

March 30, 2019

Dear Ms. Scott:

On behalf of the American Society of Acupuncturists and our more than 4000 members nationwide, we applaud this document, and commend HHS for presenting such a complete and well-crafted vision. We agree that pain is a complex phenomenon and requires a biopsychosocial, multidisciplinary, team-based approach. We write to make a few specific proposals for enhancements to the sections of the Task Force report related mostly to acupuncture, Tai Qi, and bodywork.

The American Society of Acupuncturists also participated in the development of the commentary submitted by the Integrative Health Policy Consortium, and we support and endorse that document as well, particularly commentary related to “Restorative Therapies”.

Additionally, we suggest:

2.3 Restorative Therapies

We suggest the following changes to the sample therapies:

Massage therapy can be effective in reducing pain. There are a variety of types of massage therapy, including **but not limited to** Swedish, shiatsu, and deep tissue (myofascial release). In Swedish massage, the therapist uses long strokes, kneading, and deep circular movements. Shiatsu massage uses the fingers, thumbs, and palm to apply pressure. Deep tissue massage focuses on myofascial trigger points, with attention on the deeper layers of tissues. **Other systems such as Tui Na massage and Myofascial Trigger Point Therapy provide a systematized approach to trigger point care and structural limitations.**

Traction – in this section the word “filed” should be “field”: *however, the ~~filed~~ field in general lacks high-quality RCTs that examine*

2.4 Interventional Procedures

We suggest the changes in **bold**:

Trigger points are palpable, tense bands of skeletal muscle fibers that, upon compression, are capable of producing both local and referred pain. Using either **acupuncture/dry needling, myofascial trigger point therapy**, or injections of local anesthesia, trigger points can be disrupted, resulting in relaxation and lengthening of the muscle fiber, thereby providing pain relief. Trigger point injections can be used therapeutically to treat pain associated with headaches, myofascial pain syndromes, and low-back pain. Other types of direct injections include intramuscular, intrabursal, and intra-articular injections for muscle pain, bursitis, and joint pain, respectively.

2.6 Complementary and Integrative Health

Under this section, the description of acupuncture should be modified to better reflect the current conceptualization of its mechanisms.

We suggest the following text:

Acupuncture is a recognized form of therapy that has its origins in ancient Chinese medicine. ***Current application of acupuncture clinically is performed using both historic understandings of its mechanisms and indications, and from modern, biomedical perspectives. From the biomedical viewpoint, acupuncture has been shown to have numerous mechanisms of action. Research into further mechanisms is on-going, but the neural pathways from the periphery, through the spinal cord, and to pain perception centers have been mapped and are thought to play a foundational role in acupuncture's pain modulating effectsⁱ. Acupuncture is also well known to cause the release of numerous chemical mediators of pain such as endogenous opioids, ATP and adenosine, GABA, and substance P, and to affect the brain's sensitivity to opioidsⁱⁱⁱⁱ.*** An estimated 3 million American adults receive acupuncture each year.

...Existing CPGs concerning the use of acupuncture for pain are inconsistent and often differ regarding the evidence-based science and accepted mechanisms by which acupuncture has persisting effects on chronic pain. ***However, a number of prominent groups do have acupuncture within their practice guidelines. A recent review of CPG's by Birch, et al noted that, "a total of 1311 publications were found that recommended using acupuncture published between 1991 and 2017. The number per year reached 50 in 2005 and 100 in 2009. In addition, 2189 positive recommendations were found for the use of acupuncture. Of these, 1486 were related to 107 pain indications and 703 were related to 97 nonpain indications^{iv}."*** As with all medicine, a risk-benefit analysis, consideration of clinical indications, and patient acceptance need to be considered.

Tai chi originated as an ancient Chinese martial art used to balance the forces of yin and yang. Modern tai chi has become popular for core physical strengthening through its use of slow movements and meditation. It has demonstrated long-term benefit in patients with chronic pain caused by osteoarthritis and other musculoskeletal pain conditions.^{352,353} ***It also may help maintain and improve balance and coordination into elderly years, decreasing fall risk and injury burden in the population that utilizes these methods^v.*** Like yoga, tai chi appears to be safe; demonstrates positive results, especially over the long term; and can also be cost-effective in the group setting. ***Instruction in both yoga and tai chi can be delivered remotely via telemedicine/telehealth.***

We suggest the following change to Gaps and Recommendations in this section:

Gaps and Recommendations

Gap 1: There is a large variety of complementary and integrative health approaches that remain unknown to the broader medical community and that are often overlooked in the management of pain.

- **Recommendation 1a:** Consider complementary and integrative health approaches, including ***but not limited*** to acupuncture, mindfulness meditation, movement therapy, art therapy, massage therapy, manipulative therapy, spirituality, yoga, and tai chi, in the treatment of acute and chronic pain, when indicated.

Gaps and Recommendations

2.7.6 Sickle Cell Disease

Gap 1: There is a lack of evidence-based management guidelines for the treatment of acute and chronic pain in children and adults with SCD.

- **Recommendation 1c:** **Conduct research targeted at non-pharmacologic and integrative approaches for SCD pain management.**

3.2.1 Public Education

Gaps and Recommendations

Gap 1: National public education about pain is needed.

- **Recommendation 1b:** Establish a mechanism to finance a large-scale, systematic, coordinated public campaign to address pain awareness, **including awareness of non-pharmacologic and integrative pain management strategies.**

3.2.3 Provider Education

Gaps and Recommendations

Gap 1: There are gaps in pain management understanding and education throughout the medical school curriculum, graduate medical education, residency training, and all levels of other health care providers' training and education.

Add

- **Recommendation 1d: Expand education on non-pharmacological and integrative approaches to pain management.**

3.3.2 Insurance Coverage for Complex Management Situations

Gap 3: Payors often do not reimburse for nonopioid pharmacologic therapies that are more expensive than opioids.

- **Recommendation 3a:** CMS and other payors should align their reimbursement guidelines for nonopioid pharmacological therapies with current CPGs.

Add

Recommendation 3b: CMS and other payors should align their reimbursement guidelines for non-pharmacologic and integrative therapies with current CPGs.

3.3.3 Workforce

- **Recommendation 1c:** Expand the availability of nonphysician specialists, including physical therapists, psychologists, and behavioral health specialists **and integrative care providers.**

Thank you again for this opportunity to offer enhancements to this excellent document. Please feel free to contact us further if we can be of assistance.



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ⁱ Zhang, Z.-J., Wang, X.-M., & McAlonan, G. M. (2012). Neural Acupuncture Unit: A New Concept for Interpreting Effects and Mechanisms of Acupuncture. *Evidence-Based Complementary and Alternative Medicine*, 2012(3), 1–23.

<https://doi.org/10.1016/j.brainresbull.2007.08.003>

ⁱⁱ Zhao, Z.-Q. (2008). Neural mechanism underlying acupuncture analgesia. *Progress in Neurobiology*, 85(4), 355–375.

<https://doi.org/10.1016/j.pneurobio.2008.05.004>

ⁱⁱⁱ Harris, R. E., Zubieta, J.-K., Scott, D. J., Napadow, V., Gracely, R. H., & Clauw, D. J. (2009). Traditional Chinese acupuncture and placebo (sham) acupuncture are differentiated by their effects on μ -opioid receptors (MORs). *NeuroImage*, 47(3), 1077–1085. <https://doi.org/10.1016/j.neuroimage.2009.05.083>

^{iv} Birch A, Lee MS, et al. Overview of Treatment Guidelines and Clinical Practical Guidelines That Recommend the Use of Acupuncture: A Bibliometric Analysis. *J Altern Complement Med*. 2018 Aug;24(8):752-769. doi: 10.1089/acm.2018.0092. Epub 2018 Jun 18.

^v Liu H, Frank A. Tai chi as a balance improvement exercise for older adults: a systematic review. *J Geriatr Phys Ther*. 2010 Jul-Sep;33(3):103-9.