

**SB**

**100**

Chapter 36. Trade Practices and Frauds.

<b>Section</b>	<b>Section</b>
90. Unfair discrimination	240. Failure to renew
150. Procedures as to undefined practices	250. Notice of eligibility
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210. Limits on cancellation	260. Proof and method of mailing notice
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**Sec. 21.36.090. Unfair discrimination.** (a) A person may not make or permit unfair discrimination between individuals of the same class and equal expectation of life in the rates charged for a contract of life insurance or of life annuity or in the dividends or other benefits payable thereon, or in any other of the terms and conditions of the contract.

(b) A person may not make or permit unfair discrimination between individuals of the same class and of essentially the same hazard in the amount of premium, policy fees, or rates charged for a policy or contract of disability insurance or in the benefits payable, or in any of the terms or conditions of the contract, or in any other manner whatever.

(c) A person may not make or permit arbitrary or unfair discrimination between insureds or property having like insuring or risk characteristics, in the premium or rates charged for a policy or contract of property, casualty, surety, marine, wet marine or transportation insurance, or in the dividends or other benefits payable on the insurance, or in the selection of it, or in any other of the terms and conditions of the insurance.

(d) A person may not practice or permit unfair discrimination against a person who provides a service covered under a group disability policy that extends coverage on an expense incurred basis, or under a group service or indemnity type contract issued by a nonprofit corporation, if the service is within the scope of the provider's occupational license. In this subsection, "provider" means a state licensed physician, dentist, osteopath, optometrist, chiropractor, nurse midwife, naturopath, physical therapist, or occupational therapist. (§ 1 ch 120 SLA 1966; am § 5 ch 163 SLA 1976; am § 1 ch 80 SLA 1983; am § 28 ch 2 FSSLA 1987)

**Effect of amendments.** — The 1987 amendment, effective January 1, 1988, and added "naturopath, physical therapist, or occupational therapist" at the end of subsection (d). Deleted "or" preceding "nurse midwife"

*Add acupuncture,*

clashes • What Your Voice Says About You

# HEALTH

JANUARY 1996

## Weight Loss

*A Special Report From  
the Calorie Room*

**Strength Training  
Anyone Can Do**

**The Surprising  
Power of  
Acupuncture**

**Are American Women  
Ready for RU486?**



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AFTER 5,000 YEARS, ACUPUNCTURE  
MAY BE JUST A FEW MONTHS AWAY  
FROM GETTING THE FDA'S BLESSING.  
HERE'S WHY IT SHOULD GET YOURS.

M E D I C I N E ' S  
L A T E S T  
M I R A C L E

*By Rick Weiss*

NANCY ROSENSTADT SAILED through surgery, chemotherapy, and radiation after she was diagnosed with adrenal cancer in 1986. Only afterward, when her cancer was finally obliterated, did she start to go downhill. The treatment, it seems, made her muscles start to shrink and her nerves wither, and no one knew how to stop it.

"Nobody could understand it," says the 38-year-old computer programmer. "I tried every kind of doctor—chiropractors, neurologists. The pain was so intense I couldn't lift my body or walk without a cane."

Then three years ago, after being featured at a medical conference where doctors called her condition hopeless, Rosenstadt got referred to the National Institutes of Health Clinical Center, the nation's Last Chance Cafe for desperate medical cases. It is here, in the world's largest hospital devoted

solely to experimental therapies, that terminally ill patients are granted access to unproved new treatments hot off laboratory benches: custom-designed radioactive antibodies, genetically engineered immune stimulants, human gene therapy.

And it is here, on this sprawling federal campus in Bethesda, Maryland, that Rosenstadt has, during the past three years, experienced a recovery she feels is nothing short of miraculous—not as a result of any high-tech drug but at the hands of acupuncturist Xiao-Ming Tian.

"He promised me, 'You'll give me this cane someday,'" she says, looking a little cross-eyed as she glances at the wagging needle Ming has jabbed between her eyes. "Well, last year I did give it to him."

Ming gave the cane back, she says—it was a ceremonial sort of thing. "But I can walk

P H O T O G R A P H S by M A R I O L O P E Z

**Lower-Back Pain**

FOR A PULLED MUSCLE, ACUPUNCTURISTS MIGHT RECOMMEND  
A SINGLE TREATMENT OF FIVE CAREFULLY LOCATED NEEDLES.

now. I can drive. I can exercise. It's amazing. You can't understand acupuncture until you try it."

**P**ERHAPS NO OTHER alternative therapy has received more attention in this country or gained acceptance more quickly than acupuncture. Most Americans had never even heard of it until 1971, when *New York Times* foreign correspondent James Reston wrote a startling first person account of the painkilling effects of acupuncture following his emergency appendectomy in China. Today the needling of America is in full swing. Last year alone, Americans made some 9 to 12 million visits to acupuncturists for ailments as diverse as arthritis, bladder infections, back pain, and morning sickness.

In a culture that is overwhelmingly shy of needles, what could account for such popularity?

Safety, for one thing. There is something to be said for a medical practice that's been around for 5,000 years, with billions of satisfied patients. If acupuncture were dangerous, even its stodgiest critics concede, somebody would have noticed by now.

Many people are also encouraged by doctors' growing willingness to refer patients for acupuncture—or to learn the ancient art themselves—despite its unconventional claims. Acupuncturists say that health is simply a matter of tweaking into balance a mysterious life force called *qi* (pronounced chee), which is said to move through invisible meridians in the body. That's hardly a mainstream view, yet of the 9,000 practicing acupuncturists in this country, fully a third are M.D.s.

Most important, there's mounting evidence that acupuncture has something important to offer, especially when it comes to pain. In one big study, acupuncture offered short-term relief to 50 to 80 percent of patients with acute or chronic pain. And in the only controlled trial that followed patients for six months or more, nearly six out of ten patients with low back pain continued to show improvement, compared to a control group that showed no improvement. Other studies have shown that acupuncture may be useful in treating nausea, asthma, and a host of other common ills.

With success stories piling up, acupuncturists decided to approach the Food and Drug Administration, which has never officially sanctioned the practice. In November, the country's leading acupuncturists, Ming included, gathered together their best evidence and sent the 500-page doc-

ument off to the agency, with a formal request that their needles be approved as safe and effective medical devices. No one can say for sure when a decision will come down, but it could be as early as May.

FDA approval of acupuncture needles would be big news. For starters, it would make reimbursement far more likely from Medicare, Medicaid, and the many private insurers that do not now cover acupuncture treatments. Just as important, a nod of approval from the FDA would be a symbolic victory. It would be the first time the agency had given its stamp of approval to a medical device rooted in a theory totally outside that of mainstream medicine.

**M**ING PULLS ASIDE a curtain and strides into the cubicle where Rosenstadt is resting. A former champion discus thrower, he's a big man with a wide, kind face and balding head. With his twinkling eyes, which look inexplicably wise, and the "M.D." embroidered after his name on his white coat, he appears an almost cartoonishly perfect embodiment of Eastern and Western medicine. In many ways, he is just that. Ming is as likely as the next M.D. to prescribe antibiotics to fight a raging infection. But having studied under China's greatest masters, it is acupuncture that he relies on most. He is the first and only acupuncturist employed by the federal government, a position created for him on the recommendation of Western medical colleagues who had referred some of their patients to him as a last resort and were impressed by his results.

"How are you doing?" Ming asks, leaning over Rosenstadt to check on the needles he popped into her skin a few minutes ago. In addition to the one just above the bridge of her nose, there is a needle stuck in the rim of her ear, one in each temple, and five running the length of her left leg.

Most are not inserted very deep—perhaps a quarter of an inch—and they do not hurt. Like most patients, Rosenstadt describes the sensation as a tingling or mild buzz, especially noticeable when Ming begins to twirl the needles clockwise and counterclockwise in her skin, a technique that is said to help the needles do their job of moving *qi* through the body.

There are nearly 400 acupuncture points along the body's 14 major meridians, or energy-carrying channels, Ming says, and

each has a Chinese name that describes the kind of energy or organ it affects. But to know if he is in exactly the right spot, he must twirl the needle after inserting it and be sure that he gets a response from the patient—a report of feeling a deep heaviness or numbness in the area or, more commonly, a simple "yes."

"That is called the *ashi* point," Ming says. "*Ashi* is Chinese for 'Oh, yes,'" he explains. "Every point, when you do it right, is an *ashi* point."

Can a simple twist of a needle really put an ailing body on the path to recovery? Consider the evidence:

## Pain Control

BRUCE POMERANZ, a tall, thin, birdlike physiologist at the University of Toronto, had heard the early stories touting acupuncture as a powerful painkiller and didn't believe a word of it. He was certain it was a trick of the mind, that it worked only because people believed it would work. "I thought it must be placebo," he says. "So I said, 'Okay, I'll prove it's placebo.'"

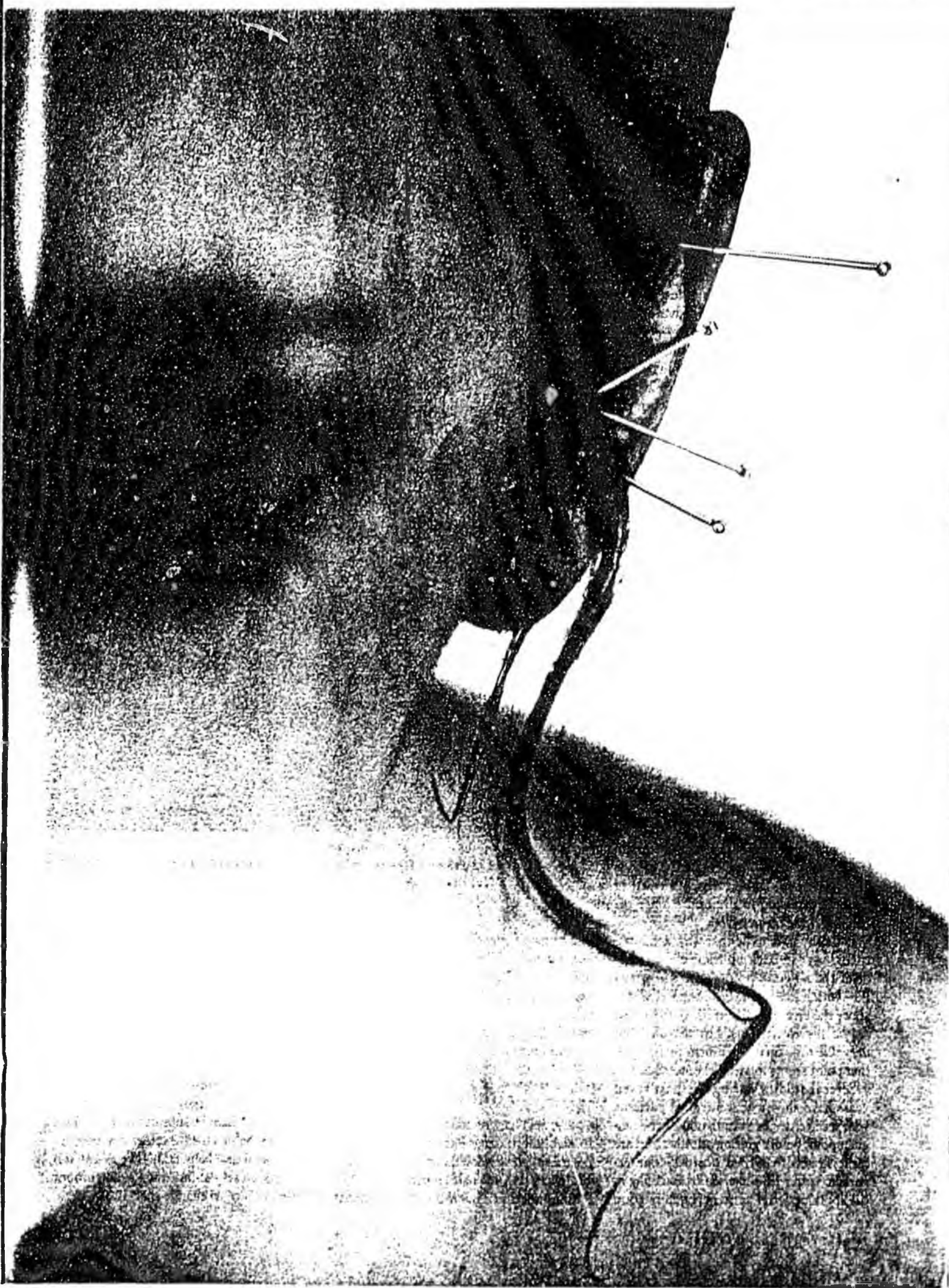
Working in his lab in the early 1970s, he and a colleague performed some animal experiments on their own. "We did it at the end of the day," he says, "after the real experiments were done." Taking aim with Chinese charts showing the locations of acupuncture points in animals, they needed some cats and used electrodes to measure the pain responses in individual nerve cells. "To my chagrin," he says, "it worked." Pain-transmitting nerves just didn't fire in the animals given acupuncture.

The finding remained an enigma until a few years later, when scientists discovered endorphins, the now famous opiates that are made in the brain in response to pain and that cause "runner's high." "I thought, Wow, now these results make sense," Pomeranz says. In a series of groundbreaking experiments that followed, he and others showed that acupuncture's pain-reducing effects are largely due to its ability to stimulate the release of endorphins. "That gave acupuncture some respectability," he says. Before long, experiments were being done on people, and with astonishing results.

In one of the best studies, published in 1987, Joseph Helms, a physician and acupuncturist in Berkeley, California, gave weekly acupuncture treatments to a group of women with a long history of painful

## Addiction

AN EARFUL OF NEEDLES, 30 MINUTES A DAY, HELPS DRUG AND ALCOHOL ADDICTS BREAK THE HABIT.



menstrual cramps. After three months of treatment, ten out of 11 women reported at least 50 percent less pain, as measured by a package of subjective tests; only two of 11 untreated women, and one of ten women who received weekly counseling (included to see if the benefits of acupuncture were simply from regular contact with a doctor), improved as much. What's more, the acupuncture group ended up using 41 percent less painkilling medication, while the others saw no decrease in drug use. They also had fewer headaches, backaches, and complaints of water retention and breast tenderness.

More recent studies suggest that acupuncture is good for just about anything that hurts: tennis elbow, muscle strain, kidney stones. In a small pilot study at the University of Maryland last spring, researchers showed that in adults with osteoarthritis of the knee—a painful degeneration of the joint lining—twice-weekly acupuncture treatments reduced pain and increased mobility in eight out of 12 patients over a period of two months. The same researchers also recently showed that in dental patients undergoing molar extractions, acupuncture reduced the intensity of pain afterward and increased the amount of time that patients could go without painkilling drugs.

## Nausea

PRACTITIONERS OF CHINESE medicine say it is revealing that so many "cures" in Western medicine make people sick in the course of making them better. Cancer chemotherapy drugs, for example, have become so synonymous with nausea that they are now considered the standard challenge when new anti-nausea drugs are tested. And anesthesia, helpful as it is during surgery, leaves roughly a third of patients vomiting in the hours after regaining consciousness.

It doesn't have to be that way, acupuncturists say. To back up their claim, they offer the *neiguan* point—also known as P6—which lies about two fingers' width above the crease on the inside of the wrist, between two tendons. For reasons that defy scientific analysis, a firm pricking of that point seems to settle the stomach.

Several studies during the past seven years have shown that surgical patients who receive needle stimulation of the *neiguan* point before getting anesthetized are far less likely than their unstuck counterparts to suffer from nausea or vomiting in the six hours after surgery. Equally good



## Shoulder Pain

ARTHRITIS AND OTHER SHOULDER PROBLEMS ARE GENERALLY TREATED WITH A COURSE OF SIX TO TEN 30-MINUTE SESSIONS.

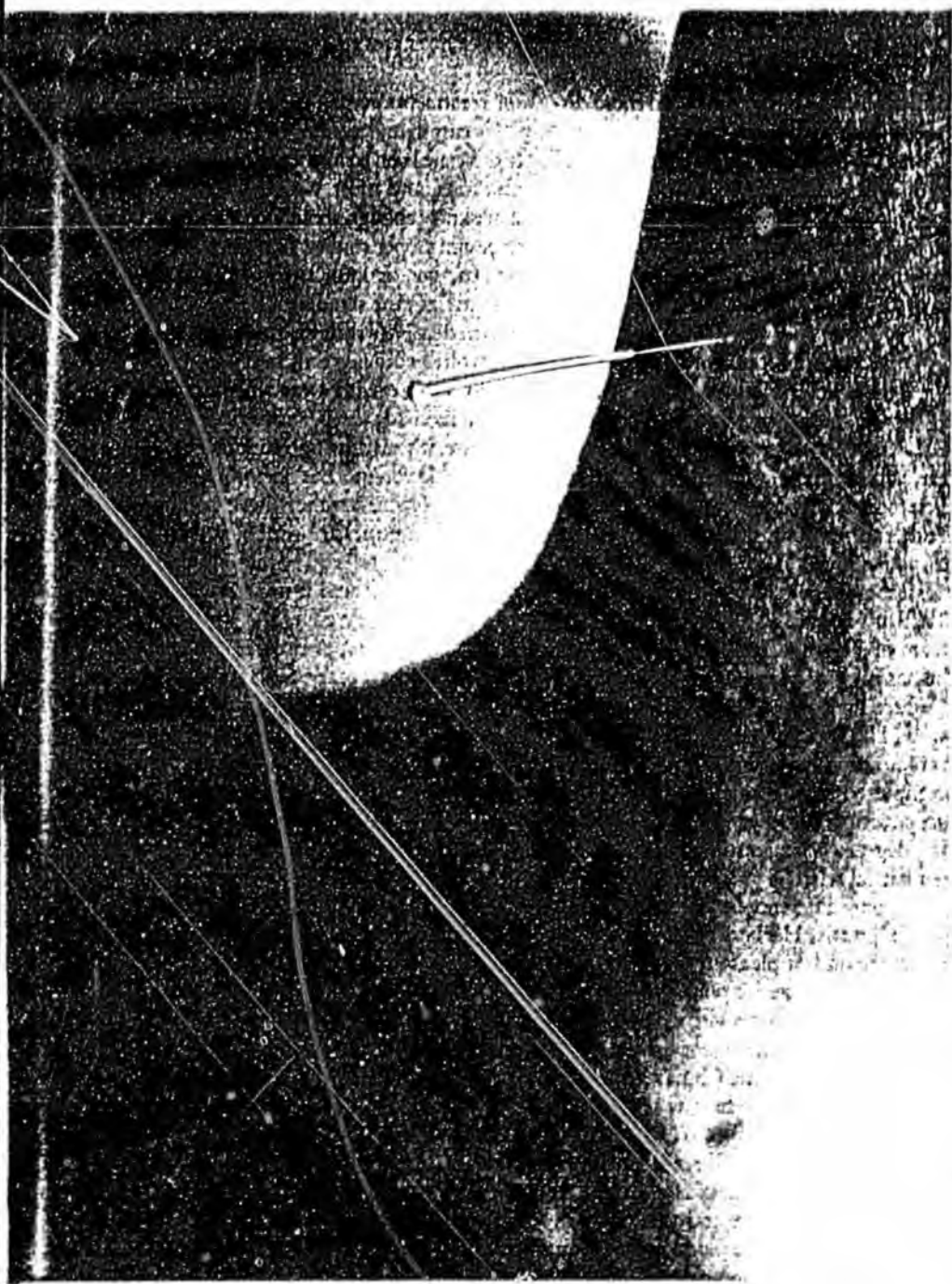
results have been obtained with cancer patients using the lifesaving but usually nauseating chemotherapy drug cisplatin. In at least two studies of more than 100 patients each, better than 90 percent of them had significantly less nausea when treated with acupuncture just before taking the drug.

## Addiction

FOR A NATION of addicts—to cigarettes, to alcohol, to drugs—acupuncturists propose a simple antidote: a few needles in the ear, every day, for half an hour.

Acupuncture's habit-breaking benefits

have been well documented in people hooked on heroin and crack cocaine through a program called Drug Court, in which felony drug offenders are given the chance to enter an intensive program of counseling and daily acupuncture treatments as an alternative to prison. Acupuncture stimulation of four points on the ear has a powerful calming effect, counselors and addicts say. It not only reduces the craving for a fix—perhaps by substituting the brain's own endorphins for the street-drug equivalent—but it also helps addicts relax enough to think clearly about their predicament and to resolve to change their lives.



### Premenstrual Syndrome

A CONSTELLATION OF SIX OR MORE NEEDLES, RANGING FROM A POINT ON THE EAR TO ONE THREE INCHES ABOVE THE ANKLE, IS THE USUAL REMEDY.

The program has its roots in work by Michael Smith, a psychiatrist and acupuncturist who directs the substance abuse division of Lincoln Hospital in the rough-and-tumble South Bronx, where some 30,000 addicts have been treated with the help of acupuncture in the past 20 years.

All told, about half of Drug Court addicts make it through the year-long program, a graduation rate far higher than anything seen in standard residential treatment programs. And an analysis in Miami recently found that more than three quarters of the program's graduates went at least two years without another

arrest, compared to the 15 to 20 percent seen with standard drug diversion programs.

The needle has had success against other addictions, as well. In a two-month study published in 1989, more than half the alcoholics who got acupuncture stayed sober, compared to 3 percent of those who received "sham" acupuncture treatments, in which needles were inserted in phony acupuncture points. And for a testimonial on acupuncture as an aid to quitting cigarettes, just ask the judge who administers the Drug Court program in Miami's Dade County. He smoked several packs a day for 35 years until five years ago, when he

served the same sentence on himself that he had just begun serving on convicted felons: daily appointments with an acupuncturist. After ten days, he kicked the habit for good.

## Stroke

IT'S HARD TO IMAGINE a more striking contrast of high- and low-tech medicine than that being practiced by Margaret Naeser at Boston University School of Medicine. Naeser is using CAT scan images of stroke victims' brains to predict with stunning accuracy which patients will benefit from acupuncture and which will not.

Naeser has found that most patients who have had a stroke can speed their recovery—as measured by tests of mobility and strength—when given two to three acupuncture treatments a week for two to three months. Specifically, she says, those patients whose CAT scans show that less than 50 percent of their motor neuron pathways have been damaged see improvement. Among those with greater damage, none benefit.

Chinese doctors routinely use acupuncture in the hours after a heart attack to help reopen clogged arteries that bring blood to the heart—perhaps by triggering the release of hormones that dilate blood vessels—and it's possible that acupuncture can do the same for vessels feeding the brain. Another possibility, Naeser says, is that acupuncture may help surviving neurons find new pathways, effectively bypassing damaged parts of the brain.

## Asthma

AMONG THE LESS well documented but tantalizing reports are those suggesting acupuncture can help ease the shortness of breath that comes with asthma and other respiratory problems. The best study to date, led by Kim A. Jobst at Oxford University, showed improvements as measured by "quality of life" scores and breathlessness measures. Other studies have turned up mixed results. Nine showed reduced dependence on medicine, Jobst says, while three showed no benefit and three concluded that people getting acupuncture actually did worse.

If acupuncture does help, the explanation could lie in its apparent ability to work directly on nerves to reduce the spasmodic tendency in asthmatic lungs, keeping them from contracting at the least little irritant in the air. Alternately, it may open narrowed blood vessels in the lungs. Or it

may simply prompt patients to relax and breathe more fully. Whatever the mechanism, with asthma incidence and death rates skyrocketing in recent years—and growing evidence that long-term use of standard asthma drugs may be exacerbating rather than easing peoples' symptoms—it would be foolish, Jobst says, to ignore acupuncture's potential.

## Other Uses

THERE ARE SCORES of other ailments for which there is at least anecdotal evidence that acupuncture is useful, although without proper studies it is impossible for now to say for sure. Skin conditions unresponsive to prescription medications have been reported to clear up within days. Facial paralysis thought to be due to irreparable nerve damage has disappeared after just three or four treatments. Sleeplessness, restlessness, vision and hearing problems, and impotence all have yielded in one report or another to the power of the needle. Some research even suggests that stimulation of a point near the small toe may help turn a breech-position fetus around in the womb before delivery.

To critics of acupuncture, this bounty of riches is precisely what constitutes grounds for suspicion: How could one kind of treatment, one simple needle, treat such a wide variety of ailments?

"We look at acupuncture and we've got to say, 'Wait a minute. Can one device do all those things?'" says David Lytle, an FDA research biophysicist. "There's a credibility thing that has to be dealt with."

Others are equally skeptical. Many mainstream doctors still shake their heads—some even snicker—when asked about acupuncture. After all, there is no objective evidence that qi exists, and there is nothing resembling Chinese meridians in Western physiology or anatomy books. "No way," they say. "It's just a needle. How in the world could it work?"

In fact, endorphins could account for quite a lot. These compounds are powerful painkillers and mood enhancers. And they are typically served up by the brain along with a splash of cortisol, an anti-inflammatory hormone that can reduce many kinds of muscle and joint pain, including arthritis.

There is also evidence, Pomeranz and others note, that stimulation of sensory nerves that run from the skin to the spinal cord can trigger a burst of activity in so-called sympathetic nerves, which link the spinal cord to various organs. Among the

benefits: increased blood flow to those distant organs.

Ming just smiles. "It's too complicated to understand," he says. Besides, he points out, it's not as if Western medicine makes so much more sense: Nobody understands how anesthesia works, he says, but nobody says we should stop using it.

**S**UCH GLIB EXPLANATIONS just irritate Victor Herbert. "Acupuncture? Oh, you mean quackupuncture," says the outspoken lawyer and doctor who practices medicine at the Bronx Veterans Affairs Medical Center in New York and is a longtime critic of most alternative medical specialties.

Herbert spent three weeks in China in 1979 investigating acupuncture with a team of 11 other American doctors, and he has his own ideas about how it works. "Where hypnosis works, acupuncture will work," he says. "Ten percent of people are profoundly suggestible, and they will get complete relief from either hypnosis or acupuncture. Another 80 percent are varying degrees of suggestible, and they will get partial relief."

The only difference between acupuncture and hypnosis, Herbert says, is that acupuncture adds a pleasant dose of endorphins. And to prove his point that you don't need acupuncture to get its effects, he launches into a favorite story about a visit to the Beijing Institute, China's leading research facility, where he saw several rabbits strapped onto tables. The rabbits, he explains, had tiny tubes threaded into their brains so the researchers could measure endorphin levels before and after acupuncture stimulation of the pain-control point. As expected, the opiates rose dramatically after each animal was needled.

"I said, 'That's very interesting,'" Herbert recalls. "Then I said to them, 'Watch this. I'm going to pinch this rabbit's ass.' I did, and then we measured the animal's endorphins. Sure enough, the levels had risen as much as they had from acupuncture. 'Thank you very much,' I said. 'Now I understand how acupuncture works.'"

Acupuncturists themselves acknowledge that until recently, their research had more holes than a pin cushion. One recent summary concluded that only 28 of the approximately 2,500 acupuncture studies published in English since 1960 offered meaningful information about whether

the treatments actually worked.

It's easy to understand why. Few acupuncturists have been trained in Western research methods, and most Western researchers don't know enough about Eastern medicine to design proper studies. Complicated matters further, acupuncture simply doesn't lend itself to the standard method of proving medical worthiness, the double-blind controlled clinical trial, in which neither doctor nor patient knows whether the patient is receiving a real treatment or a placebo. Sure, it's easy enough to fool a patient, but how do you fool the doctor?

Still, a few researchers have compared "sham" acupuncture—such as random needle pricks—to "real" acupuncture, and many have compared it to other placebos. In virtually every case, the best results were with real acupuncture, suggesting that Herbert and other critics might be underestimating its specific power.

Besides, acupuncturists say, it's hard to resist the sheer volume of anecdotal support for acupuncture. Safe and effective? Come on! Some 160 generations of Chinese can't all have been wrong. Has there ever been a longer clinical trial in history?

**T**HINK ABOUT IT, Ming says over a cup of green tea in his office. Is there any Western medical discipline with a safety record like this? Even FDA-approved acne medications can cause birth defects. So okay, he says: If a condition is clearly in need of radical treatment with Western drugs or surgery, fine. But if there is some question . . . some time . . . he shrugs his shoulders. Why not try something simple?

Patients are waiting. Margaret Clark is a 16-year-old with hormone imbalances and fibromyalgia, an inflammatory disease that typically causes deep muscle pains and joint stiffness. She went from specialist to specialist without any success until an exasperated endocrinologist finally referred her to Ming. Since she began weekly treatments last month, she says, her muscle spasms have mostly gone away, her joints have grown less achy, and the frequent headaches she'd been getting have become rare.

Ming spears her with seven needles in a matter of a few seconds: one near the shoulder blade, two in the lower back, and four in the backs of her legs. He twists the wires gently and waits for the signal that

## Nausea

A SIMPLE PRICKING OF THE WRIST SEEMS TO CONTROL MORNING SICKNESS, MOTION SICKNESS—EVEN THE NAUSEA ASSOCIATED WITH CHEMOTHERAPY.



## Finding a Good Acupuncturist

YOUR KNEE SHUDDERS WITH A JOLT OF ELECTRICITY every time you go down stairs, or your shoulder is tied up in knots again, and you're thinking about seeing an acupuncturist. Before you do, let your doctor know what you're up to. Most physicians will want to first rule out conditions that can't be helped by the needle, such as acute infections, cancer, and heart disease. After that, here are a few things to keep in mind when choosing an acupuncturist:

**Check credentials.** A state license doesn't guarantee competency, but it helps, particularly if you live in one of the 25 states that set rigorous training standards (Alaska, California, Colorado, Florida, Hawaii, Iowa, Louisiana, Maine, Maryland, Massachusetts, Montana, Nevada, New Jersey, New Mexico, New York, North Carolina, Oregon, Pennsylvania, Rhode Island, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, as well as the District of Columbia). In states that don't require a license, choose an acupuncturist certified by the National Commission for the Certification of Acupuncturists. Its 3,100 members have a minimum two years of training at an accredited acupuncture school—or have worked as an apprentice acupuncturist for at least four years—and have passed both a written and practical exam. (For details about the licensing laws in your state or to find out whether a particular acupuncturist is certified, call the NCCA at 202/232-1404.)

Acupuncture licensing requirements for doctors are generally more lenient than for non-M.D.s. For any acupuncture treatments beyond the most rudimentary, it's best to choose a physician who is a member of the American Academy of Medical Acupuncture; it requires a minimum 200 hours of training for membership. (Call the AAMA at 800/521-2262 to find out if your physician is a member.)

**Insist on disposable needles.** (Most acupuncturists now use them.) Although proper sterilization should kill bacteria and the viruses that cause hepatitis or AIDS, reusable needles always carry a small risk of infection.

**Ask about treatment styles.** Acupuncture encompasses several distinctive styles. Japanese acupuncture, for example, calls for fewer and finer needles inserted at shallower depths, requiring more precision in needle placement. There's no evidence that one particular style is more effective than another, but you should know what you're getting into.

**Check out the cost.** A first visit to a nonphysician acupuncturist can cost as little as \$40 or as much as \$100. Follow-up visits usually range from \$30 to \$70. Physician acupuncturists generally charge a little more. Only a handful of insurance companies cover acupuncture for now, so be sure to check your policy ahead of time.

**Be realistic.** Decide in advance what your goals are and discuss them with your acupuncturist. If you're not happy with your progress after a few weeks, think about changing acupuncturists or check back with your doctor for advice about other options. —R.W.

his aim is true. Clark says, "Um-hmm."

"Ashi!" Ming says. Oh, yes.

In an adjoining room Ming treats Tony Bonanno, a 48-year-old music teacher and guitarist who a few years ago began to suffer from nerve degeneration in his arm, causing constant pain and threatening to end his musical career. "After five or six treatments, the difference in the pain level was incredible," Bonanno says, sitting in a chair while Ming deftly inserts needles into his neck, elbows, and hands. "I have more energy, I feel relaxed and rejuvenated, and I can play fine movements on the guitar again."

Ming twists the last needle.

"Um-hmm," says Bonanno.

"Ashi," Ming says.

Later, in his office, Ming leans back in his chair. The walls are covered with anatomical charts showing acupuncture meridians and target points, all labeled in Chinese. And there are certificates, in English, displaying his Western credentials. The contents of his bookshelves span the spectrum of medical wisdom from China's Yellow Emperor of 2600 B.C., considered by many to be the founder of acupuncture, to William Osler, the "father" of modern Western medicine—who, by the way, in the first edition of his famous medical textbook, advocated the use of "hat pins" stuck into certain points in the body as a treatment for back pain.

"We get all the toughest cases," Ming says with a sigh, "but not much credit. Everybody we see has tried everything—everything—before they finally come to us. And when they leave, they say, 'I wish I had come here before.'"

Word gets around. Every week new people show up, and Ming tolerates another round of the same old questions. Are there really "points" in the body—actual holes where the needles must enter? There are holes, he says, but maybe not the kind of holes we usually think of.

Is it just endorphins? Nerve stimulation? Suggestion? Ming smiles at the very Western effort to boil it down to a simple answer.

"People are not like cars," he says, "where you can just fix the tire or change the oil."

He is not trying to be mystical. Just realistic. Everything is connected, he says, and everybody is different. But to get hung up on the question of how it works is to miss the point.

The proper question to ask, Ming suggests, is, *Does it work?* And that he can answer in a single word: "Ashi." ■

Rick Weiss is a contributing editor.

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*Porter*

To: Senator Lyda Green

Senate HESS

Fax: 465-3805

From: David Frazier

Legislative Chair, South Alaska Life Underwriters

Fax:

February 1, 1995

Comments: I saw your spouse today and he suggested that I contact you about our position on adding Acupuncturist and Physician Assistants to the list of independently licensed "health care providers". This would allow these "providers" to bill services directly to their patients. Now they have to be supervised by medical physicians to practice legally in Alaska. Insurance companies and doctors like it the way it is and are opposed to this change. Generally, we are not opposed to this change as long as the practitioners do not over reach their level of skill and also maintain adequate professional liability insurance and indemnify any patient that is harmed by their treatment. Feelings may run strong on this issue so I would suggest a compromise might be to allow licensure law that would include a sunset provision and if its got a public policy, then a resolution could follow.

It's great to have you there. I have a wonderful session!

**fax**

T R A N S M I T T E N

FEB 01 1995

**M E M O R A N D U M**

DATE: February 3, 1995

TO: Senator Lyda Green

FROM: Curtis Green

SUBJECT: Acupuncturists and Physician's Assistants

Lyda, I talked to Jay Seymour from the health company in Salem. He advises that State Farm's position on whether or not acupuncturists and physician's assistants should be included in health payments is a "non-position".

State Farm is directed by the laws of each state and is generally comfortable with whatever those laws may be. For example, in Oregon, physician's assistants are licensed and payments are made to physician's assistants. As for acupuncturists, our policies don't come into play to often in that regard because our policies do not normally cover out of hospital expenses and there's not too many acupuncturists admitted to practice medicine in hospitals.

Jay did ask that you contact him if you have any questions. His phone number is (503) 463-3880. Hope this helps.

---

Curtis Green

SB100



# Health Care Coalition of Alaska

4107 Laurel Street Anchorage, Alaska 99508 (907) 562-2662 Fax 561-2063

Members March 2, 1995

Alaska Academy of  
Physician Assistants

Alaska Dental Society

Alaska Native Health Board

Alaska Nurses Association

Alaska Pharmaceutical  
Association

Alaska Public Health  
Association

Alaska State Hospital &  
Nursing Home  
Association

Alaska State Medical  
Association

RE: SB 100

To Whom it May Concern:

The Health Care Coalition of Alaska supports the intention of SB 100 to add physician assistants to the list of health care providers protected against unfair discrimination under a group health disability policy.

We urge the passage of this legislation.

Sincerely,

  
John Riley  
Chairman

Associate  
Members

Alaska Chiropractic Society

Alaska Medical Group  
Management Association

Alaska Psychological  
Association

Alaska Public Interest  
Research Group

American Association of  
Retired Persons

League of Women Voters



alaska academy of physician assistants

To: Senator Lyda Green  
Chairman, HESS  
State Capitol Building  
Juneau, Ak

From: Jeanne Clark, PA-C  
President Elect, Alaska Academy of Physician Assistants  
479 Slater Drive  
Fairbanks, Ak 99701

Date: March 2, 1995

Dear Senator Green,

I am requesting that you support SB 100, which will be heard in HES committee on Monday, March 6th. It is a bill to include Physician Assistants in the non-discriminatory statute that prevents insurance companies from denying payment for services.

In the past, it was assumed that Physician Assistants would be paid as if the physician rendered the services. But some insurance companies have interpreted the statute in a way that since Physician Assistants were not specifically named they are not obligated to pay for services. Some insurance companies still are paying for services but some are not. It is a major problem when Physician Assistants are the only health provider available to patients in some areas of the State.

The Alaska Academy of Physician Assistants thank you for your consideration in this matter. I hope you will support this bill and feel free to call me with any questions. Our Lobbyist, Jack Heesch, is also available in Juneau and will call on you to discuss the bill. You can reach me at my work # 452-6610 or at the above address.

Sincerely,

  
Jeanne M. Clark, PA-C

# FISCAL NOTE

STATE OF ALASKA  
1995 LEGISLATIVE SESSION

BILL NO. SB 100

Revision Date: \_\_\_\_\_  
 Title: An Act relating to unfair discrimination against a physician assistant or acupuncturist under a group health insurance policy  
 Sponsor: Senate Labor and Commerce Committee  
 Requestor: \_\_\_\_\_

Department Affected: All State Agencies  
 BRU: All State Agencies  
 Component: All State Agencies

COMPONENT SERIAL NO. 64

**EXPENDITURES/REVENUES:** (Thousands of Dollars)

OPERATING EXPENDITURES	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01
PERSONAL SERVICES	0.0	0.0	0.0	0.0	0.0	0.0
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

CAPITAL EXPENDITURES	0.0	0.0	0.0	0.0	0.0	0.0
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CHANGE IN REVENUES ( )	0.0	0.0	0.0	0.0	0.0	0.0
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**FUND SOURCE:** (Thousands of Dollars)

1002 Federal Receipts	0.0	0.0	0.0	0.0	0.0	0.0
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
OTHER						
<b>TOTAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Estimate of any current year (FY 95) cost: \$ zero

**POSITIONS:**

FULL-TIME	0	0	0	0	0	0
PART-TIME						
TEMPORARY						

**ANALYSIS:** (Attach a separate page if necessary.)

Under the current health plan for active state employees, individuals are only reimbursed for services of a physician assistant if the physician assistant is under the supervision of a medical doctor. This bill will allow physician assistant services to be reimbursed under insurance even if the physician assistant is not being supervised by a medical doctor.

This bill would also allow insurance reimbursement for services provided by an acupuncturist in lieu of a medical doctor, if service or form of treatment provided would normally be covered by the health plan.

This bill is not expected to increase the state's health plan premium.

Prepared by: Robert F. Stalnaker *Robert F. Stalnaker* Phone: 465-4470  
 Division: Retirement & Benefits Date: \_\_\_\_\_

Approved by Commissioner: Mark Boyer *Mark Boyer* Date: 3/3/95  
 Agency: Department of Administration

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