November 11, 2017

Dear Colleagues:

On Wednesday, November 8th, 2017, after many months of planning by the American Society of Acupuncturists (ASA) and the American Alliance for Professional Acupuncture Safety (AAPAS), the acupuncture community held its first-ever “Congressional Briefing” on Capitol Hill. Sponsored by Congressman Tim Ryan (D-OH), the Democratic co-chair of the Congressional Addiction, Treatment & Recovery Caucus, and Congresswoman Judy Chu (D-CA) who has introduced groundbreaking federal legislation to get acupuncture to our veterans, and held in the Rayburn House Office Building, the event was a resounding success.

Over 50 staff members were in attendance including representatives from House members Loebsack (D-IA), Butterfield (D-NC), Bishop (R-UT), Brownley (D-CA26), Lieu (D-CA33), Blunt Rochester (D-DE), Garamendi (D-CA3), Lofgren (D-CA19), Moore (D-WI), Rogers (R-AL), Speier (D-CA14), Bass (D-CA37), Crawford (R-AR), Posey (R-FL), Crowley (D-NY), Matsui (D-CA6), O’Halleran (D-AZ), Speaker Pelosi (D-CA12), Johnson (D-GA), and Gottheimer (D-NJ), and Senate members Tillis (R-NC), Leahy (D-VT), Blumenthal (D-CT), Cardin (D-MD), Boozman (R-AR), Ernst (R-IA). This was a rare bipartisan event. In addition, there was ample representation from the Chronic Care community and other trade associations addressing pain, including the Arthritis Foundation, the Alzheimer’s Association, the US Pain Association, and the American Physical Therapy Association. The NCCAOM was also graciously in attendance.
The event began with a warm welcome from Ellen Hamilton representing congresswoman Chu’s office. And was followed by a moving testimonial from advocate Terri Winn, who spoke of the journey she is taking in dealing with the loss of her son to an overdose last year.

She walked Congressional staff members through her family’s experience of what was available for treatment, the limited exposure and access to acupuncture, and her belief that if acupuncture had been readily available, her son would still be here. Her son had acupuncture once as part of a recovery attempt, and felt it to be powerfully effective.

Members in attendance then received seamlessly orchestrated auricular acupuncture sessions from a team of Licensed Acupuncturists from surrounding states. The change in participants was evident, and this tangible experience of acupuncture will no doubt be one of the most powerfully impacting portions of the event.

Speakers for the community included Dr. David W. Miller, M.D., L.Ac. and Dr. Tracy Soltesz, D.Ac., L.Ac., of the American Society of Acupuncturists (ASA), Dr. Jun Xu, M.D., L. Ac. of the American Alliance for Professional Acupuncture Safety (AAPAS), and Dr. Arthur Fan, M.D. (China), Ph.D., L.Ac. Dr. Miller presented on the evidence base supporting acupuncture’s use for pain control, lessening opioid volume, and assisting with addiction. Dr.’s Xu and Fan gave insight into how China has already integrated acupuncture into its care-system, and how this might act as a model for the U.S., as well as on the impressive education received by doctors from China trained in acupuncture. Dr. Soltesz closed with a detailed overview of the educational system in the United States, as well as the certification standards that allow hospitals, clinics, and others to identify qualified practitioners.
The feedback from this event has been universally positive and overwhelming. Dr. Kallie Guimond, D.OM., L.Ac. Legislative & Regulatory Liaison, ASA Board, was the key organizer of this event, and is the subsequent point of contact. She has already received numerous requests for follow-up, reflective of great interest. For further information, she can be reached at 240-432-7522, Drkallieguimond@gmail.com. We extend heartfelt thanks to Kallie and all of the volunteers who worked so hard to make this event possible and a success.

Please see presentation slides below.
ACUPUNCTURE: A Powerful Tool in Solving the Opioid Crisis

Sponsored by:
The American Society of Acupuncturists (ASA)
The American Alliance for Professional Acupuncture Safety (AAPAS)

David W. Miller, M.D., L.Ac.

More than 1/3 of Americans Report Pain

In 2015 it was estimated that 25.3 million Americans suffered from chronic pain, while an estimated 126 million American adults reported some type of pain in the prior three months.

In 2015 it was estimated that 25.3 million Americans suffered from chronic pain, while an estimated 126 million American adults reported some type of pain in the prior three months.


For Many Types of Pain, Opioids have been Our “Go-to” Solution

Over the past two decades in the U.S., post-operative pain management has come to rely increasingly on opioids, while underutilizing alternative analgesics such as acupuncture.

Eighty to ninety-four percent of patients undergoing low risk surgical procedures fill a prescription for opioids within 7 days.


Deaths Instead of Relief

More than 33,000 Americans died from opioid drugs in 2015, and more than 64,000 died in 2016.


Opioids are Expensive

Economic Burden to America: More than $78.5 Billion dollars in 2016.
AGs urge insurers to prioritize payment coverage and policies for non-opioid pain-management options.

Why Acupuncture?

- Acupuncture has been found to be effective for treating various types of pain, with the strongest evidence emerging for back pain, neck pain, shoulder pain, chronic headache, and osteoarthritis.

  - In the largest study of its kind to date, 454,920 patients were treated with acupuncture for headache, low back pain, and/or osteoarthritis in an open pragmatic trial. Effectiveness was rated by the 8,727 treating physicians as marked or moderate in 76% of cases.

  - Acupuncture is Effective for Treating Pain – and is often as good as available options

- A systematic review and meta-analysis on acupuncture for the treatment of sciatica reported that acupuncture was superior to standard pharmaceutical care (such as ibuprofen, diclofenac, and prednisone) in reducing pain intensity (mean difference (MD) = -1.25, 95% CI [-1.63 to -0.86]) and increasing pain threshold (MD = 1.60, 95% CI [0.98–1.37]).


Another systematic review and network meta-analyses of 21 different interventions for sciatica found that acupuncture was second in global effect only to biological agents, and superior to all other interventions including non-opioid and opioid medications.

Acupuncture is Effective for Treating Pain - and is often as good as available options


  - Thirty-nine randomized clinical trials were included in the meta-analysis (2,391 patients).

  - Moderate-certainty level evidence showed that electrotherapy reduced the use of opioids (MD = -3.50; 95% CI [-5.90 to -1.10]) morphine equivalents in milligrams per kilogram per 48 hours; p = 0.04; I² = 17%); and that acupuncture decreased opioid use (MD = 46.17; 95% CI [20.84 - 71.50] minutes to the first patient-controlled analgesia; p < 0.001; I² = 19%).

Acupuncture Decreases the Amount of Opioids Needed to Treat Pain

A prospective, randomized trial of acupuncture vs. morphine to treat emergency department/emergency room patients with acute onset, moderate to severe pain was conducted.

The study included 100 patients, with 50 patients in each group. Success rate was significantly different between the 2 groups (92% in the acupuncture group vs. 79% in the morphine group; p < 0.001). Resolution time was 16.4 ± 8 minutes in the acupuncture group vs. 28 ± 14 minutes in the morphine group (p < 0.001). Overall, 89 patients (29.6%) experienced minor adverse effects; of these, 85 (26.4%) were in the morphine group and only 4 (2.6%) were in the acupuncture group (p < 0.001).


Acupuncture can Help Treat Addiction

As far back as 1978 it was demonstrated that acupuncture decreased biochemical markers of stress in heroin addicts compared to observational controls.

In 2014 Chan YY and Lo WP, et al. demonstrated that acupuncture decreased the amount of morphine used by addicts in treatment, and simultaneously improved sleep in the treatment subjects.


Acupuncture is Safe

Strong evidence for the safety of acupuncture in chronic pain management comes from an open pragmatic trial involving 654,000 patients who were treated for headache, low back pain, and/or osteoarthritis.

Minor adverse events were reported in 7.9% of patients while only 0.003% (13 patients) experienced severe adverse events.

Minor adverse events included needle pain, hematomas, and bleeding, while serious adverse events included myocardial infarction, acute hyper tension, encephalopathy, asthma attack, and aggravation of suicidal thoughts.

Acupuncture is Cost-Effective

In a cost-effectiveness analysis of non-pharmacological treatments for osteoarthritis of the knee, acupuncture was found to be the most cost-effective option when analysis was limited to high-quality studies.


A recent study from the Center for Health Information and Analysis (CHIA) in response to a piece of Massachusetts legislation seeking mandated coverage for acupuncture for some conditions, found that full-insurance coverage for acupuncture would increase an average insured member’s monthly health insurance premium only by $0.38 to $0.76. Acupuncture was noted to save $35480, $32000, $9000, and $4594 per patient for migraine, angina pectoris, severe osteoarthritis, and carpal tunnel syndrome, respectively.


Acupuncture can Help Treat Opiate Addiction

Some studies have reported reduced consumption of opioid-like medication (OMM) by more than 60% following surgery when acupuncture is used.


In a study examining acupuncture’s effectiveness in treating pain in a military cohort of 172 at a United States Air Force medical center; acupuncture dramatically decreased the use of opiates and other pain medications among personnel. Opioid prescriptions decreased by 65%, muscle relaxants by 24%, NSAIDs by 43%, and benzodiazepines by 24%. Quality of life measures also showed impressive changes, with some measures of improvements showing statistical significance (p < 0.001).

Acupuncture can Help Treat or Cure Underlying Conditions

Table 1. Acupuncture for the Use of Numerous Conditions Including Pain Conditions

The Acupuncture Evidence Project (Mar 2013 - Sept 2016)

<table>
<thead>
<tr>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergic rhinitis (perennial &amp; seasonal)</td>
</tr>
<tr>
<td>Chemotherapy - induced nausea and vomiting (CINV) with anti-emetics</td>
</tr>
<tr>
<td>Chronic low back pain</td>
</tr>
<tr>
<td>Headache (tension-type and chronic)</td>
</tr>
<tr>
<td>Knee osteoarthritis</td>
</tr>
<tr>
<td>Migraine prophylaxis</td>
</tr>
<tr>
<td>Post-operative nausea &amp; vomiting</td>
</tr>
<tr>
<td>Post-operative pain</td>
</tr>
</tbody>
</table>

Evidence of potential positive effect

<table>
<thead>
<tr>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute low back pain</td>
</tr>
<tr>
<td>Acute stroke</td>
</tr>
<tr>
<td>Ambulatory anaesthesia</td>
</tr>
<tr>
<td>Anxiety</td>
</tr>
<tr>
<td>Aromatase-inhibitor-induced arthralgia</td>
</tr>
<tr>
<td>Asthma in adults</td>
</tr>
<tr>
<td>Back or pelvic pain during pregnancy</td>
</tr>
<tr>
<td>Cancer pain</td>
</tr>
<tr>
<td>Cancer-related fatigue</td>
</tr>
<tr>
<td>Constipation</td>
</tr>
<tr>
<td>Craniotomy anaesthesia</td>
</tr>
<tr>
<td>Depression (with antidepressants)</td>
</tr>
<tr>
<td>Dry eye</td>
</tr>
<tr>
<td>Hypertension (with medication)</td>
</tr>
<tr>
<td>Insomnia</td>
</tr>
<tr>
<td>Irritable bowel syndrome</td>
</tr>
<tr>
<td>Labor pain</td>
</tr>
<tr>
<td>Lateral elbow pain</td>
</tr>
<tr>
<td>Menopausal hot flashes</td>
</tr>
<tr>
<td>Modulating sensory perception thresholds</td>
</tr>
<tr>
<td>Neck pain (some types/non-whiplash)</td>
</tr>
<tr>
<td>Obesity</td>
</tr>
<tr>
<td>Peri-menopausal &amp; post-menopausal insomnia</td>
</tr>
<tr>
<td>Plantar heel pain</td>
</tr>
<tr>
<td>Post-stroke insomnia</td>
</tr>
<tr>
<td>Post-stroke shoulder pain</td>
</tr>
<tr>
<td>Post-stroke spasticity</td>
</tr>
<tr>
<td>Post-traumatic stress disorder</td>
</tr>
<tr>
<td>Prostatitis pain/chronic pelvic pain syndrome</td>
</tr>
<tr>
<td>Recovery after colorectal cancer resection</td>
</tr>
<tr>
<td>Restless leg syndrome</td>
</tr>
<tr>
<td>Schizophrenia (with antipsychotics)</td>
</tr>
<tr>
<td>Sciatica</td>
</tr>
<tr>
<td>Shoulder impingement syndrome (early stage)</td>
</tr>
<tr>
<td>Shoulder pain</td>
</tr>
<tr>
<td>Smoking cessation (up to 3 months)</td>
</tr>
<tr>
<td>Stroke rehabilitation</td>
</tr>
<tr>
<td>Temporomandibular joint disorder</td>
</tr>
</tbody>
</table>

Acupuncture is Available, and can also be a Source of U.S. Economic Development – Jobs Creation and Industry Development

A 2015 study found the number of trained practitioners to be approximately 34,400. The number of licensed acupuncturists was noted to have increased by 23.3% and 52.1% compared to the years 2009 (n=27,965) and 2004 (n=22,671) respectively, increasing about 1,266 per year.


Currently, the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) has fifty-seven schools in its membership, with approximately ten schools offering doctoral degree. www.ccaom.org

The National Certification Council for Acupuncture and Oriental Medicine (NCCAOM) has certified more than 18,000 practitioners for minimal competency. www.nccaom.org

The practitioners emerging from this educational and testing infrastructure are the most highly trained in Chinese medicine as a complete system, and the training capacity is vastly underutilized. This system could produce many more practitioners were demand increased.

Acupuncture is not the whole solution, that we need to work in teams, and that this is a long-haul effort.

However, this is a time of crisis: we must use all available, reasonable, evidence-based tools to solve this issue, and acupuncture stands as potential "star player" in that effort.

Acupuncture could be quickly integrated into medical systems to decrease opioid use for numerous conditions, decrease initial addiction, and help with addiction rehabilitation.

For questions regarding legislative & regulatory affairs or strategic partnerships:
Dr. Kallie Guimond, DOM, LAc
ASA Board Member
Legislative & Regulatory Liaison
Event Coordinator
240-433-7522
Drkallieguimond@gmail.com

Recognition of the Complexity of the Situation, but Focus on the Simplicity of One Solution.

Contact

THANK YOU!

Acupuncture’s Role in Solving the Opioid Epidemic: Evidence, Cost-Effectiveness, and Care Availability for Acupuncture as a Primary, Non-Pharmacologic Method for Pain Relief and Management—White Paper 2017
The Practice of Traditional Chinese Medicine (TCM) (Including Acupuncture) in China Today
Jun Xu, MD, LAc

Striking Differences in Healthcare Between the US and China

<table>
<thead>
<tr>
<th>Country</th>
<th>Birth Rate Per 1,000</th>
<th>Hospital Bed Per 1,000</th>
<th>Life Expectancy at birth, total</th>
<th>Physicians Per 1,000 people</th>
<th>Healthcare Expenditure total % of GDP (2014)</th>
<th>Healthcare Expenditure Per Capita (2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>China</td>
<td>12.22</td>
<td>2.45</td>
<td>75.04</td>
<td>1.51</td>
<td>5.5</td>
<td>$731</td>
</tr>
<tr>
<td>US</td>
<td>14</td>
<td>3.3</td>
<td>78.64</td>
<td>2.3</td>
<td>17.1</td>
<td>$9,403</td>
</tr>
</tbody>
</table>

Source: http://www.nationmaster.com/country-comparison/China/United-States/Health

Chinese Central Government

The Commission of Health and Family Planning

The State FDA

State Administration of TCM

34 provincial TCM Bureau
42 TCM Universities/Colleges
661,510 Registered Students
81 Research Institutes
22,628 Scientists

http://www.satcm.gov.cn

HOSPITALS AND PHYSICIANS IN CHINA, 2016

<table>
<thead>
<tr>
<th>Types of Hospitals</th>
<th>Total Hospitals</th>
<th>Total Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Hospitals</td>
<td>29,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Independent TCM Hospitals</td>
<td>3966</td>
<td>264,411 (2012)</td>
</tr>
</tbody>
</table>

Source: http://www.satcm.gov.cn

TCM HOSPITAL ADMISSIONS IN CHINA

<table>
<thead>
<tr>
<th>Year</th>
<th>General Hospitals</th>
<th>TCM Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>41.53</td>
<td>6.05</td>
</tr>
<tr>
<td>2008</td>
<td>58.72</td>
<td>9.52</td>
</tr>
<tr>
<td>2009</td>
<td>67.13</td>
<td>11.11</td>
</tr>
<tr>
<td>2010</td>
<td>75.05</td>
<td>12.59</td>
</tr>
<tr>
<td>2011</td>
<td>84.31</td>
<td>14.47</td>
</tr>
<tr>
<td>2012</td>
<td>99.15</td>
<td>17.72</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>General Hospitals %</th>
<th>TCM Hospitals %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>14.6</td>
<td>16.2</td>
</tr>
<tr>
<td>2008</td>
<td>16.6</td>
<td>16.6</td>
</tr>
<tr>
<td>2009</td>
<td>16.8</td>
<td>17.2</td>
</tr>
<tr>
<td>2010</td>
<td>17.2</td>
<td>17.9</td>
</tr>
</tbody>
</table>


TCM Research in China 2016

<table>
<thead>
<tr>
<th>TCM Research Category</th>
<th>Research Institutions</th>
<th>Total Employee</th>
<th>Scientists</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>81</td>
<td>22,628</td>
<td>12,744</td>
<td>56.3</td>
</tr>
<tr>
<td>National Run</td>
<td>10</td>
<td>3556</td>
<td>2,023</td>
<td>56.9</td>
</tr>
<tr>
<td>Provincial Run</td>
<td>43</td>
<td>14,818</td>
<td>8,159</td>
<td>54.8</td>
</tr>
<tr>
<td>City Run</td>
<td>28</td>
<td>4,323</td>
<td>2,562</td>
<td>56.7</td>
</tr>
</tbody>
</table>

Source: http://www.satcm.gov.cn
How does Traditional Chinese Medicine (TCM) Help and Save Money?

1. It focuses on good lifestyle to prevent diseases.

Definition

Traditional Chinese Medicine (TCM) is an ancient and still very vital holistic healing health care system. It is based on the notion of harmony and balance, and employs the ideas of moderation and prevention.

2. It is a set of natural therapies with extremely low side effect profiles compared with most modern medicine approaches. It has been used for pain management and other illness in China for thousands of years!

Final Words

1. TCM has been officially integrated into the Chinese healthcare system for more than 50 years, and is playing an increasingly important role.
2. Acupuncture is one of the key treatment methods of TCM.
3. TCM focuses on the prevention of disease and treating its root cause, and is an ideal resource to keep the population healthy and reduce pain and the use of opioids.
4. The United States can immediately use aspects of the Chinese experience with this integration to determine ways to take advantage of this health-promoting, cost-saving system.
5. TCM is a cost-effective, allied medicine with the demonstrated potential to reduce medical expenses and keep Americans healthy and drug free.
Acupuncturists’ Education in China

Arthur Yin Fan, MD (China), PhD, LAc

The Official Name for Acupuncturists in China: “M.D. in Chinese Medicine (Zhong Yi 中医)”

- 3,966 Chinese Medicine Hospitals
- 446 Integrative Medicine Hospitals
- Gov’t backed TCM clinics: 42,528
- Integrative clinics: 7,705
- Visits (all hospitals):
  - Outpatient: approx. 910 Million patients/year
  - Inpatient: approx. 21 Million/year

The Education of Acupuncturists in China: MD Level Education (I)

Educational Facilities (government supported)
- 42 High Educational Institutes focused on TCM
- 200 Western Medicine Universities/Colleges also offer TCM Training

The Education of Acupuncturists in China: MD Level Education (II)

Years of Education and Training
- 4-6 years of college training, with additional 1 year internship
- Approximately 40% in Chinese Medicine, 60% in Biomedicine
- Degree: Bachelors or Masters in Medicine, equivalent to MD in the USA
- *AMA and WHO accept this educational system as MD level equivalent
- ** Some TCM doctors were trained in Western Medicine Universities
- 6 years of residency
- Rotate in each department, then focus on one specialty

- Some Doctors Add:
  - 1 year additional training in a western medicine hospital
  - 1 year to 2 year training in a hospital in a Western Country
- Continuing Education is also needed, as in the USA
- Some Physicians will choose additional training in research, achieving another Master or PhD degree

TCM Education Institutions in China- included in TCM colleges with many other colleges, such as pharmacology colleges

<table>
<thead>
<tr>
<th>Level</th>
<th>Universities have TCM</th>
<th>Graduates /yr</th>
<th>New students /yr</th>
<th>Current Enrollment (all)</th>
<th>Estimated Graduates /yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>42</td>
<td>139,113</td>
<td>193,935</td>
<td>661,510</td>
<td>178,724</td>
</tr>
<tr>
<td>Doctoral</td>
<td>1,209</td>
<td>1,343</td>
<td>4,662</td>
<td>1,984</td>
<td></td>
</tr>
<tr>
<td>Master</td>
<td>12,427</td>
<td>13,811</td>
<td>38,689</td>
<td>12,261</td>
<td></td>
</tr>
<tr>
<td>Undergrads</td>
<td>155,477</td>
<td>178,781</td>
<td>618,159</td>
<td>164,479</td>
<td></td>
</tr>
</tbody>
</table>

Source: http://www.satcm.gov.cn
The earliest book in Chinese Medicine currently available is 2,000 years old
- **Yellow Emperor’s Inner Classic (Huang Di Nei Jing).**
- Earliest National Medical Educational Institution in Chinese Medicine started in China 1400 years ago
- Imperial Medical Academy (Tai Yi Shu) in the Sui dynasty
- Modern Chinese Medicine Education started in 1954 in China
- Acupuncture has been listed as a “World Intangible Heritage” by UNESCO’s cultural sector at unesco.org.

References

Training and Qualifications of Licensed Acupuncturists

Tracy Soltesz, DAc, LAc

Acupuncture as a Procedure and Acupuncture as a Comprehensive System

- Encompasses a variety of traditional and modern therapies
- Acupuncture needling
- Chinese herbal medicine and Chinese nutritional theory
- Asian bodywork and manual therapies
- Therapeutic exercise such as medical Qi gong

"Arguably one of the highest levels of sophistication with respect to integrative medical concepts"

- Must understand both Eastern healthcare theory, and how that theory relates to, and translates into mainstream medical terminology and concepts, in order to collaborate with conventional healthcare providers.

Educational Programs in Acupuncture and Oriental Medicine

- 56 independent institutions
- 22 states
- 95 different accredited or candidacy status programs

Access to Trained Providers is the Barrier to Care Collaboration is Key

- Some of the nation's largest insurers are opting to include acupuncture as an evidence-based, covered benefit
- Hospitals and other health care institutions are offering acupuncture treatments as an optional, add-on service to some patients' comprehensive care plans

- Lack of access to fully trained acupuncturists and services remains the largest barrier for the American public

- Licensed acupuncturists are uniquely trained to adjust standard acupuncture protocols, offering customized treatments that consider each individual patient's unique health care needs

- Training includes understanding of conventional medical systems, and the ability to work collaboratively with a patient's complete team of care providers

Acupuncture Regulations in the United States

- 47 states and the District of Columbia formally regulate the practice of acupuncture
- Require providers to become licensed, registered, or certified

Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) Masters Degree

- Many schools offer extensive programs beyond the minimum standards:
  - 200 – 2400 hours Master of Acupuncture
  - 2000 – 3100 hours Master of Oriental Medicine
Doctoral Degrees of the Acupuncture Profession

- **Doctor of Acupuncture and Oriental Medicine (D.A.O.M.)**
  - Post graduate doctorate focused on specialization and advanced knowledge and skill.
  - Minimum 1200 hours.
  - 650 hours dedicated to advanced clinical training.
- **Professional Doctorate**
  - Entry-level doctorate.
  - Additional 300 hours of training beyond minimum standards of Masters degree.
  - 750 hours of clinical training for Doctor of Acupuncture.
  - 1000 hours of clinical training for Doctor of Oriental Medicine.
  - Additional coursework focused on:
    - Patient Care and Advanced Diagnostic Studies.
    - Systems-Based Medicine, Collaborative Care Systems.
    - Formulating and Implementing Professional Development.
    - Scholarship, Research, and Evidence-Based Medicine.

National Certification Demonstrates Evidence-based Standards of Competency

- **National Certification Commission for Acupuncture and Oriental Medicine:**
  - To assure the safety and well-being of the public and to advance the professional practice of acupuncture and Oriental medicine by establishing and promoting national evidence-based standards of competency and credentialing.
  - Certification Examinations:
    - Acupuncture with Point Location.
    - Biomedicine.
    - Chinese Herbology.
- **Diplomate of Acupuncture, Chinese Herbology, or Oriental Medicine.**

Certification & Examination by State

- 46 States and District of Columbia.
- Wyoming became the 47th state to regulate acupuncture, requiring national standards for education and certification examinations in early 2017.
- California is the only state to administer its own examination. California Acupuncture Board voted to require the NCCAOM exams as a prerequisite to licensure as early as 2019.

Active Diplomates by State

- 17,600 active diplomates as of 2017.
- 29,839 individuals certified since NCCAOM inception.
- Member of Institute for Credentialing Excellence.
- Accredited by the National Commission for Certifying Agencies.

Examination Content Validity Standards

- Content validity standards are set forth by the National Commission for Certifying Agencies (NCCA).
- A Job Task Analysis survey is conducted minimally every five years.
- Practitioners in the profession survey to ensure content of exams accurately reflects what acupuncture practitioners do on the job.
- Exam content revised based upon survey results.

Thank You!