are on an employer self-funded plan or Government sponsored plan.

Not every person needs acupuncture, but everyone should have access to it if needed. Therefore, it should be categorized as "medically necessary" for health plans to offer as an option for people suffering with pain. The Joint Commission stated: **"Acupuncture was recommended as a first-line treatment in lower back pain by the American College of Physicians."** [12]

Balancing patient preferences, effectiveness and cost-effectiveness, many health insurance companies, including Massachusetts' Neighborhood Health Plan have found it beneficial to cover acupuncture when determined to be medically necessary for at least 20 treatments. After this initial period, prior authorization and a new exam would be done to determine ongoing coverage. Some other insurance companies that cover acupuncture treatments are BMC Healthnet, Harvard Pilgrim, Fallon, Tufts, Celticare, and the Veterans Administration. Multiple Harvard hospitals use acupuncture for pain.

A recent study from the Center for Health Information and Analysis in response to a piece of Massachusetts legislation seeking mandated coverage for acupuncture for some conditions, found that full insurance coverage for acupuncture in line with these recommendations would result in an average annual increase, over five years, to the typical member's monthly health insurance premiums of between $0.38 (0.08%) and to $0.76 (0.16%). This is only a tiny fraction of an average member's almost $475 Per Member Per Month cost (or $5,700 annual cost). Furthermore, Acupuncture was noted to save $35,480, $32,000, $9,000, and $4,246 per patient for migraine, angina pectoris, severe osteoarthritis, and carpal tunnel syndrome respectively.[8]

How does acupuncture work

The mechanisms underlying how acupuncture relieves pain have been extensively researched for over 60 years. Sensory nerve pathways involving specialized nerve fibers and descending nervous system pathways have been mapped. Numerous biochemicals have been identified including opioid and non-opioid neuropeptides, and neurotransmitters such as serotonin, norepinephrine, dopamine, cytokines, glutamate, nitric oxide and gamma-amino-butyric-acid (GABA). Acupuncture analgesia has been shown to involve several classes of naturally produced opioid neuropeptides including enkephalins, endorphins, dynorphins, endomorphins and nociceptin (also known as Orphanin FQ). Among the non-opioid neuropeptides, substance P (SP), vasoactive intestinal peptide (VIP) and calcitonin gene-related peptide (CGRP), which plays a central role in the pathogenesis of migraine, have been investigated for their roles in both the analgesic and anti-inflammatory effects of acupuncture.[5,9]

Because acupuncture's mechanisms are associated with improved tissue-healing and self-regulation, acupuncture is appropriate in the vast majority of cases where red-flags have been excluded and the patient is amenable to treatment. A review of acupuncture's safety that included 4.4 million treatments observed only 7 serious adverse events[10], making it a very safe treatment when practiced by adequately trained practitioners.[11]

Chronic Pain Care

In complex chronic pain patients regular treatments with acupuncture, with reduced frequency of treatments over time, will assist in maintaining the relief of pain these patients experience.

Retired Col. Kevin Galloway, BSN spoke of the imperative of patients to participate in their activities of daily living as a piece of chronic pain management. This was echoed by representatives from the NIH, CDC and from insurance company representatives at the Integrative Pain Care Policy Congress in November 2018.

We would advocate for acupuncture for pain relief in lieu of opioid treatment for chronic pain patients as an ongoing or intermittent treatment to maintain the patient's improved ability to perform activities of daily living.

Reimbursement and Practice within Scope

We advocate for procedure codes that are included in scope of practice. Assessments are included in acupuncture specific codes 97810, 97811, 97813 and 97814. In order to conduct such assessments appropriately and with due diligence an initial visit must include longer Evaluation and Management (E&M) which should be reimbursed in addition to those built in to limited evaluations**.** Periodic reassessments additional to the acupuncture specific codes are also needed are appropriate, as in any medical treatment.

We also advocate for coverage of code 97140, which covers manual therapies (such as gua sha and tui na), therapeutic exercise (97110), and/or neuromuscular re-education (97112) which are in the scope of practice for licensed acupuncturists in Massachusetts. We also ask that the code 97026, for infrared heat, be covered as this can also be effectively utilized, is within our scope of practice and benefits many of our patients with pain.

Please do not hesitate to contact us with questions or concerns.

Respectfully,

Acupuncture Society of Massachusetts

Additional Resources on Acupuncture

In addition we offer the PAINS policy briefing: NEVER ONLY OPIOIDS: THE IMPERATIVE FOR EARLY INTEGRATION OF NON-PHARMACOLOGICAL APPROACHES AND PRACTITIONERS IN THE TREATMENT OF PATIENTS WITH PAIN.13

INTRODUCTION TO ACUPUNCTURE FOR MEDICAL PROFESSIONALS

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