January 22, 2020

Dear Colleagues, Patients, and Supporters of Acupuncture:

On Tuesday, January 21st the Centers for Medicare and Medicaid Services (CMS) announced the historic decision to not only cover acupuncture for low back pain, but also to go out of their way to include Licensed Acupuncturists as the key group of providers for acupuncture services, along with physicians. This unprecedented support of a licensure group who is not currently a part of Medicare, as well as the endorsement of our academic system, speaks to the care and trust they put in us, and the desire for Medicare beneficiaries to receive the best care possible. **Please, recognize how phenomenal these actions are, and, if you choose to contact CMS, *thank them.***

Many providers are unclear as to why supervision is indicated and why the term "auxiliary personnel" is used. The answers to these questions are simple: CMS is only empowered to approve independent care for provider groups who are already within Medicare via the Social Security Act. Their options are to exclude the group, or find a way to include practitioners such as Licensed Acupuncturists with supervision by a provider within the structure of CMS. This is neither a slight to the profession, nor an error in any way. Provider types outside of Medicare are by CMS definition "auxiliary personnel". Auxiliary personnel must be supervised by Medicare providers. This is the maximal freedom that can be granted until the Social Security Act is amended to include LAcs, by an act of Congress. **The power to do that does not lie with CMS, but with our profession.**

Many questions naturally arise from this transformation in non-pharmacologic care for chronic low back pain for Medicare beneficiaries. How will the care be billed? How will payment be arranged? What type of supervision is required? How many units can be billed in a single session? Can we use electrical stimulation? The answers to these questions must remain forthcoming at present, as many of the procedural components of this have not yet been developed by CMS itself, and many clarifications are needed.

What we do know about this new expansion of care is the following:

1. Up to 20 visits will be allowed per year, with 12 visits in the first 90 days with demonstration of improvement. This is both a generous allotment, and truly allows a fair trial of acupuncture.

2. Only a physician as defined by **Medicare in 1861(r)(1)** (i.e. an MD or DO), and those with "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)" may furnish acupuncture. This clearly prevents those with substandard training from providing services, protecting the quality of care for beneficiaries.

3. The type of supervision required was changed at the request of the LAc profession from “direct” to “the appropriate level”. This accommodation adds tremendous latitude for collaborative agreements between LAcs and MD/DO providers, nurse practitioners, clinical nurse specialists, and physician assistants, allowing the maximum freedom within CMS’ power. While nurse practitioners, clinical nurse specialists, and physician assistants may not practice acupuncture, their supervisory availability also vastly expands the potential for collaborative agreements. It is implicit in this that these providers are not specifically directing the nature of the acupuncture treatment, but rather are collaboratively assuring patient diagnoses, safety, follow-up, and connection to the established care system.

4. Dry Needling is clearly defined as a “type of acupuncture” within the determination.

For a full read of the CMS decision, please see the **CMS Decision Memo**.

The American Society of Acupuncturists and the NCCAOM are proud to stand among those many groups lending support and high-level information to CMS towards their determination.

We recognize especially these ASA member organizations who submitted comments directly on this issue:

- ASDC - Acupuncture Society of Washington, DC
- ASNY - Acupuncture Society of New York
- AAC – Acupuncture Association of Colorado
- CalATMA - California Acupuncture and Traditional Medicine Association
- CTSA - Connecticut Society of Acupuncturists
- MAA - Minnesota Acupuncture Association

And our allied acupuncture groups:

- AAOA - American Alliance of Acupuncture
- AAQ - Association of Acupuncturists Quebec
- ANF - Acupuncture Now Foundation
- CAOMA - Council of Acupuncture and Oriental Medicine Associations
- IHPC – Integrative Health Policy Consortium
- NCASI - National Center for Acupuncture Safety and Integrity
- SAR - Society for Acupuncture Research
- AAMA - American Academy of Medical Acupuncture
- ATCMA - American TCM Association
- AAPAS - American Alliance for Professional Acupuncture Safety

As well as the other 28 ASA member organizations who participated in this process, who are so critical to national progress!

This is a monumental step towards improving access to acupuncture and licensed acupuncturists for all Americans, and we should take a moment to enjoy this evolution, which was many years in the making.

The next steps towards the inclusion of licensed acupuncturists in American healthcare require the entire profession to act as a unified group. **The single best way to get involved with this process is to join us at the second annual American Society of Acupuncturists national meeting, May 2-4, 2020 in Washington, D.C. where we will continue discussing the roadmap and moving towards this goal, together.**

We will also be updating you regularly as we learn more.

Sincerely,

The Board of the American Society of Acupuncturists

The National Certification Commission for Acupuncture and Oriental Medicine