



# American Society™ of Acupuncturists

www.ASAcu.org

July 6, 2019

Dear Colleagues and Supporters:



This year's post-conference report will be different than previous, combining our Council report, Conference report, and Hill Day reports together. This year was extremely special. For the first time, the organization held a type of professional event that has not been seen in this industry in some years. [The inaugural ASA conference in Washington, D.C.](#) at the beautiful Omni Shoreham has received wonderful feedback from vast numbers of attendees. Responses included a renewed excitement and pride in the profession, gratitude for the creation of significant professional connections, the joy of getting to know new friends in the field from around the country, and a deep appreciation for our

outstanding speakers. The quality of the content and general organization of the event was rated as very high, and still we as an organization learned an immense amount from this work. We are so delighted that we could come together to host this gathering, and are looking forward to doing it again next year in D.C.

During the weekend of May 31 – June 3, 2019, the ASA actually hosted four separate but interrelated events. The conference was preceded by an ASA Council meeting, which was the fourth annual gathering of our state association member organizations. This is the ASA's primary business meeting, and gives critical direction to the board in its activities. The ASA is a federation style organization, so creating pathways to communication among our member groups and with our board is one of the prime directives. Our board enacts policies and priorities developed in collaboration with the Council, and creates and enacts the strategic plan that the organization will take to achieve those determined goals. To that end, our conference was followed by a lobby day on the Hill where 183 participants had 565 meetings across party lines. This effort was coupled with a health fair where 21 acupuncturists worked together to deliver over 120 demonstration treatments to legislators and their staff.

Too many people deserve thanks in these efforts to name them all here, but particularly, we extend gratitude to the Board and conference committee, especially Amy Mager for coordinating the health fair, LiMing Tseng for being our primary conference administrative organizer, and Kallie Guimond for coordination of the extensive lobbying efforts. This was truly a team creation.

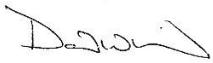


Morning Qi Gong with David Peters

Please take time to enjoy this report, and please consider the uncountable hours of effort and expertise donated to this profession by all of the phenomenal people you see here, and many more. The ASA is above all else a platform to allow talent in this field a base to flourish. Our professional group is rich with individuals bringing unusually diverse skill sets to our field. Creating a structured community, with virtue, through which these members can shine their talents towards the growth of the profession itself is a service the ASA is striving to provide. At this time, all contributors to the organization including all board members, the Council, and volunteer colleague contributors are unpaid. In the year to come, we hope to be able to secure funding to hire staff to help make sure this vehicle of the profession can be sustained and continue to develop.

As of the time of this writing, the ASA has 30 State Association members, comprised of 4492 individual professional acupuncturist members. There are also 11 active but non-dues paying State Associations.

Sincerely,



David W. Miller, MD, LAc  
Chair, American Society of Acupuncturists

- Conference Committee
- Michelle Wright
- David Peters
- Marie Najjar
- Mori West
- Kallie Guimond
- Blake Langley
- Liming Tseng
- Amy Mager
- David Miller



## Council Report



### ASA State Association Members Present

AZ	Asian Medicine Acupuncturists of Arizona (AMAAZ)	Della Estrada, Lloyd Wright
CA	California State OM Association (CSOMA)	Sarah Hart, Julie Tran
CO	Acupuncture Assoc of Colorado (AAC)	Jessica Sylvanson, Mark VanOtterloo
CT	Connecticut Society of Acupuncturists (CTAA)	Maggie Barili, Matthew Maneggia
FL	Florida Acupuncture Association (FAA)	Hongjian He, Daiyi Tang
FL	Florida State OM Association (FSOMA)	Jennifer Broadwell, Sandra Kahn
IL	Illinois Society of Acupuncturists (ILSA)	Lindy Camardella (LC), Olivia Hsu Friedman (OHF)
IN	Indiana Society of Acupuncture (INSA)	Jennifer Stone (JS), David Simpson
ME	Maine Association of AOM (MAAOM)	Tobey Williamson
MD	Maryland Acupuncture Society (MAS)	Tracy Soltesz, David Blaiwas (silent guest: Jennum O'Hara)
MA	Acupuncture Society of Massachusetts (ASM)	Linda Robinson-Hidas, Bryn Clark
MI	Michigan Association of AOM (MAAOM)	Henry Buchtel, Meagan Bretz
MN	Minnesota Acupuncture Association (MAA)	Korina St. John, Angie Weber
NH	New Hampshire Acupuncture and Asian Medicine Assoc (NHAAMA)	Adam Learner, Kate McCarthy
NJ	NJ Association of Acupuncture and OM (NJAAOM)	Jason Sargis
NM	New Mexico Society of Acupuncture and Asian Medicine (NMSAAM)	Yvonne Walston, Bernadette Lujan
NY	Acupuncture Society of New York (ASNY)	Michelle Wright, Viktor Krystufek
NC	North Carolina Association of AOM (NCAAOM)	David Peters, Karen Valesquez
OR	Oregon Association of AOM (OAAOM)	Beth Howlett, Ross McCallum
PA	Association of Professional Acu. (APA -Pennsylvania)	BJ Putnam, Heather Shultz
RI	Rhode Island Society of Acupuncture (RISA)	Mary Claire Dilks
TN	Tennessee Acupuncture Council (TAC)	Jodie Manross, Sarah Prater (silent guest: Alexandra Russell, ASA Student Assoc)
VA	Acupuncture Society of Virginia (ASVA)	Aubry Fisher, Elaine Wolf Komarow
WA	Washington East Asian Med Association (WEAMA)	Charis Wolf
WI	Wisconsin Society of Acupuncturists (WISCA)	Kelly Hora, Louis Lei Jin

<b>Non-Voting CSA Members Present</b>		
CA	California Acupuncture and Traditional Medicine Association (CalATMA)	David Quackenbush
DC	Acupuncture Society of Washington, DC (ASDC)	Amy Lewis (AL)
HI	Hawaii Acupuncture Association	Joni Kroll
IA	Iowa Association of OM and Acupuncture	Valerie Stallbaumer
MO	Acupuncture Association of Missouri	Andrew Lenz
NY	United Alliance of NYS LicAc's	Binghui Guan
SD	South Dakota Acu & OM Assoc (SDAOMA)	Drea Miller

<b>ASA Board of Directors</b>	
Chair	David W. Miller (DM)
Vice Chair	Amy Mager (AM)
Secretary	LiMing Tseng (LT)
Immediate Past Chair/Treasurer	Candace Sarges (CS)
Board Member At Large	Jason Bussell (JB)
Board Member At Large	Christine Cronin (CC)
Board Member At Large	Zeyiad Elias (ZE)

<b>Organizational Guests</b>	
ACAOM	Mark McKenzie, Yemeng Chen
NCCAOM	Afua Bromley, Mina Larson

<b>ASA Member Organization Absent</b>	
AK	Acupuncture & OM Association of Alaska
OH	Ohio Association of AOM
TX	Texas Association of Acupuncture and OM
VT	Vermont Acupuncture Association

Dear Council Members:

Thank you for your attendance and participation in our fourth annual Council summit, held in conjunction with the inaugural ASA national meeting and lobbying day! This year's meeting was changed in format to accommodate the work done during the national events themselves, and so more emphasis was placed on "housekeeping" and networking than in previous years. Reports from allied organizations such as ACAOM, CCAOM, and NCCAOM were received during the national event, as was information on the activities of many other influential leaders and organizations.

Major points of business for this meeting included reports from individual states on their activities, election of officers, expansion of the board to allow for up to nine seated members, addition of the Asian Medicine Acupuncturists of Arizona (AMAAZ) and the Acupuncture Society of Washington, DC (ASDC) to our member ranks, discussions on Medicare, Medicaid, activities in California, and reports from our outstanding committees.

## Board Cycle and Expansion

Work during the Council summit included the reappointment of the seated board members whose terms were expiring. As you may know, board members of the ASA are allowed to serve no more than three consecutive, two-year terms. Board members LiMing Tseng and David Miller have completed their second of these terms, and were elected back for the third term. Board member rotations can be found at this link: [Board terms](#). Candace Sarges continues to serve as the Immediate Past Chair (IPC), which has a maximum term of service of six years, with rotation occurring each time the chair advances. We thank her for her endurance in this post, and also as treasurer of ASA!



As three board members will be stepping off after this next two-year cycle (LM, DM, and Candace Sarges), the board requested of the Council expansion of the allowed number of seated board members from seven to nine. This expansion was granted, and will allow us to have smoother transition to the next board, and begin board training well in advance of the transition. For the 2019-2020 cycle, the board will remain ‘as is’ with David Miller as Chair, Amy Mager as Vice-Chair, LiMing Tseng as Secretary, Candace Sarges as Treasurer and IPC, and Zeyiad Elias, Christine Cronin, and Jason Bussell as Members-at-Large. Jason Bussell

is training with Candace Sarges to become the next treasurer. (The ASA also does maintain an independent accountant to assist in maintenance of the books and tax work.)

## Nominating Committee

The “Nom Com” has met regularly monthly and has done an outstanding job in assuring that the information needed for applicant member organizations is in order, and that groups meet core criteria for membership. They have also worked hard to vet and find board members, and work towards the collection of CV’s of ASA member group delegates. We thank Candace Sarges for chairing this, along with Michelle Wright, Steve Malins, Sarah Prater, Kimberly Benjamin, and David Bock for their phenomenal service. The Nom Com welcomes Regina Walsh as well to the group, and will bid farewell to Kimberley Benjamin, David Bock and Steve Malins who have termed off the Nominating Committee. Any Council member (past or present) interested in serving on this committee should contact the ASA for more information.

## Governance Committee

The GC will be working on increasing structure for the whole organization, as well as particularly developing a tool by which policy can be developed via the Council. Further, refinement of whistleblower, non-discrimination, and the development of basic “Policy and Procedure” documents will be a priority. The GC is also looking for one or two more dedicated individuals to join this work. Please contact us if you are interested.

## Public Education Committee

The PE committee has done outstanding work to produce documents and videos that can be used for promotion of the field, and for dissemination of evidence for acupuncture's effectiveness. Please see the [Public Education portion of the ASA publications](#) page to access these. The committee created a [new video](#) as well that can be shared widely and freely, helping to highlight the diversity of our practitioner base and what we do. Kudos to especially Lindy Camardella, Charis Wolf, and Korina St. John for their leadership and expertise!



## Herbal Medicine Committee

We thank the herbal medicine committee for facilitating the development of the [ASA position statement on the use of Endangered Species](#). We will be looking to expand action on this in the year to come. The HMC is also ready to host a webinar on safe herbal compounding which will be presented for four NCCAOM PDA's on Saturday, July 20<sup>th</sup> by Eric Brand, and presented as a service and fundraiser for the ASA thereafter. [Details on this can be found here](#). Many thanks to Linda Robinson-Hidas, Eric Buckley, Eric Brand, and the whole herbal committee for making this happen.

ASA is also in conversation with the FDA on issues surrounding Ma Huang use in the U.S. We will provide updates as they become available.

## Web Platform

The ASA is very excited to see implementation of an industry-innovative web platform that can be shared by all member associations. This will begin to be implemented later this year, and will allow each state association to purchase a web-platform for their group that is more cost-effective and higher functioning than other products in use and on the market. The sites will have internal connectivity, but each state will manage content independently. The connectivity allows, however, for pooled, real-time member data and the dissemination of information via an optional, embedded RSS feed. The ASA national website will also be moved to the new system, and we hope, in time, to be able to offer individual member sites as well. The entire system will be more secure than most sites are currently, and will have a professional team on call for issues that may arise. We thank particularly Olivia Friedman for spearheading this effort, and to Zeyiad Elias, LiMing Tseng, and Valerie Overby for their invaluable contributions.



## Medicaid

There is a growing movement towards inclusion of acupuncture into Medicaid (state-level, medical assistance programs for low-income individuals). A number of states have already accomplished the first stages of this, including, but not limited to, Ohio, Oregon, Maryland, California, and Massachusetts. Numerous other states are considering working towards inclusion as well, and the ASA is working to coordinate a working group to help all with expertise and experience collaborate. More information can be found in the second part of our [Medicare/Medicaid discussion outline](#). The ASA is generally supportive of Medicaid inclusion, but as these are state level programs, each association member organization will determine what is best for their terrain, and whether this might be a realistic effort at this time. Considerable work is needed to accomplish this inclusion.

Discussion at this meeting was primarily directed towards coalition building and awareness raising, with clarification of differences between Medicaid and Medicare discussed.

## Medicare

This is one of the largest issues our profession has faced, yet it has been faced by virtually every other profession taking part in mainstream, American healthcare. For many years our internal discussions revolved around whether WE should pursue the inclusion of acupuncture into Medicare, and then also how that would look for us as providers. Although bills seeking acupuncture and acupuncturist inclusion have been introduced consistently for decades, our profession never achieved unity of interest towards this. All know that Medicare is a “beast” to be dealt with, and the “cons” seemed to outweigh the “pros”. We find ourselves at a different juncture now.

Numerous factors have come together that we believe strongly indicate that Medicare is likely to include acupuncture in some way within approximately five years. The acupuncture evidence base has grown strong enough to no longer be ignored, the military has been finding increasing benefit in acupuncture, and the opioid crisis has created a mandate for non-pharmacological solutions for pain control. It is critical to realize that while the work of the acupuncture community has contributed to this environment of interest in and acceptance of acupuncture, the trend towards the inclusion of acupuncture in Medicare comes external to our work as a licensure group. If this happens, it will happen as much despite us as because of us.



This leads us to a new critical question: *Is it better for Licensed Acupuncturists (or state equivalent) to be included in Medicare, thereby to engage that system and be able to be providers of acupuncture for the Medicare population, or is it preferable to remain external to Medicare and allow other licensure groups to provide acupuncture services therein?* To be clear, acupuncture would be provided under Medicare regardless of the inclusion of Licensed Acupuncturists. In most cases, hospitals would need to seek providers who are part of Medicare in order to bill and be reimbursed, and would need to train included licensure groups to assure access. This training would likely be short-course, and not to the standard or complexity that the Licensed Acupuncturists licensure type could provide.

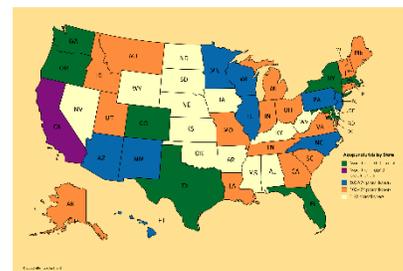
In order to help think through these issues, the ASA is putting together a document for distribution to the general membership base. That will be forthcoming, but [the general outline for that can be again found here in the Medicare/Medicaid discussion outline.](#)

We will also discuss federal bills HR 1182 and 1183 below in our discussion of Hill Day and our lobbying efforts.

## California

California represents approximately one-third of the national practitioner base, and has been undergoing intense efforts to better organize the licensure group. Our ASA member association is [CSOMA](#), who is also a founding member group in ASA. The other organization that has emerged and expressed interest in ASA membership (but who has not yet applied) is [CalATMA](#). Currently there are approximately 26 professional associations in California, and ASA is hopeful for and supportive of increasing unification.

One of the primary issues that has been of division in California surrounds acceptance of the NCCAOM certification as an additional baseline credential for the licensure group. This credential is not currently accepted for licensure application in California. Many, including the ASA as a group, recognize the benefits of a single, nationally recognized credential for practitioners. Such a credential would allow for easy identification of minimal competency, and would allow entities such as the Veterans Administration to streamline credentialing. It would improve licensure portability for residents of California wishing to relocate. There is very simple legislation that is needed from within California to make this happen, and includes simply a phrase that allows for NCCAOM certification as an equivalent alternate to CALE certification.



ASA wishes to provide some clarity on points which have been of confusion regarding this issue:

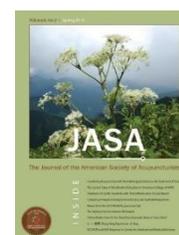
1. Substantial work was done between NCCAOM and the California Acupuncture Board to assure that the California Licensure Exam (CALE) and the NCCAOM exams are substantially equivalent in content. Careful item mapping was performed, as well as domain tabulation. With the exception of questions that are specific to California practice, the exams were determined to be substantially equivalent. The CALE does not represent a higher form of testing, nor distinguish a more qualified practitioner.
2. The acceptance of the NCCAOM in no way lowers the educational requirements for practice in California, and individuals applying for CA licensure will still need to meet the standards set out in the [practice act regulations](#). This portion of the practice act is distinct from that covering testing.
3. There are higher, up-front fees for the NCCAOM exams, however these come with substantially more options for exam completion and greater associated services. These fees are the same as paid by applicants across the country whose states are using these exams as a metric.
4. The regulatory and legislative bodies in California are not attached to keeping the CALE, and moving to the NCCAOM exams would relieve these bodies of costly work that does not add to the quality of practice in California.

## Student Section

We are delighted to see the development of a national student section who can begin to form a network for current students. Many thanks to Blake Langley of NUMN who has spearheaded this program. We were thrilled to see the interest from students who met together during the ASA inaugural meeting.

## JASA

[JASA: The Journal of the American Society of Acupuncturists](#) is the only industry specific journal with specific connection to the Licensed Acupuncturist community. We are working to determine how to best position this resource moving forward, including considering all options for publishing, collaboration, and management. None of this would be possible without the tireless commitment of Jennifer Stone, our journal Editor Chief.



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## Luncheon with Marilyn Allen and AAC

Marilyn Allen, US liaison to the World Health Organization for the International Classification of Traditional Medicine Committee, presented information on the [2019 WHO Global Report on Traditional and Complementary Medicine](#). One major change which has occurred is in terminology. The new nomenclature to be used by the WHO is “Traditional & Complementary Medicine” aka “T&CM”. This World Health Organization report enumerates the global health progress in Traditional and Complementary Medicine (T&CM) based on the 179 WHO member countries over the past 20 years. Acupuncture is the most utilized T&CM practice with 113 of the 179 countries acknowledging the use of acupuncture in their regions.



Additionally, Marilyn spoke about an [Employer Sponsored Acupuncture](#) study. This study demonstrates the cost-effectiveness of employer-sponsored acupuncture treatments which reduce employee pain and prevent absenteeism.

## Member Benefits

The ASA has been working very hard to secure and expand baseline member benefits. Interestingly, we have now become large enough and have demonstrated sufficient longevity to be of interest to a number of excellent companies. We have obtained benefits such as malpractice insurance discounts for state association members, and, for the first time in the history of the industry, disability and life insurance benefits directly through the organization. Thanks to Amy Lewis for spearheading this effort! [List of Member Benefits](#).

## The State of our Union: Licensed Acupuncture in American Healthcare

The content of this year’s meeting was designed to help us as a licensure group better understand our challenges and opportunities within a rapidly changing healthcare landscape. Our speakers included pioneers and current leaders in integrative health, professionals seeking to make acupuncture available to the underserved, representatives of the Indian Health Service, the Department of Defense, the Veterans Administration, major insurance carriers, and key staff from House Representative Judy Chu’s office, who is one of our strongest allies in Congress. We heard from the leading organizations in the profession, explored issues surrounding research, and enjoyed a number of entertaining and pertinent talks on engaging insurance, understanding the evidence, and using social media. We also utilized a conference ‘app’ that kept us greener, and can be explored for much more detail on our speakers and program. Please take time to explore [the schedule](#) and [app detail](#) further!

A few clear messages emerged from our speakers:

- We have tremendous opportunity as a licensure group.
- We must raise our level of professionalism, and do better with public interactions, professionalism, collaboration, and clinical charting.
- We need to organize and focus our energy, and not succumb to splintering and factionalism in our professional organization.
- The evidence supports us, and the public wants our services!

SATURDAY, JUNE 1, 2019	
07:00 AM - 08:00 AM	08:00 AM - 08:30 AM 08:30 AM - 09:00 AM 09:00 AM - 09:30 AM 09:30 AM - 10:00 AM 10:00 AM - 10:30 AM 10:30 AM - 11:00 AM 11:00 AM - 11:30 AM 11:30 AM - 12:00 PM 12:00 PM - 12:30 PM 12:30 PM - 12:45 PM 12:45 PM - 01:00 PM 01:00 PM - 01:30 PM 01:30 PM - 02:00 PM

## Lobby Day on Capitol Hill

This was an incredible day for acupuncture, with 183 participants having hundreds of meetings to promote three specific 'asks' on behalf of the American Society of Acupuncturists:



### ASK #1

#### [HR 1182](#)

#### **Acupuncture for Our Heroes Act**

**Sponsor: Rep. Judy Chu**

**House Ask: Please Co-Sponsor**

**Senate Ask: Companion Bill**

This bill helps to codify both acupuncture and licensed acupuncturist services in the Veterans Administration. This bill has been introduced a number of times, and was reintroduced this congressional session, February 13th. Passing this bill will be a multiyear effort. At this time, the primary need is to help Congresswoman Chu obtain cosponsors for this bill. The more cosponsors a bill has, the more likely it will get a hearing, CBO Score, and eventually pass out of Committee. Getting co-sponsors that show bipartisan support of a bill is necessary to move a bill quickly through a committee. A recent effort garnered three co-sponsors: Rep. Robin Kelly (D-IL-2), Rep. Yvette Clark (D-NY-9), and Rep. Grace Meng (D-NY- 6).

Bill HR 1183 is a much larger bill that would add licensed acupuncturists to Medicare. Ultimately, we hope to see passage of this, but it is a much bigger project. Garnering support for HR 1182, we hope, will 'pave the way' for successful passage of HR 1183, but we also need to see consistent support from the professional acupuncturist community before passage of this becomes likely.

**HR 1959**

**Preserving Patient Access to Compounded Medications Act of 2019**

**Sponsors: Rep. Morgan Griffith  
& Rep. Henry Cuellar**

**House Ask: Please Co-Sponsor**

**Senate Ask: Companion Bill**

Reintroduced in this congressional session with the original bipartisan sponsors, the current effort is to re-sign as many members from the original cosponsor list of 62 as possible, and to cultivate more support from Democrats. This bill has been assigned to the House Standing Committee on Energy & Commerce, so members of that committee are particularly critical.

**ASK #3**

**Congressional Integrative  
Health & Wellness Caucus**

**Bi-Partisan Co-Chairs**

**Rep. Judy Chu (D-CA-27th)**

**Rep. Jackie Walorski (R-IN-2nd)**

**House ONLY Ask: Join the Caucus**

This effort was towards getting all of our House Representative to join the Integrative Health & Wellness Caucus! This is an effort to build a voting bloc in Congress that consistently seeks out information from organizations that represent practitioners of disciplines that are not currently considered "mainstream medicine". This effort emerged from the [IHPC \(Integrative Health Policy Consortium\)](#), and is shared by more than 30 professional organizations. It is critical that we work interprofessionally to advance integrative health, as those working against holistic care are large and well-funded.



Please see the [specific talking points](#) for these efforts, and [continue the conversation with your legislators!!](#) The work is by no means over, and, in fact, begins with the fly-in. We must now continue to ask our legislators to become a part of these actions, showing them that these are important to us as a larger group.

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