



September 30, 2022

Chiquita Brooks-LaSure, Administrator  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Re: Make Your Voice Heard: Promoting Efficiency and Equity within CMS Programs

Dear Ms. Brooks-LaSure:

The American Society of Acupuncturists (ASA) and National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)<sup>®</sup> appreciate the opportunity to respond to the Centers for Medicare and Medicaid Services' (CMS) RFI: *Make Your Voice Heard: Promoting Efficiency and Equity within CMS Programs*. As representatives of over 40,000 acupuncturists across the United States, the ASA and the NCCAOM seek to ensure that practitioners, patients, and payers are aware of, and have access to, evidence-based non-pharmaceutical pain-management treatments.

The ASA and the NCCAOM commend CMS for seeking feedback on equity and efficiency in healthcare through this RFI. CMS' focus on provider experiences, in particular, is laudable. Providers are a critical, yet often overlooked, component to promoting efficiency and equity in healthcare. As the national representative bodies for the acupuncture profession, the ASA and the NCCAOM have a deep understanding of acupuncturists' provider experiences, many of whom are small-business owners. The ASA/NCCAOM comments below focus specifically on Topic 2: Understanding Provider Experiences.

### **Topic 2: Understanding Provider Experiences**

**ASA/NCCAOM Recommendation:** Require that non-acupuncturist practitioner groups obtain formal and comprehensive training in acupuncture before including these groups in future or existing coverage decisions.

As western medicine continues to embrace acupuncture for evidence-based medical indications such as acute- and chronic-pain management, more practitioner groups seek to expand their scopes of practice to include acupuncture. It is critical that regulatory bodies such as CMS recognize that not all practitioner groups seeking to practice acupuncture have the education, training, or expertise of licensed acupuncturists. The differences in education, training, and expertise can pose risks to patient safety, as well as disincentivize individuals from pursuing formal acupuncturist training.

Acupuncturists undergo years of formal training before practicing independently. Licensed acupuncturists who are trained in the United States must complete three-to-four years of master's education from a school accredited by the Accreditation Commission for Acupuncture

and Herbal Medicine (ACAHM).<sup>1</sup> In addition to completing between 2,000-3,000 clinical hours, acupuncturists must demonstrate professional competency by passing the NCCAOM national-Board certification examinations in Foundations of Oriental Medicine, Acupuncture and Point Location, and Biomedicine. In accordance with acupuncture scopes of practice defined by state licensure laws, acupuncturists practice independently, without physician supervision.

As with any regulated healthcare profession, acupuncturists must obtain licensure in the states where they practice and maintain their national certification statuses through continuing education. This is not always a requirement for other practitioner groups seeking to provide acupuncture services.

**ASA/NCCAOM Recommendation: Amend the current CAG-00452N eligibility criteria to require either a degree from an ACAHM (formerly ACAOM)-accredited program or current NCCAOM-Board certification.**

Acupuncturists face a particularly unique challenge brought on by CMS' January 2020 decision (CAG-00452N) to provide acupuncture services for Medicare beneficiaries with chronic low-back pain (cLBP). While a welcome coverage expansion for the profession, CAG-00452N's eligibility criteria excludes all licensed acupuncturists who received their training overseas—a significant portion of the profession.

CAG-00452N's eligibility criteria to furnish acupuncture requires that acupuncturists—deemed auxiliary personnel—meet all applicable state requirements and have:

- *A masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM) [now ACAHM]; and*
- *current, full, active, and unrestricted license to practice acupuncture in a State, Territory, or Commonwealth (i.e. Puerto Rico) of the United States, or District of Columbia."*

The requirement to graduate from an ACAHM [ACAOM]-accredited training program, however, excludes specific populations within the acupuncturist community. By nature of acupuncture's eastern origins, many acupuncturists practicing in the United States are foreign-trained. Thousands of acupuncturists—including many who are licensed and/or NCCAOM Board-Certified—received their training before ACAHM [ACAOM] accreditation was required, completed an approved apprenticeship program, or graduated from a training program outside of the United States. According to the NCCAOM data alone, over 6,800 acupuncturists who applied and were eligible for NCCAOM certification either:

- Received their training from outside of the United States
- Completed an apprenticeship route
- Became eligible through a previous credentialing review route.

The U.S. Bureau of Labor Statistics estimates that 40,000 acupuncturists currently practice in the United States. With just this NCCAOM statistic, CAG-00452N excludes close to 15 percent of the acupuncture profession. This statistic though does not capture the number of licensed

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<sup>1</sup> Formerly the *Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM)*.

acupuncturists who are foreign-trained, or trained through apprenticeship who have not applied for NCCAOM certification. California, where approximately 11,000 of all licensed acupuncturists practice, is dramatically affected by this policy. Many licensed acupuncturists in the state are foreign-trained and cannot meet CAG-00452N's ACAHM [ACAOM]-accreditation requirement, making the above 15-percent estimate much lower than the actual percentage of excluded acupuncturists.

These individuals, however, do have an eligibility route through the NCCAOM. Acupuncturists who are foreign-trained can apply for NCCAOM certification with their current educational requirements. This route would enable them to demonstrate their ability to meet national competency standards with their acquired training. With the revision of an *either* ACAHM or NCCAOM clause in CAG-00452N, foreign-trained acupuncturists would be eligible to provide services to Medicare beneficiaries.

CAG-00452N's current criteria is punitive as it disqualifies all licensed, foreign-trained acupuncturists across the country from providing covered services to Medicare beneficiaries. This wide-scale exclusion creates access issues for all Medicare beneficiaries and inhibits qualified acupuncturists from providing these critical services. Their inability to provide cLBP services excludes them from their profession and creates significant access issues for Medicare beneficiaries across the United States, especially in California—the most populous U.S. state.

Other methods to ensure competency without excluding qualified acupuncturists exist. NCCAOM-certification requires graduation from ACAHM [ACAOM]-accredited programs, but also has provided an international route for those trained outside of the United States. ACAHM [ACAOM], however, does not have accreditation authority outside of the United States, and thus cannot provide routes for foreign-trained acupuncturists. The *NCCAOM Certification Handbook* outlines the pathways it provides for national certification that leads to state licensure, including:

- Route 2: Formal Education: International
- Route 3: Apprenticeship Route
- Route 4: Formal Education and Apprenticeship.<sup>2</sup>

CMS' ACAHM [ACAOM]-accreditation requirement is an exclusionary policy that inadvertently discriminates against foreign-trained acupuncturists. As the nation continues to address racial and ethnic disparities, the ASA and the NCCAOM urge CMS to consider how this requirement hinders the profession's qualified Asian-American/Pacific Islander acupuncturists and limits access to thousands of qualified national Board-certified and licensed acupuncturists.

CMS could correct this exclusion if it amended the above criterion to require *either* a degree from an ACAHM [ACAOM]-accredited program *or* current NCCAOM Board certification. This would help ensure that all qualified acupuncturists have eligibility pathways to provide services to Medicare beneficiaries.

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<sup>2</sup> The NCCAOM Certification Handbook. <https://www.nccaom.org/certification/nccaom-certification-eligibility/educational-eligibility/>

**ASA/NCCAOM Recommendation:** Revise CAG-00452N's current eligibility criteria to require NCCAOM Board certification for acupuncturists in states without licensure.

CAG-00452N also excludes acupuncturists in three states that do not provide professional licensure or regulation for this profession. To enable acupuncturists in these states—Alabama, Oklahoma, and South Dakota—to provide services under CAG-00452N, the ASA and the NCCAOM recommend that CMS revise CAG-00452N's current eligibility criteria to require NCCAOM Board certification for acupuncturists in states without licensure.

## Recommendations

The ASA and the NCCAOM respectfully make the following recommendations to CMS:

1. Require that non-acupuncturist practitioner groups obtain formal and comprehensive training in acupuncture before including them in future or existing coverage decisions.
2. Amend the current CAG-00452N eligibility criteria to require either a degree from an ACAHM (formerly ACAOM)-accredited program or current NCCAOM-Board certification.
3. Revise the current eligibility criteria to require NCCAOM Board certification for acupuncturists in states without licensure.

The ASA and the NCCAOM commend CMS for seeking public input on issues of healthcare equity and efficiency post-COVID-19. As the national representatives of the acupuncture profession, the ASA and the NCCAOM stand by as a resource as CMS continues to innovate and enhance service-delivery models.

Sincerely,



Olivia Hsu Friedman, DACM, Lac  
Chair, American Society of Acupuncturists



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