



AHM Coalition Town Hall

October 24, 2024

Questions were submitted at the Town Hall.

Questions were answered on November 11, 2024, by:

Olivia Hsu Friedman, Chair of ASA

Molly Ford, Director of Government Relations, NCCAOM

John Yoo, Chair of ACAHM

Thomas Kouo, President of CCAHM

[Town Hall recording](#)



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Please always include a URL with QR codes; some do not use QR codes.17

How can I find out if this representative of my area is republican?17

How do we get information about the house meetings for those living in Republican districts?17

Are you all aware of the health focus that is happening with the Republicans these days?17

So this information that will be tracked and getting out there, what exactly IS this information and how will it be collected? How much documentation of patient treatments will be required? Will the time and energy required actually be compensated for with reimbursements?18

Currently insurers close contracting once any specific zip code reaches their limit of acupuncture providers. Will Medicare follow suit or be unlimited and open to any provider? Additionally will Medicare treat acupuncture generically and limit providers regardless of license, ie: LAc, DC, MD, PT, etc.?18

Can you please ensure the survey lets us report multiple jobs and job titles? Some of us are employees AND work for ourselves.18



With respect to Mr. Yoo, the ratio of Acupuncture schools to enrolled students and working professionals (and declining quality of instruction), the closure of major TCM schools is very alarming.18

We must know that \$200-220K in student debt for a DAOM is totally unsustainable for the majority of folks, right?.....20

The SBA indicates that if an organization can survive for the past 5-10 years these small businesses have past the risk of closing. The school closures after 30 years are a worse indicator.21

Will the data be published for third-party review?.....21

With recognition with Medicare, it would also increase the requirements for acupuncturists that would provide care to those with Medicare.21

Are we using a lobbyist firm to help get those Republicans?22

What do we do w that QR code? I know in real life we scam w our camera.
What about virtually?22

Please explain how this impacts a solo acupuncture practice that is accepting Medicare Medicaid.....22

It was mentioned that there are more opportunities today than there were 10 years ago. What are these opportunities?22



Question: What does 'BLS' mean?

Answer: The Bureau of Labor Statistics (BLS) is a government agency focused on statistics and economic data. Our collaboration with BLS involves categorizing our profession by defining the roles and practices of our professionals for both government and public reference. The BLS is responsible for two key inflation indicators: the Consumer Price Index (CPI) and Producer Price Index (PPI).

In addition, the BLS produces national and regional figures on employment, labor force participation, productivity, and wages. More information can be found on the Bureau's website: <https://www.bls.gov/>

Question: What is the Standard Occupational Code for Acupuncturists?

Answer: The Standard Occupational Code (SOC) for Acupuncturists is **29-1291**. This code was established by the U.S. Bureau of Labor Statistics (BLS) and included in the 2018 edition of the BLS Occupational Handbook. This classification helps in tracking the profession and provides greater federal recognition for acupuncturists.

[https://www.bls.gov/oes/2022/may/oes291291.htm#:~:text=29%2D1291%20Acupuncturists,%E2%80%9D%20\(29%2D1011\)](https://www.bls.gov/oes/2022/may/oes291291.htm#:~:text=29%2D1291%20Acupuncturists,%E2%80%9D%20(29%2D1011))

Question: Are you wanting to broaden the coverage for Medicare and Medicaid and Medicare Advantages for Seniors to include utilization of acupuncturists?

Answer: Our first step in increasing access to acupuncturists is to establish them as Medicare providers. This will provide a model for third-party payers (including MA plans). Once we are recognized as Medicare providers, we can then pursue advocacy efforts to expand the acupuncture services that Medicare and third-party payers cover. It is important to become recognized providers before we seek coverage for additional services to prevent additional scope creep from non-acupuncturist providers.

Question: What plans does this coalition have to collaborate with the Global effort, not just the US?

Answer: At this time, global collaboration for that particular day's event has not been discussed or coordinated. Given the timing of the event, it may be a bit late to join the campaign's efforts. However, if information about how USA can participate is shared, we can plan on reviewing this prior to 11/16.



Question: What about Gov Newsom's Bill attempt to cut L.Ac. treatments from the California reimbursement? It recently lost but will CA try to not reimburse certain insurance reimbursement again?

Answer: This is referring to California Medi-Cal. To balance the budget, the Gov suggesting cutting acupuncture services, however they were allowed to remain in the Medi-Cal system.

No one can say if there will be another Medi-Cal budget cut, however this has NOTHING to do with General Health Insurance in California. In that regard, nothing has changed. Furthermore, acupuncture is pretty secure as all Affordable Care Plans are mandated to have acupuncture visits based on medical necessity, no stated cap.

Question: Medicare does not understand medicine, the majority of the graduates only hold a Master's degree, while others may have a doctoral degree. You will need a lot of lobbyists to work with Congress with Medicare liaison and advocate for full integration of coverage?

Answer: Once acupuncturists become recognized Medicare providers, the ASA/NCCAOM will advocate for the coverage of additional acupuncture services, in accordance with existing evidence. This is a step that we take after we obtain Medicare recognition.

Question: Acupuncturists are not paid like many MDs, osteopaths, and nurse practitioners. At the same time, ALL the schools for Chinese medicine encourage students to get on debt for loans and their salary will be less than 30-50k after graduating from the school. There is no transparency from schools and administrators which is misleading?

Answer: I understand how the reality of potential significant debt can be extremely daunting for students who often in the admissions process are given so much information that it is hard for the nuances of the situation that will be there in 3 or four years to land as many hope it might. While it is absolutely true that many or even most acupuncturists are not paid in a way similar to our biomedical counterparts, this is something that we are working hard to try to achieve more parity in the pay for our practitioners. We understand the steep task this is, but we are committed to doing the work to find ways to lift our profession in this way. As much as we hear the stories of hard-working acupuncturists who are struggling financially or have left the field, we also have many inspiring stories of enterprising and hard-working acupuncturists who are



successful financially and personally fulfilled by the work that they do. I think nearly all of us in our field would echo the idea that we do this because of the work. We enter into this field because we want to love what we do. The people who I have talked with, particularly the ones who are extremely successful, do not hold the acquisition of a high salary as the reason why they pursued this field. That being said, we certainly feel that we are financially undervalued for the work that we do. There is currently a lot of data out there. As with most things, the data can be misleading because of how it is gathered and by whom it is gathered. In a world where accountability is so high and the threat of litigation looms over schools to be sure that no deceptive means are employed in the recruiting process of potential students, these areas must be covered carefully. For all of the schools that I have visited for our accreditor (ACAHM), I have found that admissions staff are fair (albeit prudent) in their providing information about financial aid, debt, and career potential. The schools are doing their best to follow the guidelines of the US Dept. of Education, State education boards and accreditation and provide the best education to help our graduates as well prepared to do the work and make people's lives better and healthier. Each individual school cannot control or dictate terms of how the profession exists or its standing within the overall healthcare and wellness community. This is why we have created this collaborative group (the AHM Coalition) which includes the Council of Colleges, so college leadership can be among the voices that can help to preserve the best interests of our current students and graduates. What I can say without any doubt is that to me, the term "misleading" implies intent to deceive. Without any doubt, I can say that our colleges do not have intent to deceive. The first criterion of the first standard of accreditation is 1.1 Integrity. Our accreditor has made it clear that this is the most important of all standards. As site visitors, this is the first thing we look at and every aspect of operations and process is held under the scrutiny of 1.1. All being said, I hear your frustration, and I ask you to work with us to do the work to make this situation better. We have to trust one another and step forward unified so we can take the steps necessary to create what we aspire to be.

Question: How can we make sure Chiropractors do not take our profession? I hear so many patients saying they are doing dry needling. We don't do dry chiropractic.

Answer: Thank you for your thoughtful question! The first point we would like to address is that nobody takes our profession. We get to own and choose how



we would like to demonstrate the depth and breadth of tools we have to support our patients with acupuncture practice acts in each state.

It is unclear to us if you are asking this as a professional question or whether you are asking how we support patients to understand the difference between dry needling done by a provider who does not have the training that we as licensed acupuncturists do. If you are asking about helping patients better understand the difference, this is a document you may want to share with patients:

https://drive.google.com/file/d/111jaQZS2-dHEsdJMPKk8_rhYMIslQoYT/view?usp=drivesdk. It explains and clarifies the myths versus the facts around Dry Needling and Acupuncture.

Another point we want to address is that under CMS/Medicare Acupuncture coverage, licensed acupuncturists and acupuncture for low back pain is covered and currently as written, those practicing Dry Needling will not. It is important to understand that some states include acupuncture within the practice act of chiropractors who have completed very specific programs for chiropractors. Some chiropractors have also completed the full acupuncture program and are dual licensed as chiropractors and acupuncturists.

The good news is that no other providers do what we do. No matter which credentialed/accredited system/school of thought we implement in our acupuncture and/or herbal medicine practice, we have the best training and experience to diagnose and treat our patients. Patients can be educated to understand the difference between an appointment with a licensed acupuncturist who treats them as a whole person versus a provider such as a chiropractor or other allied health professional, who is doing trigger points only directly into the muscle where it hurts.

We cannot control the rest of the world, and we cannot control the practice acts of other providers. What we can do is to continuously match our state practice acts to align with the most effective tools of our medicine to meet changing medical needs in the patient population, demonstrate its efficacy every day in our clinics, and advocate for broader awareness, acceptance and access in the broader medical world.

We hope that helps and is clarifying.



Question: Can you speak to the issue of opting out and the ability to treat beneficiaries for covered services?

Answer: H.R. 3133, the Acupuncture for our Seniors Act, would add "qualified acupuncturists" to the current definition of "Medicare Provider" in the Social Security Act of 1965. All providers that are included in the SSA's "Medicare Provider" definition have the right to opt out of Medicare. Once recognized as Medicare providers, acupuncturists who are licensed or hold a national certification if they live in a state that does not have licensure, will be able to provide services to Medicare beneficiaries for chronic low-back pain. As Medicare covers more acupuncture services, acupuncturists will be able to provide those services to beneficiaries.

Question: We need a national organization that can take on the American Medical Association with a strong lobby at the state level and in Washington DC.

Answer: The profession is aware of the scope challenges that acupuncturists face on the state level. The profession fortunately does not have any direct conflict with the AMA at the federal or state levels. We will continue to advocate for our profession by making inroads with other national organizations and stay ahead of state scope issues that continuously emerge.

Question: How are schools, like VUIM, getting involved in speaking with their Republican congresspeople? Or is this all on the L.Ac.s?

Answer: Every school is different and offers support toward the legislative process for the Medicare/CMS issue in the ways they can. For example, VUIM provides full time staff/faculty time off from regular, day to day duties, to go and attend/participate in advocacy and government affairs related work. Through Thomas Kouo (CCAHM) and John Yoo's (ACAHM) work on the AHM Coalition, their time and participation is supported as well. At the institutional level, private non-profit (501c3) Universities (such as VUIM) are bound by IRS limitations around lobbying/attempting to influence legislation. More information on that is available here - <https://www.irs.gov/charities-non-profits/lobbying>. To date, most institutions like VUIM have limited themselves to conducting educational meetings/preparing and distributing educational materials about the public policy perspective of the matter in order to avoid jeopardizing the University's non-profit tax-exempt status. Under these circumstances, I believe most schools are waiting for direction from Molly Ford and others involved in advocating for the bill to determine next steps and ways schools/institutions can be helpful.



Question: I did have one congressional staffer meeting in early 2024 with Molly but there hasn't been any follow-through since. I'm concerned that there are a lot of L.Ac.s in Republican districts who have reached out and used the text/online resources to get connected with Molly and her team but there has been not a lot of follow-up or response.

Answer: All Congressional meetings that the NCCAOM lobbying team do include appropriate and paced follow-up to ensure that we stay on the radar of Congressional offices. This includes coordinated outreach that Molly works with you on post-meeting. Please reach out directly to Molly Ford (mford@thenccaom.org) if you have questions or want to inquire about plans to follow-up with your Congressional office.

Question: Very concerned about insurance reimbursement rates going down with Medicare recognition. If this happens it would financial impact on practices.

Answer: The ASA Insurance Committee is not at all worried about this. CMS has been pricing acupuncture codes since there were acupuncture codes. CMS prices EVERY CPT code listed in the CPT code book, with the exception of experimental, or unlisted procedures. So the allowed amounts by CMS have been available to the carriers for YEARS and the carriers look to these rates to establish their reimbursement rates. Now, rates have been going down over the years, some carriers used to allow say 200% of Medicare rates and various variations, 150%, 110%. Now we are seeing reimbursements BELOW Medicare rates so it could be a GOOD thing. The argument could be made, (and should be made) that the carrier is paying BELOW Medicare rates, the best researched established fee schedule there is.

Question: What about involving the seniors in this effort? I have so many Medicare patients who think they have coverage and want to see me.

Answer: We recognize that Seniors are a powerful voice in this effort and will look to activate that block more in 2025. Senior involvement is one of the initiatives that the ASA/NCCAOM advocacy team will enhance during the 119th Congress (2025-2026). Stay tuned for additional resources, messaging, and opportunities for your Senior patients and would-be patients to voice their support for the Acupuncture for our Seniors Act.

Question: Are any other organizations/professions willing to support us in our effort?

Answer: The list of organizations that support efforts to recognize acupuncturists as Medicare providers is growing. ASA/NCCAOM is actively



seeking support from organizations, institutions, associations, etc. that stand to benefit from the Acupuncture for our Seniors Act. If you are a part of an organization that is interested in supporting our federal effort, or if you would like a list of the organizations that support acupuncture recognition, please feel free to reach out to Molly Ford (mford@thenccaom.org)

Question: What has been the discussion around other strategies to keep us viable? I'm specifically interested in getting us added as a health care profession in the student loan forgiveness program for people who choose to work in underserved urban/ rural areas, as well as getting people into Federally Qualified Health Centers as staff.

Answer: Medicare recognition for acupuncturists establishes the pathway for acupuncturists becoming eligible for federal loan forgiveness programs. Loan-forgiveness eligibility is one of the major benefits of obtaining Medicare recognition for the acupuncture profession.

Question: What about acupuncture tech skills? Their model is community acupuncture, but the tech doesn't have to be a licensed acupuncturist. I don't think that there is any higher education or board examinations. This is very popular now in Portland, OR. How is it legal?

Answer: Acupuncture technicians are similar to chiropractic assistants (and are also called acupuncture assistants). These employees can't do any of the following: insert needles, do intakes, or bill their services as a standalone kind of thing. They get some training, including often clean needle technique, and can do things like hook up electro-acupuncture leads, remove needles, etc. There's more on that from the Oregon Medical Board (OMB) here:

<https://www.oregon.gov/omb/board/philosophy/pages/use-of-unlicensed-healthcare-personnel-in-acupuncture.aspx>. POCA (Portland community acupuncture) Technical Institute trains community style acupuncturists, but this is just a business model, not a legal framework for acupuncturists. POCA Tech is regulated by ACAHM like any other three-year Master's acupuncture school and produces licensed acupuncturists. Also, the National Acupuncture Detoxification Association (NADA) Protocol, or just 5 Needle Protocol (5NP), is being done in approximately 25 states by unlicensed (at least in acupuncture) providers. We won't go into how this looks on the ground in any state except (potentially) Oregon. Oregon doesn't currently have such practice enshrined in law, but POCA Tech and others are pursuing such a bill. They've been collaborating with the Oregon Association of Acupuncturists (an ASA member



state - OAA) to try and get something together that makes everybody happy and that the OAA can formally support. This would include OMB oversight. NADA or POCA Coop would provide the training for those that would like to provide this service. Lay people who perform 5NP would not be allowed to do any other points and would not be allowed to represent themselves as acupuncturists as a part of this bill.

Question: Re the QR code signup - do you want us to sign up if our Congressperson is currently a Democrat? It might change in November.

Answer: Please feel free to sign up via the QR code at any time. If you are in a Republican district or state, your meetings will be prioritized. If you are in a Democratic district or state, even after the election, we will keep you on our reserve list and contact you should we need your help with Congressional outreach. As we explore the Senate introduction, you may have more opportunities to take part in a Congressional meeting in 2025, depending on your Congressional delegation.

Question: Is there a list of Republicans who have or not have sign on yet? This way we know if you need us. Can we do anything in the State?

Answer: Rep. Brian Fitzpatrick, a Republican from Pennsylvania, is currently the only Republican who has signed onto the Acupuncture for our Seniors Act. If you live in a Republican district and have not signed up for a Congressional meeting, please do so by scanning the QR code or emailing mford@thenccaom.org. Thank you!

Question: Can we have a list of bills with a summary of the bills?

Answer: You can find a fact sheet on H.R. 3133, the Acupuncture for our Seniors Act, at the NCCAOM.org, under "Medicare Initiative" <https://www.nccaom.org/advocacy-regulatory/medicare-initiative/>. Please feel free to contact Molly Ford (mford@thenccaom.org) if you would like additional background materials on H.R. 3133.

Question: Can you give a website link to send people as well in place of the QR code, please?

Answer: You can sign up via this link: <https://forms.gle/nwP3jkZW7M6mQ9E48> or by emailing Molly Ford (mford@thenccaom.org). Thank you for your help!



Question: Could John Yoo or someone write the names or a link to the paper he mentioned?

Answer: Authors of the study are: Molly Candon, PhD; Arya Nielsen, PhD; Jeffery A. Dusek, PhD, <https://ldi.upenn.edu/our-work/research-updates/trends-in-insurance-coverage-for-acupuncture-2010-2019-chart-of-the-day/>.

Question: Where do we find links to the grassroots info that Molly mentioned? Is it just going to town halls?

Answer: Thanks for your interest in our grassroots efforts. You can contact your Congressional Representatives via our grassroots platform either from your phone or a computer. You can find more information on grassroots efforts for H.R. 3133 here: <https://www.nccaom.org/advocacy-regulatory/advocacy-grassroots/>

Question: If there is anything I can do in Arizona (Chandler, near Phoenix)?

Answer: We'd love your help with Arizona's Congressional delegation! Feel free to contact Molly Ford (mford@thenccaom.org) to learn more about ways you can help engage your Arizona lawmakers virtually. Thank you!

Question: "Is there a contact list we can download?"

Answer: Please feel free to contact Molly Ford (mford@thenccaom.org) to elaborate on your question.

Question: Thomas Kouo mentioned "acupuncture assistants in Arizona" in the context of BLS. Is this a support position / job? Can you describe it?

Answer: According to the State of Arizona: Acupuncture Assistants MUST be trained and Registered with the Board.

Detailed Information can be found at:

https://acupuncture.az.gov/sites/default/files/2022-09/AA_Training_Substantive_Policy_Statement%20%283%29.pdf

Question: Acupuncturists are coming out of school with 100k in debt and working for \$25-25 an hour - how do you fix that?

Answer: The leaders of the profession are aware of the amount of debt that many students accrue during acupuncture school. One of the most direct and effective ways the profession can help support acupuncturists with student loan



debt is to obtain Medicare recognition for the profession. Once acupuncturists have Medicare-provider status, they become eligible for more federal loan-forgiveness programs, which can make a significant difference to tackling student debt.

Question: I'm not clear on how this Medicare bill can help me as a sole proprietor?

Answer: Once the acupuncture profession obtains Medicare recognition, solo practitioners will be able to bill the Medicare program directly for any services they provide to Medicare beneficiaries for covered services. Medicare currently covers acupuncture services for chronic low-back pain, but it is likely that the program will expand services as data continues to accrue that demonstrates acupuncture's efficacy. Currently, solo practitioners cannot provide services to Medicare beneficiaries for cLBP without supervision, which contradicts state practice acts.

Question: How do we let Ms. Ford know if we are in a Republican district?

Answer: Thank you for your help with our federal effort! Please feel free to contact Molly Ford here: mford@thecaaom.org.

Question: Please elaborate on how education would inevitably change to feed graduates into hospitals?

Answer: Looking at the evidence provided by the recent VA independent review of the VA community, acupuncture and chiropractic clinics where over 70% of the claims made were deemed to be fraudulent, we are seeing that there is a chasm in the levels of professionalism between the traditional education of preparation for clinical private practice versus practice in a VA Hospital or other hospital setting (<https://www.oversight.gov/sites/default/files/oig-reports/VA/VAOIG-20-01099-249.pdf>). Although acupuncturists have been working (not many) in hospitals for some time now, this has not been a widely employable sector for our Doctors. As we have asked for and are now categorized by the Bureau of Labor Statistics as 29:1291, Acupuncturists (as Healthcare Providers), we are a recognized field nationally as participating in the healthcare field. Standards in the healthcare field were not created by acupuncturists. They were created by western medicine minded regulators for western medicine. Yes, we are now at this table and are working to increase our voice in the emerging field of whole-person health. We are working to help shape the future of healthcare where we can see our stamp on the fabric of the industry in the new and functional system that emerges which serves the



purpose it was intended to serve. This is why it is so important to make our voice clear and loud. We need to stand and work together so we can be heard. A divided profession makes our influence at the collaborative table lessened. To your question, education recognizes that we have to re-examine what the entry level is so we can make sure to get our graduates both ready to do the work (also to understand what work is needed for us to do), and to be employable both to where the jobs are, and to where we are working to make the jobs widely available to our Doctors. The education of our Doctors is a very important thing and not something that we are going to act rashly or flippantly on. We are taking a hard look at what we are doing and how we are doing it. We are communicating within the profession to better understand what the world needs from us. We understand that our graduates are an answer to a problem that the world presents. We have to see if that question has changed. If it has, then we will adjust ourselves so we can answer the call accordingly. Although hospitals may not be the setting all acupuncture students aspire to, there is a demand for our Doctors to be providers in these settings. The demand is increasing, and we need to be sure that we are able to fill those slots. If we are unable to fill these slots, how will they get filled? I think we recognize the answer to this question, and we need to do whatever we can to make sure that only qualified and competent licensed acupuncture Doctors are practicing acupuncture.

Question: Maybe approach Young Kim (R) 40th district and Michelle Steel (R) 45th district in Orange County, California. There are a lot of acupuncturists in Orange County.

Answer: Thank you for your suggestions. We agree and have met with Rep. Kim and Rep. Steele's legislative team several times, most recently at the end of October. We will continue to engage both lawmakers and work with the acupuncturists in their districts to continue this engagement.

Question: Are any of the backers of the bill at risk of losing their seat in the 2024 election and how will that impact the forward movement of the bill?

Answer: At this time, there is no indication that either of our champions, Rep. Chu (D-CA) or Rep. Fitzpatrick (R-PA), will lose their seats during the 2024 election.



Question: This bill WILL change things for many cash practices. CMS rules dictate that providers with no relationship to Medicare may NOT treat beneficiaries for covered services for compensation (I'm unclear about whether they can treat them for free).

Answer: We encourage you to learn more about CMS requirements for those in professions with Medicare-provider status here:

<https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers>

Question: Please always include a URL with QR codes; some do not use QR codes.

Answer: Thank you for your interest in helping with our effort. Here are several additional ways you can sign up for a Congressional meeting: You can sign up via this link: <https://forms.gle/nwP3jkZW7M6mQ9E48> or by emailing Molly Ford (mford@thenccaom.org).!

Question: How can I find out if this representative of my area is republican?

Answer: Thanks for your interest in taking part in a Congressional meeting. You can go to Find Your Representative (<https://www.house.gov/representatives/find-your-representative>) and enter your zip code to find your U.S. Representative.

Question: How do we get information about the house meetings for those living in Republican districts?

Answer: Feel free to email Molly Ford (mford@thenccaom.org) who can provide more information about the process taking part in a Congressional meeting about H.R. 3133.

Question: Are you all aware of the health focus that is happening with the Republicans these days?

Answer: Unfortunately, much of the focus of "Make America Healthy Again" is on deregulating the healthcare system at the federal and state levels, which would include decreasing the size and scope of the Medicare program, making our effort much harder to achieve.



Question: So this information that will be tracked and getting out there, what exactly IS this information and how will it be collected? How much documentation of patient treatments will be required? Will the time and energy required actually be compensated for with reimbursements?

Answer: If this question pertains to Medicare documentation requirements, it's not something we can readily quantify at this time. A generic response is that the ASA will work with the NCCAOM to provide educational materials on Medicare requirements for those who chose to participate once the rules and regulations have been established after the Acupuncture for our Seniors Act becomes law.

Question: Currently, at least in Minnesota, insurers close contracting once any specific zip code reaches their limit of acupuncture providers. Will Medicare follow suit or be unlimited and open to any provider? Additionally will Medicare treat acupuncture generically and limit providers regardless of license, ie: LAc, DC, MD, PT, etc.?

Answer: Medicare does not limit providers or close networks.

Question: Can you please ensure the survey lets us report multiple jobs and job titles? Some of us are employees AND work for ourselves.

Answer: The survey allows users to report multiple job titles.

Question: With respect to Mr. Yoo, the ratio of Acupuncture schools to enrolled students and working professionals (and declining quality of instruction), the closure of major TCM schools is very alarming.

Answer: I want to acknowledge that the closure of schools and programs, especially those with historical prominence (e.g. OCOM, MUIH, ACTCM) is a concerning development. Full stop. But I do believe that Macro-level elements impacting higher education overall, the reality of business lifecycles and the progression of our acupuncture school businesses going from a state of inception to decline (where they exit the market) play a role here. Acupuncture schools are not immune to this. While the following views are my own, I believe someone at AOMA made a business decision to wind the institution down and allow AIMC to Teachout their students. ACAHM notes the decision was a voluntary withdrawal of accreditation and closure of all programs; Someone at MUIH made the decision to identify a strategic partner and ultimately found one in Notre Dame University of Maryland to complete a merger. However, a



concerted decision was made to wind down the Acupuncture program, again most likely as a business decision.

With respect to the ratio of Acupuncture Schools to enrolled students (5960 students and 49 institutions) across the country that puts us at roughly 122 students per school as of May 2024. This is compared to the 2013 Total Headcount enrollment data collected by ACAHM (7885 students and roughly 65 institutions/locations) that were in operation at an average of 122 students per school. These are back of the envelope calculations based on ACAHM's publicly available information on the closure of schools. The schools/locations that were open in 2013 were added back into the school count I used in this calculation. Even if the numbers for 2024 were conservatively adjusted down by 10 to 20 students per school, I would surmise that has less to do with the closure of schools but rather the closure of previously enrolled programs (e.g. Chinese language and Korean language programs at various institutions, DAOM programs at several institutions across the country) and the entire profession having passed the peak enrollment of non-doctorate licensed acupuncturists into Doctorate completion programs. Without the benefit of crunching ACAHM's database of numbers, we can't be certain.

With respect to employment opportunities at Hospitals by Acupuncturists, I can't speak to that since I haven't sought out the data or been able to confirm the numbers shared. However, based on every conversation I have had with Hospital Administrators, program administrators at hospital systems, colleagues from the research community, and my own personal anecdotal experiences involving my institution and its initiatives to partners with hospitals, I can tell you that there is a desire and need for acupuncturists (and other complementary modalities) by hospitals who care about patient-centered, whole-person health. However, the current financial models that dictate healthcare reimbursement - the fee for service model of the American Healthcare system - does not facilitate hiring an acupuncturist; hospitals can't get paid enough to hire one and keep one on the payroll. The dollars and cents don't add up to justify the hire. For those hospitals who are fortunate, they operate Acupuncture services based on philanthropic funding - in which case they offer services to the extent the budgeted giving allows. This happens because our care is so effective and valuable. Going back to the comment that was made, I believe it was implying 150 hospital job opportunities for 33K LAc is a pittance. I'd agree - but it's not for not wanting or trying. Each of us in the profession - from school leaders, to



students, to patients, to LAcS - need to take up the collective charge to advocate for ourselves and meaningfully contribute to transforming the healthcare system. VUIM, like other ACAHM/CCAHM institutions, continues to work toward affecting this change by connecting with organizations like the NCCIH and joining its Coalition for Whole Person Health. Changing the way healthcare is delivered and experienced in this country is a long game and we are still in the early innings. However, I sincerely believe change is happening. It's happening under Benjamin Kligler and the VA Health system every day. It happens through the work of Helene Langevin and her team at NIH's NCCIH. It's happening through the support of visionary leaders, such as the Cherng Family of Panda Express fame - who care about Integrative Medicine enough to support the development of City of Hope's Integrative Oncology program to the tune of a \$100 Million contribution. We just need to continue our work to provide excellent care, effectively collaborate with providers across health professions, and be prepared to step into the coming change which will undoubtedly benefit all of our patients and their quality of life.

Question: We must know that \$200-220K in student debt for a DAOM is totally unsustainable for the majority of folks, right?

Answer: The DAOM degree, as the terminal and highest-level degree in our field (also called the Advanced Practice degree) is for students who are looking to invest into their future and have an interest in taking deeper dives into specialty areas, learning more about integrative medicine and research, and looking into collaborating and learning from leading educators in their specialty fields. Each of the DAOM programs is unique and should be explored for what they have to offer their students. Currently, this degree is recognized by many hospital systems and the VA for their hires. To say \$200-220K debt citing DAOM may serve a particular narrative, but I will speak from the perspective of the institution I work for which has a DAOM program: our DAOM program is slightly over 30K (this is ballpark for all of the DAOM programs across the country). If you add to this the cost of our Masters in Acupuncture and Chinese Herbal Medicine program (which can qualify one for the DAOM program) which is slightly under \$77K, even with interest and repayment over time, the figures don't match up. As with all things, I would suggest that one of the factors that students should consider in their decision making is cost. Each person has to decide what they value and how much they value these things and choose accordingly. A quick google search shows that an average PhD program costs



just slightly less than \$107K. In comparison, our terminal degree DAOM seems like a bargain if we look at it this way. I will say that schools are very aware of the costs of education and to be competitive, trying to keep the costs as reasonable as they can. Schools are not getting rich off of DAOM programs, believe me. These programs are being offered to try to create possibilities for our graduates to better educate themselves in our medicine and position themselves in favorable positions within the job market. One of the major reasons why we now have a professional Doctorate degree in our field is thanks to the DAOM programs and the ability to train Doctors in our field to fill faculty positions and lift our profession to equal educational degree levels as our western medical counterparts. I appreciate your statement, but I think it is a very complex topic worthy of a larger discussion.

Question: The SBA indicates that if an organization can survive for the past 5-10 years these small businesses have past the risk of closing. The school closures after 30 years are a worse indicator.

Answer: According to the SBA, a small business is defined as a business with 1) 500 or fewer employees; 2) Average annual receipts under \$7.5 million. But for Higher Education the SBA size standard is \$34.5 Million per year or lower (there are industry-specific exceptions like Higher Ed that can be found here: <https://www.ecfr.gov/current/title-13/chapter-I/part-121#121.201>). According to the BLS (Bureau of Labor & Statistics) 20.4% of businesses fail in their first year, 49.4% of businesses fail in their first five years, and 65.3% of businesses fail in their first ten years.

Question: Will the data be published for third-party review?

Answer: The NCCAOM uses the data collected from the Job Analysis Survey to inform the development and validation of its certification examinations. The NCCAOM also publishes summary reports or general findings from the survey to stakeholders, such as the profession at large, federal agencies or regulatory bodies. The NCCAOM strives to maintain transparency and credibility in its certification processes. Therefore, we provide information about survey methodology, sample demographics, and general findings to help stakeholders understand how the certification exams are developed and validated.

Question: With recognition with Medicare, it would also increase the requirements for acupuncturists that would provide care to those with Medicare.

Answer: Perhaps we do not fully understand the question as we don't see CMS adding any additional restrictions to who could provide the acupuncture. CMS



has already stated their criteria - Licensed in the state, graduated from ACAOM accredited school. There really are not any other standards that could be added to this profession. The requirements for most professions are the issuance of a State license to practice medicine, along with any limitations imposed by the State on the scope of practice.

Question: Are we using a lobbyist firm to help get those Republicans?

Answer: Yes--Molly Ford is the NCCAOM's federal lobbyist. Feel free to get in touch with her here: mford@thenccaom.org.

Question: What do we do w that QR code? I know in real life we scam w our camera. What about virtually?

Answer: Thank you for your interest in helping with our effort. In addition to scanning the QR code, you can also sign up for a via this link: <https://forms.gle/nwP3jkZW7M6mQ9E48> or by emailing Molly Ford (mford@thenccaom.org). Once you sign up, a member of the NCCAOM advocacy team will contact you about the next steps.

Question: Please explain how this impacts a solo acupuncture practice that is accepting Medicare Medicaid.

Answer: Once the acupuncture profession obtains Medicare recognition, solo practitioners will be able to bill the Medicare program directly for any services they provide to Medicare beneficiaries for covered services. Medicare currently covers acupuncture services for chronic low-back pain, but it is likely that the program will expand services as data continues to accrue that demonstrates acupuncture's efficacy. Currently, solo practitioners cannot provide services to Medicare beneficiaries for cLBP without supervision, which contradicts state practice acts.

Question: It was mentioned that there are more opportunities today than there were 10 years ago. What are these opportunities?

Answer: When acupuncture was first made available in this country, 100% of acupuncturists were self-employed. As acupuncture has become an increasingly valued health solution, hospitals, VA's and integrative medicine settings began employing acupuncturists. Year after year, opportunities in these institutions continue to grow. If you look at the 2023 Bureau of Labor Statistics report, you will see all the different positions that acupuncturists are now fulfilling: <https://www.bls.gov/oes/2023/may/oes291291.htm>. Not only do these new roles provide jobs, but they also provide exposure opportunities for other practitioners to learn the benefits of incorporating acupuncture into patient care



and this knowledge affords more referral opportunities. Additionally, more insurance companies reimburse acupuncture, allowing public access to acupuncture to be available to groups who would have: 1) not been able to afford our services and 2) not even known that our services were an option to consider. Overall, the opportunities for acupuncture have increased. With the passage of HR3133, we can expect to continue to grow cross-practitioner acceptance/referrals, new jobs opportunities, and broader patient access.

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