

11918 SENATE LABOR & COMMERCE

thousands of physicians, dentists, acupuncturists, and other practitioners for relief or prevention of pain and for a variety of health conditions. After reviewing the existing body of knowledge, the U.S. Food and Drug Administration recently removed acupuncture needles from the category of "experimental medical devices" and now regulates them just as it does other devices, such as surgical scalpels and hypodermic syringes, under good manufacturing practices and single-use standards of sterility.

Over the years, the National Institutes of Health (NIH) has funded a variety of research projects on acupuncture, including studies on the mechanisms by which acupuncture may produce its effects, as well as clinical trials and other studies. There is also a considerable body of international literature on the risks and benefits of acupuncture, and the World Health Organization lists a variety of medical conditions that may benefit from the use of acupuncture or moxibustion. Such applications include prevention and treatment of nausea and vomiting; treatment of pain and addictions to alcohol, tobacco, and other drugs; treatment of pulmonary problems such as asthma and bronchitis; and rehabilitation from neurological damage such as that caused by stroke.

To address important issues regarding acupuncture, the NIH Office of Alternative Medicine and the NIH Office of Medical Applications of Research organized a 2-1/2-day conference to evaluate the scientific and medical data on the uses, risks, and benefits of acupuncture procedures for a variety of conditions. Cosponsors of the conference were the National Cancer Institute, the National Heart, Lung, and Blood Institute, the National Institute of Allergy and Infectious Diseases, the National Institute of Arthritis and Musculoskeletal and Skin Diseases, the National Institute of Dental Research, the National Institute on Drug Abuse, and the Office of Research on Women's Health of the NIH. The conference brought together national and international experts in the fields of acupuncture, pain, psychology, psychiatry, physical medicine and rehabilitation, drug abuse, family practice, internal medicine, health policy, epidemiology, statistics, physiology, and biophysics, as well as representatives from the public.

After 1-1/2 days of available presentations and audience discussion, an independent, non-Federal consensus panel weighed the scientific evidence and wrote a draft statement that was presented to the audience on the third day. The consensus statement addressed the following key questions:

- What is the efficacy of acupuncture, compared with placebo or sham acupuncture, in the conditions for which sufficient data are available to evaluate?
- What is the place of acupuncture in the treatment of various conditions for which sufficient data are available, in comparison or in combination with other interventions (including no intervention)?
- What is known about the biological effects of acupuncture that helps us understand how it works?
- What issues need to be addressed so that acupuncture can be appropriately incorporated into today's health care system?
- What are the directions for future research?

## **1. What Is the Efficacy of Acupuncture, Compared With Placebo or Sham Acupuncture, in the Conditions for Which Sufficient Data Are Available to Evaluate?**

Acupuncture is a complex intervention that may vary for different patients with similar chief complaints. The number and length of treatments and the specific points used may vary among individuals and during the course of treatment. Given this reality, it is perhaps encouraging that there exist a number of studies of sufficient quality to assess the efficacy of acupuncture for certain conditions.

According to contemporary research standards, there is a paucity of high-quality research assessing efficacy of acupuncture compared with placebo or sham acupuncture. The vast majority of papers studying acupuncture in the biomedical literature consist of case reports, case series, or intervention studies with designs inadequate to assess efficacy.

This discussion of efficacy refers to needle acupuncture (manual or electroacupuncture) because the published research is primarily on needle acupuncture and often does not encompass the full breadth of acupuncture techniques and practices. The controlled trials usually have involved only adults and did not involve long-term (i.e., years) acupuncture treatment.

Efficacy of a treatment assesses the differential effect of a treatment when compared with placebo or another treatment modality using a double-blind controlled trial and a rigidly defined protocol. Papers should describe enrollment procedures, eligibility criteria, description of the clinical characteristics of the subjects, methods for diagnosis, and a description of the protocol (i.e., randomization method, specific definition of treatment, and control conditions, including length of treatment and number of acupuncture sessions). Optimal trials should also use standardized outcomes and appropriate statistical analyses. This assessment of efficacy focuses on high-quality trials comparing acupuncture with sham acupuncture or placebo.

### **Response Rate.**

As with other types of interventions, some individuals are poor responders to specific acupuncture protocols. Both animal and human laboratory and clinical experience suggest that the majority of subjects respond to acupuncture, with a minority not responding. Some of the clinical research outcomes, however, suggest that a larger percentage may not respond. The reason for this paradox is unclear and may reflect the current state of the research.

### **Efficacy for Specific Disorders.**

There is clear evidence that needle acupuncture is efficacious for adult postoperative and chemotherapy nausea and vomiting and probably for the nausea of pregnancy.

Much of the research is on various pain problems. There is evidence of efficacy for postoperative dental pain. There are reasonable studies (although sometimes only single studies) showing relief of pain with acupuncture on diverse pain conditions such as menstrual cramps, tennis elbow, and fibromyalgia. This suggests that acupuncture may have a more general effect on pain. However, there are also studies that do not find efficacy for acupuncture in pain.

There is evidence that acupuncture does not demonstrate efficacy for cessation of smoking and may not be efficacious for some other conditions.

Although many other conditions have received some attention in the literature and, in fact, the research suggests some exciting potential areas for the use of acupuncture, the quality or quantity of the research evidence is not sufficient to provide firm evidence of efficacy at this time.

### **Sham Acupuncture.**

A commonly used control group is sham acupuncture, using techniques that are not intended to stimulate known acupuncture points. However, there is disagreement on correct needle placement. Also, particularly in the studies on pain, sham acupuncture often seems to have either intermediate effects between the placebo and 'real' acupuncture points or effects similar to those of the 'real' acupuncture points. Placement of a needle in any position elicits a biological response that complicates the interpretation of studies involving sham acupuncture. Thus, there is substantial controversy over the use of sham acupuncture in control groups. This may be less of a problem in studies not involving pain.

## **2. What Is the Place of Acupuncture in the Treatment of Various Conditions for Which Sufficient Data Are Available, in Comparison or in Combination With Other Interventions (Including No Intervention)?**

Assessing the usefulness of a medical intervention in practice differs from assessing formal efficacy. In conventional practice, clinicians make decisions based on the characteristics of the patient, clinical experience, potential for harm, and information from colleagues and the medical literature. In addition, when more than one treatment is possible, the clinician may make the choice

taking into account the patient's preferences. While it is often thought that there is substantial research evidence to support conventional medical practices, this is frequently not the case. This does not mean that these treatments are ineffective. The data in support of acupuncture are as strong as those for many accepted Western medical therapies.

One of the advantages of acupuncture is that the incidence of adverse effects is substantially lower than that of many drugs or other accepted medical procedures used for the same conditions. As an example, musculoskeletal conditions, such as fibromyalgia, myofascial pain, and tennis elbow, or epicondylitis, are conditions for which acupuncture may be beneficial. These painful conditions are often treated with, among other things, anti-inflammatory medications (aspirin, ibuprofen, etc.) or with steroid injections. Both medical interventions have a potential for deleterious side effects but are still widely used and are considered acceptable treatments. The evidence supporting these therapies is no better than that for acupuncture.

In addition, ample clinical experience, supported by some research data, suggests that acupuncture may be a reasonable option for a number of clinical conditions. Examples are postoperative pain and myofascial and low back pain. Examples of disorders for which the research evidence is less convincing but for which there are some positive clinical trials include addiction, stroke rehabilitation, carpal tunnel syndrome, osteoarthritis, and headache. Acupuncture treatment for many conditions such as asthma or addiction should be part of a comprehensive management program.

Many other conditions have been treated by acupuncture; the World Health Organization, for example, has listed more than 40 for which the technique may be indicated.

### **3. What Is Known About the Biological Effects of Acupuncture That Helps Us Understand How It Works?**

Many studies in animals and humans have demonstrated that acupuncture can cause multiple biological responses. These responses can occur locally, i.e., at or close to the site of application, or at a distance, mediated mainly by sensory neurons to many structures within the central nervous system. This can lead to activation of pathways affecting various physiological systems in the brain as well as in the periphery. A focus of attention has been the role of endogenous opioids in acupuncture analgesia. Considerable evidence supports the claim that opioid peptides are released during acupuncture and that the analgesic effects of acupuncture are at least partially explained by their actions. That opioid antagonists such as naloxone reverse the analgesic effects of acupuncture further strengthens this hypothesis. Stimulation by acupuncture may also activate the hypothalamus and the pituitary gland, resulting in a broad spectrum

of systemic effects. Alteration in the secretion of neurotransmitters and neurohormones and changes in the regulation of blood flow, both centrally and peripherally, have been documented. There is also evidence of alterations in immune functions produced by acupuncture. Which of these and other physiological changes mediate clinical effects is at present unclear.

Despite considerable efforts to understand the anatomy and physiology of the "acupuncture points," the definition and characterization of these points remain controversial. Even more elusive is the scientific basis of some of the key traditional Eastern medical concepts such as the circulation of Qi, the meridian system, and other related theories, which are difficult to reconcile with contemporary biomedical information but continue to play an important role in the evaluation of patients and the formulation of treatment in acupuncture.

Some of the biological effects of acupuncture have also been observed when "sham" acupuncture points are stimulated, highlighting the importance of defining appropriate control groups in assessing biological changes purported to be due to acupuncture. Such findings raise questions regarding the specificity of these biological changes. In addition, similar biological alterations, including the release of endogenous opioids and changes in blood pressure, have been observed after painful stimuli, vigorous exercise, and/or relaxation training; it is at present unclear to what extent acupuncture shares similar biological mechanisms.

It should be noted also that for any therapeutic intervention, including acupuncture, the so-called "non-specific" effects account for a substantial proportion of its effectiveness and thus should not be casually discounted. Many factors may profoundly determine therapeutic outcome, including the quality of the relationship between the clinician and the patient, the degree of trust, the expectations of the patient, the compatibility of the backgrounds and belief systems of the clinician and the patient, as well as a myriad of factors that together define the therapeutic milieu.

Although much remains unknown regarding the mechanism(s) that might mediate the therapeutic effect of acupuncture, the panel is encouraged that a number of significant acupuncture-related biological changes can be identified and carefully delineated. Further research in this direction not only is important for elucidating the phenomena associated with acupuncture, but also has the potential for exploring new pathways in human physiology not previously examined in a systematic manner.

#### **4. What Issues Need To Be Addressed So That Acupuncture Can Be Appropriately Incorporated Into Today's Health Care System?**

The integration of acupuncture into today's health care system will be facilitated by a better understanding among providers of the language and practices of both the Eastern and Western health care communities. Acupuncture focuses on a holistic, energy-based approach to the patient rather than a disease-oriented diagnostic and treatment model.

An important factor for the integration of acupuncture into the health care system is the training and credentialing of acupuncture practitioners by the appropriate State agencies. This is necessary to allow the public and other health practitioners to identify qualified acupuncture practitioners. The acupuncture educational community has made substantial progress in this area and is encouraged to continue along this path. Educational standards have been established for training of physician and non-physician acupuncturists. Many acupuncture educational programs are accredited by an agency that is recognized by the U.S. Department of Education. A national credentialing agency exists for nonphysician practitioners and provides examinations for entry-level competency in the field. A nationally recognized examination for physician acupuncturists has been established.

A majority of States provide licensure or registration for acupuncture practitioners. Because some acupuncture practitioners have limited English proficiency, credentialing and licensing examinations should be provided in languages other than English where necessary. There is variation in the titles that are conferred through these processes, and the requirements to obtain licensure vary widely. The scope of practice allowed under these State requirements varies as well. While States have the individual prerogative to set standards for licensing professions, consistency in these areas will provide greater confidence in the qualifications of acupuncture practitioners. For example, not all States recognize the same credentialing examination, thus making reciprocity difficult.

The occurrence of adverse events in the practice of acupuncture has been documented to be extremely low. However, these events have occurred on rare occasions, some of which are life-threatening (e.g., pneumothorax). Therefore, appropriate safeguards for the protection of patients and consumers need to be in place. Patients should be fully informed of their treatment options, expected prognosis, relative risk, and safety practices to minimize these risks before their receipt of acupuncture. This information must be provided in a manner that is linguistically and culturally appropriate to the patient. Use of acupuncture needles should always follow FDA regulations, including use of sterile, single-use needles. It is noted that these practices are already being done by many acupuncture practitioners, however, these practices should be uniform. Recourse for patient grievance and professional censure are provided through credentialing and licensing procedures and are available through appropriate State jurisdictions.

It has been reported that more than 1 million Americans currently receive acupuncture each year. Continued access to qualified acupuncture professionals for appropriate conditions should be ensured. Because many individuals seek health care treatment from both acupuncturists and physicians, communication

between these providers should be strengthened and improved. If a patient is under the care of an acupuncturist and a physician, both practitioners should be informed. Care should be taken to ensure that important medical problems are not overlooked. Patients and providers have a responsibility to facilitate this communication.

There is evidence that some patients have limited access to acupuncture services because of inability to pay. Insurance companies can decrease or remove financial barriers to access depending on their willingness to provide coverage for appropriate acupuncture services. An increasing number of insurance companies are either considering this possibility or now provide coverage for acupuncture services. Where there are State health insurance plans, and for populations served by Medicare or Medicaid, expansion of coverage to include appropriate acupuncture services would also help remove financial barriers to access.

As acupuncture is incorporated into today's health care system, and further research clarifies the role of acupuncture for various health conditions, it is expected that dissemination of this information to health care practitioners, insurance providers, policymakers, and the general public will lead to more informed decisions in regard to the appropriate use of acupuncture.

## **5. What Are the Directions for Future Research?**

The incorporation of any new clinical intervention into accepted practice faces more scrutiny now than ever before. The demands of evidence-based medicine, outcomes research, managed care systems of health care delivery, and a plethora of therapeutic choices make the acceptance of new treatments an arduous process. The difficulties are accentuated when the treatment is based on theories unfamiliar to Western medicine and its practitioners. It is important, therefore, that the evaluation of acupuncture for the treatment of specific conditions be carried out carefully, using designs that can withstand rigorous scrutiny. In order to further the evaluation of the role of acupuncture in the management of various conditions, the following general areas for future research are suggested.

### **What Are the Demographics and Patterns of Use of Acupuncture in the United States and Other Countries?**

There is currently limited information on basic questions such as who uses acupuncture, for what indications is acupuncture most commonly sought, what variations in experience and techniques used exist among acupuncture practitioners, and are there differences in these patterns by geography or ethnic group. Descriptive epidemiologic studies can provide insight into these and other questions. This information can in turn be used to guide future research

and to identify areas of greatest public health concern.

### **Can the Efficacy of Acupuncture for Various Conditions for Which It Is Used or for Which It Shows Promise Be Demonstrated?**

Relatively few high-quality, randomized, controlled trials have been published on the effects of acupuncture. Such studies should be designed in a rigorous manner to allow evaluation of the effectiveness of acupuncture. Such studies should include experienced acupuncture practitioners to design and deliver appropriate interventions. Emphasis should be placed on studies that examine acupuncture as used in clinical practice and that respect the theoretical basis for acupuncture therapy.

Although randomized controlled trials provide a strong basis for inferring causality, other study designs such as those used in clinical epidemiology or outcomes research can also provide important insights regarding the usefulness of acupuncture for various conditions. There have been few such studies in the acupuncture literature.

### **Do Different Theoretical Bases for Acupuncture Result in Different Treatment Outcomes?**

Competing theoretical orientations (e.g., Chinese, Japanese, French) currently exist that might predict divergent therapeutic approaches (i.e., the use of different acupuncture points). Research projects should be designed to assess the relative merit of these divergent approaches and to compare these systems with treatment programs using fixed acupuncture points.

In order to fully assess the efficacy of acupuncture, studies should be designed to examine not only fixed acupuncture points, but also the Eastern medical systems that provide the foundation for acupuncture therapy, including the choice of points. In addition to assessing the effect of acupuncture in context, this would also provide the opportunity to determine whether Eastern medical theories predict more effective acupuncture points.

### **What Areas of Public Policy Research Can Provide Guidance for the Integration of Acupuncture Into Today's Health Care System?**

The incorporation of acupuncture as a treatment raises numerous questions of public policy. These include issues of access, cost-effectiveness, reimbursement by State, Federal, and private payers, and training, licensure, and accreditation. These public policy issues must be founded on quality epidemiologic and demographic data and effectiveness research.

### **Can Further Insight Into the Biological Basis for Acupuncture Be Gained?**

Mechanisms that provide a Western scientific explanation for some of the effects of acupuncture are beginning to emerge. This is encouraging and may provide novel insights into neural, endocrine, and other physiological processes. Research should be supported to provide a better understanding of the

mechanisms involved, and such research may lead to improvements in treatment.

### **Does an Organized Energetic System That Has Clinical Applications Exist in the Human Body?**

Although biochemical and physiologic studies have provided insight into some of the biologic effects of acupuncture, acupuncture practice is based on a very different model of energy balance. This theory might or might not provide new insights to medical research, but it deserves further attention because of its potential for elucidating the basis for acupuncture.

### **How Do the Approaches and Answers to These Questions Differ Among Populations That Have Used Acupuncture as a Part of Their Healing Tradition for Centuries, Compared With Populations That Have Only Recently Begun to Incorporate Acupuncture Into Health Care?**

## **Conclusions**

Acupuncture as a therapeutic intervention is widely practiced in the United States. There have been many studies of its potential usefulness. However, many of these studies provide equivocal results because of design, sample size, and other factors. The issue is further complicated by inherent difficulties in the use of appropriate controls, such as placebo and sham acupuncture groups.

However, promising results have emerged, for example, efficacy of acupuncture in adult post-operative and chemotherapy nausea and vomiting and in postoperative dental pain. There are other situations such as addiction, stroke rehabilitation, headache, menstrual cramps, tennis elbow, fibromyalgia, myofascial pain, osteoarthritis, low back pain, carpal tunnel syndrome, and asthma for which acupuncture may be useful as an adjunct treatment or an acceptable alternative or be included in a comprehensive management program. Further research is likely to uncover additional areas where acupuncture interventions will be useful.

Findings from basic research have begun to elucidate the mechanisms of action of acupuncture, including the release of opioids and other peptides in the central nervous system and the periphery and changes in neuroendocrine function. Although much needs to be accomplished, the emergence of plausible mechanisms for the therapeutic effects of acupuncture is encouraging.

The introduction of acupuncture into the choice of treatment modalities readily available to the public is in its early stages. Issues of training, licensure, and reimbursement remain to be clarified. There is sufficient evidence, however, of its potential value to conventional medicine to encourage further studies.

There is sufficient evidence of acupuncture's value to expand its use into conventional medicine and to encourage further studies of its physiology and clinical value.

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## ACUPUNCTURE WORKS

AN NIH PANEL ENDORSES THE ANCIENT CHINESE  
NEEDLE TREATMENT--AT LEAST FOR SOME  
CONDITIONS

BY DICK THOMPSON

James Keyser for TIME



For an ancient Chinese custom that turns patients into human pin cushions, acupuncture is surprisingly popular these days. America's growing interest in alternative medicine and the quasi endorsement of the Food and Drug Administration (which last year took acupuncture's extra-fine needles off its list of "experimental" medical devices) have helped create a sharp spike in demand for the prickly procedure. About a million Americans spend \$500 million a year on acupuncture for

complaints ranging from gallstones to migraines to low-back pain; today even dogs and horses are trotting off to see their acupuncturists.

But does it work? Most Western-trained physicians remain skeptical. Explanations that acupuncture restores the balance of yin and yang by tinkering at critical points along life-force meridians sound to scientists suspiciously like quackery. Advocates counter that their claims are supported by hundreds of research studies--as well as a successful track record that extends back 2,500 years.

To sort through the controversy and assess the quality of that research, the National Institutes of Health last week assembled a panel of experts in a scientific court known officially as a consensus conference. After three days of analyzing studies and interrogating practitioners, the panel was unexpectedly upbeat. "It's time to take acupuncture seriously," said its chairman, David Ramsay, president of the University of Maryland. "There are a number of situations where it really does work."

The panel found acupuncture effective in treating painful disorders of the muscle and skeletal systems, such as fibromyalgia and tennis elbow—even more effective, in some cases, than conventional therapies. It was judged to be a "reasonable option" for the relief of postoperative pain and low-back pain. And it won qualified endorsement as a supplement to standard remedies for drug addiction, carpal-tunnel syndrome, osteoarthritis and asthma.

Acupuncture's one great advantage over Western medicine is that it does no harm; unlike drugs and surgery, acupuncture has virtually no side effects. For acupuncturists who have been saying this for years, it was recognition long overdue. "[The panel's report] is a great step toward breaking down the barriers," said Larenz Ng, a pioneer of acupuncture research and now a professor of neurology at George Washington School of Medicine.

One big barrier remains: acupuncture springs from a system of faith that scientists find almost incomprehensible. The treatment rests on the Taoist belief that two life forces, yin and yang, combine to produce a vital life energy, called ch'i (or qi), that flows through the body along pathways known as meridians, which were charted thousands of years ago. People get sick when these life forces are knocked out of balance, and the job of the acupuncturists is to nudge ch'i back into equilibrium. They do this by pushing needles through the skin, sometimes several inches into the body, at specific points along the meridians, and then twisting or twirling them or pulsing them with a low electric current.

What puzzles scientists is that these points and meridians don't correspond to any biological system in the body. How, then, can sticking a needle into the ear, for example, affect a distant organ like the gallbladder? One possible explanation, for which the panel found "considerable evidence," is that acupuncture works at least in part by releasing opioids, natural morphine-like substances, into the central nervous system.

However it happens, scientists know that acupuncture produces measurable changes in the brain. Some of the most compelling evidence presented last week was a series of brain scans taken by Dr. Abass Alavi, chief of nuclear medicine at the University of Pennsylvania Hospital in Philadelphia. Alavi's images showed dramatic changes in regions of the central nervous system that coordinate the perception of pain. "Acupuncture definitely changed the landscape of pain we see in the brain," Alavi told the panel.

Not everyone was persuaded. Dr. Wallace Sampson, a member of the National Council Against Health Fraud, complained that the panel had not invited the naysayers. And although the studies presented were mostly conducted in Western countries using accepted scientific methods, several critics pointed out that the best-designed experiments showed the poorest

results.

The future of acupuncture in the U.S., however, will probably not rest on the quality of these experiments. If it's cheaper and less painful than going to the hospital, and if it gets results, Americans will use it. A Boston University researcher told the panel that the saving from just faster stroke rehabilitation and effective carpal-tunnel-syndrome treatment could cut the nation's annual medical bill by \$11 billion. Such a saving is sure to catch the eye of HMOs and private health insurers. As Daniel Cherkin, a senior scientific investigator for a large HMO in Seattle, puts it, "Why something works is not of interest to those individuals and organizations providing care." What matters these days is that it works for less.

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#### CLEARLY EFFECTIVE

- Postoperative pain from dental surgery
- Nausea and vomiting from chemotherapy and anesthesia

#### MAY BE EFFECTIVE

- Migraines
- Tennis elbow
- Arthritis
- Menstrual cramps
- Low-back pain

#### UNCERTAIN

- Stroke rehabilitation
- Asthma
- Carpal-tunnel syndrome
- Immune-system enhancement

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<i>Patient's Condition</i>	<i>Traditional Medicine Used and Cost</i>	<i>Results of Traditional Medicine</i>	<i>Cost of Acupuncture</i>	<i>Results of Acupuncture</i>
<i>Lupus</i>	<i>Numerous medication, 2 visits per month to physician, 6 chemotherapy treatments, 1 kidney biopsy, 2 spinal taps.</i>	<i>Some relief but also resulted in side effects such as hairloss and nausea.</i>	<i>\$300.<sup>00</sup></i>	<i>Patient no longer displays lupus symptoms, patient feels better, has more energy, better eyesight, and no headaches.</i>
<i>Ovarian Cysts</i>	<i>Surgery recommended.</i>	<i>Only option given was surgery.</i>	<i>\$265.<sup>00</sup></i>	<i>After 1 treatment pain went away. After 5 treatments with herbal intervention, cyst on right ovary went away, cyst on left ovary had shrunk considerably.</i>
<i>Depression</i>	<i>Prozac taken daily, psychiatric visit, 3 times a week (\$150.<sup>00</sup> per session).</i>	<i>Alleviated symptoms but medication necessary for remainder of patient's life.</i>	<i>\$3,100.<sup>00</sup> over 3 years.</i>	<i>Symptoms gone. Patient no longer takes Prozac and only visits psychiatrist 3 times a year.</i>
<i>Gallstone</i>	<i>Gall bladder removal surgery recommended (\$4,000.<sup>00</sup> +) plus patient would be out of work for six weeks for recovery.</i>	<i>Only option given was surgery.</i>	<i>\$130.<sup>00</sup></i>	<i>After 2 treatments and herbs, patient passed 150 gall stones and thereafter no longer experienced gall bladder attacks without having gall bladder removed.</i>

### *Acupuncture Cost Effectiveness*

<i>Patient's Condition</i>	<i>Traditional Medicine Used and Cost</i>	<i>Results of Traditional Medicine</i>	<i>Cost of Acupuncture</i>	<i>Results of Acupuncture</i>
<i>Degenerative arthritis in lower back</i>	<i>\$1,000.00 plus cost of recommended surgery</i>	<i>No relief. Only option left was fusion of the spine or nerve surgery.</i>	<i>\$840.00</i>	<i>After 2nd treatment, pain noticeably diminished. By 10th treatment, no pain, patient able to walk straight, patient able to stop taking pain medications</i>
<i>Slipped lumbar disc</i>	<i>Surgery recommended.</i>	<i>Only option given was surgery.</i>	<i>\$400.00</i>	<i>After 5 treatments in 2 weeks, patient was pain-free and spine has regained its appropriate alignment.</i>
<i>Clinical depression</i>	<i>\$106.00 a month for medications.</i>	<i>Alleviated symptoms but also resulted in side effects.</i>	<i>\$65.00 per month.</i>	<i>Provided same relief that the medication did but without the side effects.</i>
<i>Foot pain as a result of blockage</i>	<i>Surgery recommended</i>	<i>Only option given was surgery.</i>	<i>\$30.00</i>	<i>After 1 treatment, patient walks better and without pain.</i>
<i>Asthma</i>	<i>Medication plus inhaler every day (inhalers- 1/month at \$22.00 each).</i>	<i>Alleviated symptoms if used regularly.</i>	<i>\$540.00</i>	<i>Many days are now symptom-free for patient; inhaler used only occasionally. Medication no longer needed.</i>

### Acupuncture Cost Effectiveness

<i>Patient's Condition</i>	<i>Traditional Medicine Used and Cost</i>	<i>Results of Traditional Medicine</i>	<i>Cost of Acupuncture</i>	<i>Results of Acupuncture</i>
<i>Hyperemesis</i>	<i>Durring 1rst pregnancy patient spent 7 of 9 months in hospital at a total of \$260,000.00</i>	<i>Helped pregnancy but at considerable cost and hrdship.</i>	<i>\$3,100.00</i>	<i>Acupuncture treatments durring 2nd pregnancy resulted in normal pregnancy.</i>
<i>Allergies</i>	<i>Weekly allergy shots at \$20.00 per shot (\$3,120.00 per year).</i>	<i>Helped but didn't make allergies go away</i>	<i>approx. \$200.00</i>	<i>Allergies almost completely gone</i>
<i>Depression</i>	<i>Group therapy at a cost of \$40.00 per week</i>	<i>Somewhat helpful in providing genral improvement.</i>	<i>\$400.00</i>	<i>Patient felt immediate improvement in overall mood, easing of depression</i>
<i>Lower back pain due to protrusion of intervertebral disc following car accident.</i>	<i>Surgery on back twice at over \$4,000.00.</i>	<i>Back pain worsened.</i>	<i>\$490.00</i>	<i>Pain gone. Patient completely recovered.</i>
<i>Endometriosis</i>	<i>3 operations at \$3,000.00 each plus \$100.00 per month for medications. 4th operation recommended.</i>	<i>Condition always returned.</i>	<i>\$1,000.00</i>	<i>All symptoms / signs of endometriosis are gone.</i>
<i>Paraplegia</i>	<i>Hospital treatments at a cost of \$5,000.00 per year.</i>	<i>No relief from disease.</i>	<i>\$900.00</i>	<i>After three treatments patient able to stand, walk and run. Condition greatly improved.</i>

## **COST EFFECTIVENESS OF ACUPUNCTURE**

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### **Acupuncture Treatment Results in the Avoidance of Surgery**

29 patients with severe osteoarthritis of the knee, each awaiting arthroplasty surgery, were randomized to receive a course of acupuncture treatment or be placed on a waiting list to receive similar acupuncture treatment starting 9 weeks later. Of the 29 patients, 7 were able to cancel their scheduled surgeries.

**Cost savings: \$9,000 per patient.**

Christensen BV et al (1992) "Acupuncture treatment of severe knee osteoarthritis: a long-term study", *Acta Anesthesiol Scand* 36:519-525.

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### **Acupuncture Treatment Results in Decreased Days In Hospital Or Nursing Home**

Half of 78 stroke patients receiving standard rehabilitative care were randomly chosen to receive adjunctive acupuncture treatment. Patients given acupuncture recovered faster and to a greater extent, spending 88 days/patient in hospital and nursing homes compared to 161 days/patient for standard care alone.

**Cost savings: \$26,000 per patient.**

Johansson K et al (1994), "Can sensory stimulation improve the functional outcome in stroke patients?", *Neurology* 43:2189-2192.

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### **Acupuncture Treatment Allows Low-Back Pain Patients To Return To Physical Labor**

56 patients at a workers' compensation clinic were randomized to receive either physical therapy/ occupational therapy/exercise or the standard care plus acupuncture. Of the 29 treated with acupuncture, 18 returned to their original or equivalent jobs and 10 returned to lighter employment. Of the 27 who received only standard therapy, 4 returned to original or equivalent jobs and 14 to lighter employment.

Gunn CC et al (1980), "Dry needling of muscle motor points for chronic low-back pain", *Spine* 5:279-291

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### **Acupuncture Treatment Results In Avoidance Of Surgery, Fewer Hospital Visits And Greater Return To Employment**

69 patients with severe angina pectoris received 12 acupuncture treatments in 4 weeks. Patients were also instructed to perform shiatsu 2x/day and received counseling in stress reduction, exercise and diet. Of the 49 patients who were candidates for coronary bypass or balloon angioplasty surgery, 30 had surgery postponed by the 2-year follow-up due to clinical improvement.

**Cost savings: \$13,000 per patient.** Decrease in number of in-hospital days for all 69 patients: 79% first year post-treatment, 95% 2nd year post-treatment. Reduction in number of out-patient visits: 60% and 87% respectively. Estimated additional cost savings from increase in percent of patients able to work: 11% prior to treatment; 60% at 2 years post-treatment. Estimated savings in annual sick-pay: \$18,000/patient.

Ballegaard S et al (1996) "Cost-benefit of combined use of acupuncture, shiatsu and lifestyle adjustment for treatment of patients with severe angina pectoris", *Acupunct Electro-Ther Res* 21:187-197.

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### **Reduction in Days of Missed Work Due to Migraine**

One hundred twenty patients with migraine without aura were randomly assigned to an acupuncture group (AG) or a conventional drug therapy group. AG patients received acupuncture twice a week for a maximum of thirty treatments. Four sites in Italy, two hospital and two university public centers provided the acupuncture, the two university sites also provided the pharmacological therapy. Severity and frequency of headache and days of missed work were evaluated 12 months after admission. The AG had an absence rate of 1120 working days per year while the drug therapy group had a total absence rate of 1404 working days per year.

**Cost savings: \$35,480 per year** for the sixty patients receiving acupuncture compared to those in conventional drug therapy.

Liguori A et al (2000) Comparison of pharmacological treatment versus acupuncture treatment for migraine without aura, *J Trad Chin Med* 20:231-240

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### **Acupuncture Treatment of Angina Pectoris Saves Money**

One hundred five patients with angina pectoris had acupuncture and self-care education added to their pharmaceutical treatment. Seventy-three participants had been recommended for invasive procedures. The treatment protocol consisted of 12 visits over a four-week period that included an acupuncture treatment and an education session. A 90% reduction in hospitalization and a 70% reduction in surgery resulted in an estimated

**Cost saving: \$32,000 per patient.**

Ballegaard S et al (1999) Addition of acupuncture and self-care education in the treatment

of patients with severe angina pectoris may be cost beneficial: An open, prospective study,  
*J Altern Complement Med* 5: 405-413.

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## ACUPUNCTURE ASSISTANCE FOR WITHDRAWAL FROM TOBACCO SMOKING

*by Subhuti Dharmaranda, Ph.D., Director, Institute for Traditional Medicine, Portland, Oregon*

The effectiveness of acupuncture for drug withdrawal, including smoking cessation, has been proclaimed by acupuncturists in the U.S. since the early 1980's. Much of the work in this area was stimulated by the reports of Michael Smith, who developed an acupuncture protocol for "drug detox" in the late 1970's. His work focused especially on the use of ear acupuncture, following the work of surgeon-acupuncturist Paul Nogier in France. Smith has also pursued the question of the nature of addiction and the setting required to help patients overcome addiction. Though Smith's work was mainly involved with difficult inner-city drug problems like heroin addiction, the principles and methods have been applied to nicotine addiction in daily smokers. Explanations for the role of acupuncture in drug withdrawal, such as inducing enkephalins and endorphins to reduce the anxiety and stress as the blood levels of the drug decline, were proposed. The results of testing for these substances have been somewhat contradictory.

Several state and city governments have indicated their support by providing funds for acupuncture centers focusing on drug withdrawal for illegal drugs or illegal use of drugs (such as driving under the influence of alcohol). Such support continues in several cities (there are more than 300 acupuncture-based substance abuse programs in the U.S., many of them funded by governmental agencies) and an organization to promote this methodology, the National Acupuncture Detoxification Association (NADA), was formed in 1988. It has a current membership of nearly half of all American acupuncturists.

There is now great social reinforcement for stopping smoking. The medical profession, to the extent it is represented by the largest member organization, the American Medical Association, has taken up a campaign to encourage all smokers to quit, regardless of their current health status (formerly, this effort was made only when smoking was a known contributor to the disease the patient suffered from). Public health messages about the harm associated with smoking have dramatically increased in numbers. As a result, personal support for continued restraint is easily obtained. Nonetheless, the long-term quit rate for tobacco smoking appears to be holding fairly constant, with slightly more than half of all people who take up the habit giving it up at some time in their life.

The currently accepted stop-smoking methods usually involve counseling plus application of nicotine in doses that reduce craving for the drug while being diminished gradually. Nicotine patches and nicotine gum are examples of delivery systems that separate the nicotine from the act of smoking. The effectiveness of these methods can be determined with some accuracy because it is possible to provide placebo alternatives and observe the difference in smoking cessation rates.

In order to interpret the studies of acupuncture effects on smoking cessation, it is important to examine some basic considerations in any kind of smoking cessation approach:

1. Patients who volunteer to stop smoking, because they desire to quit, are more likely to succeed than patients who are assigned, cajoled, or otherwise induced to enter a program with little personal desire to quit.
2. Short-term smoking cessation, that is, stopping smoking at the end of a stop-smoking program, is easier to attain than long-term smoking cessation. Regardless of the method used to stop smoking, once the stop-smoking treatment method is withdrawn (with successful cessation), a variety of factors can affect the individual so as to induce re-initiation of smoking. Generally, if a person has stopped smoking for a full six months, the chances of starting smoking again are very low. Therefore, six month cessation rates, one year cessation rates, and two year cessation rates are similar regardless of the method employed.
3. Short term smoking cessation success may depend on the extent to which the intervention provides regular reinforcement of the stop-smoking effort. A person left to his or her own is more likely to resume smoking than a person who daily encounters someone who reinforces the stop smoking attempt.

4. Those who take up smoking in their teens and maintain the habit for many years have a more difficult time quitting smoking than those who take up smoking later in life. The "early-onset" smoking addiction may correlate with genetic and behavioral patterns that lead to addiction, while "late onset" smoking is more often a habit of choice. About 80% of U.S. smokers begin their habit by age 18.

For these reasons, acupuncture research that involves daily treatment of volunteer patients—especially those who took up smoking late and who desire to stop smoking—should attain a high level of short-term effect, and the long-term effect should be reasonably good, but not necessarily better than other methods that take volunteer patients of similar characteristics.

Research about acupuncture effects on smoking cessation have mostly been conducted without a control group. This means that all of the non-specific effects of a stop-smoking program, such as the decision to stop smoking, the regular visits to a stop-smoking assistant (a health professional, for example), and the cessation of smoking at least for a day or two during the program as occurs for those who do not quit the program, all contribute to a positive outcome that could also be attained by a placebo treatment. Therefore, it is difficult to know the full contribution, if any, of acupuncture to the success rate.

### REVIEWS OF ACUPUNCTURE RESEARCH ON SMOKING CESSATION

Two major reviews of this subject have been presented recently. One, a two part report in the *Journal of Traditional Chinese Medicine* (1, 2), is by Cui Meng, at the Institute of Information on Traditional Chinese Medicine, in Beijing. The other appeared in a special issue of the *Journal of Alternative and Complementary Medicine*, which presented the papers from the NIH Technology Assessment Workshops on acupuncture (3). The article of interest in the latter journal was authored by Patricia Culliton (who works at the Hennepin Faculty Associates in Minneapolis, which may be the biggest Chinese medicine treatment center in the U.S.), and Tom Kiresuk, who works at the Center for Addiction and Alternative Medicine Research.

In Cui's article, about using acupuncture for attaining abstinence from drug use, under abstaining from smoking, this is said:

The long-term effective rate was about 30%. Lebeau, et al., analyzed and studied a total of 84 papers involving over 10,000 volunteers for giving up smoking with acupuncture and psychotherapy, and found that the average withdrawal rate was about 60% at the end of treatment and it was about 30% at 12 months after treatment. Schwartz analyzed nearly 30 papers of studies on acupuncture abstaining from smoking, and found that the mean withdrawal rate ranged between 8% and 40% at 12 months after the end of treatment, and it was around 25% as followed up for six months in 13 papers involving 4,000 smokers...

To put this in perspective, what is being said is that after a few days of treatment (all that is needed for initial withdrawal, see below), about 60% of patients (average of all studies) had stopped smoking, and that rate dropped to about 25–30% within six months and stayed at that level (follow-up for two years gave the same result, as indicated elsewhere in his report). Of course, some individual reports analyzed to attain these averages indicated much higher short-term withdrawal rates, sometimes claiming over 90%. Because Chinese journals mainly publish only successful studies, the figures of 60% short-term and 30% long-term positive results are undoubtedly somewhat high, as the studies with low success rates usually don't get published and, therefore, don't get included in the calculated average outcome. Also included in his summary, Cui mentioned that Yves Requena in Paris reported on the use of ear plus nose acupuncture for smoking withdrawal. His study involved a total of 1138 smokers: 56% gave up smoking, and most of the others reduced the amount that they smoked (29% reduced smoking by less than half their previous amount). This outcome (for short-term smoking cessation) is consistent with the figure of 60% given above.

In the second part of his report, Cui describes factors that influence the outcome of treatment, based on the reported results. In sum, he concluded that the desire to stop smoking did not impact the short-term effects, but did affect long-term success; confidence in the possible effectiveness of the stop-smoking attempt did not influence outcome, and "psychic" support from the doctor exhibits "remarkable effect" on the cure. By psychic

support, he refers to talks by the doctor and tips on maintaining a non-smoking environment. He has a section of this article titled "Regarding the possibility of a placebo effect in acupuncture as a method in giving up smoking." Here, he says:

Results of 11 controlled studies on therapeutic acupuncture and placebo acupuncture treatments were that in only two studies the effects of the therapeutic acupuncture were significantly superior to those in placebo acupuncture ( $P < 0.05$ ), while the therapeutic effects of placebo were somewhat better in another 3 of the 11 studies, suggesting that acupuncture may be a placebo therapy in stopping smoking."

Since sham acupuncture was used as a control, the failure of standard acupuncture to do better than the sham acupuncture may not rule out the value of acupuncture; it may simply indicate that the site of applying the needles is not especially important. This conclusion would be consistent with the high degree of variability among stop-smoking acupuncture treatments that are claimed to be effective (though an equally consistent conclusion would be that none of the treatments are effective).

In the review article by Culliton and Kirusek, which describes acupuncture therapy for treating persons with substance abuse problems, under the heading "nicotine" they state:

Generally, the literature regarding the use of acupuncture for smoking appears to be similar to the rest of the substance abuse acupuncture literature. Several articles can be characterized by their emotional tone and evident, prior beliefs. Believers find minimal supporting evidence as very encouraging, whereas debunkers dismiss the value of any preliminary findings. The studies are not comparable and have not been replicated...Overall, one might conjecture that many forms of psychosocial and other treatments will reduce smoking behavior temporarily. The treatments can be expected to become indistinguishable in longer term relapse rate comparisons. Nonspecific and placebo treatment effects may form the basis of the efficacy of all treatments. Generally, the research in this area is inconclusive...

In their section on "additional studies," this is said:

The meta-analysis by Ter, Reit, Kleijnen, and Knipschild (1990) reviewed 22 controlled clinical studies of the efficacy of acupuncture, including 15 cigarette smoking, 5 heroin, and 2 alcohol treatment studies. The authors concluded that the quality of research was generally poor and that the results did not support the efficacy of substance abuse acupuncture treatment.

These reviews suggest that acupuncture therapy for withdrawal from smoking may have marginal or no substantial effects beyond the non-specific influence of program participation (encouragement by the acupuncturist, structured setting, repeated office visits, etc.). This raises the question of whether or not it is worthwhile to delve in detail into any specific treatment protocols. In fact, Culliton and Kirusek point out that:

The acupuncture protocols vary as to location and number of needle site placement. The methods include staples, needles, lasers, and stitches, with and without electrical stimulation. The frequency and duration of treatments is not comparable [between studies]. Studies that use a total of two or three treatments on a once-per-week schedule may be testing subclinical dosages...

Similarly, Cui gives examples of several different treatment methods and point sets, and these serve just as a few examples of the dozens of methods used in the reports, with no mention of any specific treatment having been studied repeatedly.

In a review of pharmacotherapy for smoking (4), it was reported that in placebo controlled trials, nicotine gum and patches increased quit rates (all measured at six months) over placebo by a factor of 1.6 to 2.8. Nicotine nasal spray and nicotine inhaler had similar benefits, with improvements ranging from 1.0 (no improvement) to 3.5. A non-nicotine withdrawal drug, bupropion hydrochloride (an antidepressant), had two tests indicating an improvement by a factor of 1.5-1.7. According to these carefully designed studies, six month quit rates among the placebo groups ranged from 4-19%, with the wide range of variation attributed to

differences in trial designs. The highest quit rates reported with the tested therapies were in the range of 25–35%, consistent with the rates claimed in the Chinese studies summarized above (25–30%). Unfortunately, the American and Chinese studies cannot be compared directly, because the setting of the studies is so different. Still, it is tempting to suggest that acupuncture therapy may be as successful as the treatments currently accepted in the U.S., both attaining about a 30% long-term quit rate.

On the other hand, it has now been suggested that by combining two of the standard methods, the nicotine patch with either nicotine gum or nicotine nasal spray, it is possible to improve on the smoking cessation rates. In the *British Medical Journal*, a study conducted in Finland yielded results that suggested using the two methods together could double the smoking cessation rate compared to using only one of the methods. If that finding is confirmed by further studies, it would mean that a very effective method, superior to acupuncture therapy, is now available.

### **POSSIBLE CONTRIBUTIONS OF ACUPUNCTURE TO SMOKING CESSATION SUCCESS**

The poor status of the acupuncture literature does not rule out the possibility that acupuncture, when performed properly, aids some people in drug withdrawal. Acupuncture is known to stimulate the production of enkephalins and endorphins, which have a potential effect if acupuncture stimulation is given at least daily or, more suitably, if stimulation can be repeated several times throughout each day of withdrawal (this is why once a week acupuncture may be "under-dosing"). However, Pomeranz studied the levels of these substances in the brain and found that they were not changed during acupuncture (3); since the brain is the site of the drug addiction problem, this negative finding may counter the claimed benefit of acupuncture on the basis of this important mechanism of action.

One of the possible contributions to smoking cessation is a possible change in the taste experience of cigarettes. This affect would be suited to persons who are unwilling to simply stop smoking and have their symptoms treated, and who, instead, want help in overcoming the desire for smoking.

In an evaluation conducted in China (5), it was reported that there is a change in taste thresholds caused by ear acupuncture with points selected for cigarette smoking withdrawal; the change occurs in both smokers and non-smokers. In a group of 28 smokers treated by acupuncture, 26 found that the taste of the smoke became less desirable or even objectionable.

The *English-Chinese Encyclopedia of Practical Traditional Chinese Medicine* (6) describes a treatment for stopping smoking using the ear points treated with strong stimulation, followed by retention of needles for 15–20 minutes; subcutaneous needles retained for longer periods could also be used. Body acupuncture is another method suggested; the points are to be needled by the reducing method, retaining the needles for 20–30 minutes (manipulating them 2–3 times). Further, electric stimulation can be undertaken for 15–20 minutes. From all these efforts, it is said that the smoker will know that the treatment is effective if after 2–3 days there is a change in the taste of the smoke, making it less desirable. It is also recommended, in this text, that the person increase nutritional food intake, take herbal pills to calm the heart and mind, and also take some vitamins.

Dr. Tan Yee-ying, reported on his experience treating tobacco smoking addiction at the Fourth International Congress of Chinese Medicine (7). Relying primarily on ear acupuncture, he would apply the needle twice per week for 5 weeks (10 treatments). During the first 2–3 weeks, nearly all smokers are able to quit (90%). A few smokers who did not respond to the auricular acupuncture alone would also get treated with appropriate body points to achieve success. Only 10% of the individuals he treated were unable to stop smoking by the end of the treatment. The long-term effectiveness of treatment was claimed to be high; of 270 who quit, only 25 (9%) resumed smoking. The change of taste of the smoke was noted by 210 persons, complaining that the taste had turned bad. Additionally, 30 persons felt nauseated by smoking as a result of treatment, and another 30 felt hot.

In all these studies, the patients did not simply quit smoking, but withdrew gradually. This withdrawal was largely as a result, at least according to the author's claims, of a change in taste, or other discomfort that occurred with smoking. Further research efforts to show that the taste of cigarette smoke could change

markedly by acupuncture therapy would be worthwhile, despite the fact that, at least thus far, no reports of acupuncture changing the taste of food and beverages have been reported. For example, acupuncture for treatment of obesity due to overeating is not said to function by making the food taste less desirable.

### OTHER CONTRIBUTIONS OF ACUPUNCTURE

Because clinical studies of acupuncture for quitting smoking use success in smoking cessation as the measured end-point, other possible benefits of acupuncture treatment are not taken into consideration. Even in those situations where acupuncture fails to provide an increase in smoking cessation success rates compared to a placebo treatment, acupuncture may contribute to a better experience for the smoker attempting to quit. Acupuncture therapy is claimed, by recipients, to alleviate several symptoms, including nervousness, agitation, and other signs of mental distress. This calming effect may make the smoking cessation experience less stressful. In fact, some of the ear acupuncture protocols used for stopping smoking are also applied to non-smokers for simple treatment of stress reactions. Advertisements for one of the standard stop smoking products emphasize the ability of the product to "soothe" and to "calm" as the means of providing the desired effect on smoking cessation.

For those who succeed in stopping smoking, the positive experience of acupuncture on the discomforts during withdrawal may lead the recipient to encourage other smokers to try the stop-smoking procedure, using acupuncture as a means of making the process more acceptable. For those who fail to stop smoking, by minimizing the adverse symptoms of nicotine withdrawal may increase the likelihood that the individual will make a second attempt later, which might provide the opportunity for success.

### SUMMARY

Perhaps the best evaluation of this field was referring again to Cui's review, he concluded:

The results of the present studies show that the therapeutic effect of acupuncture for stopping smoking and drinking are not lower than for other withdrawal therapies....It is an alternative when other methods fail. However, as with other therapies, there may be recurrence. The therapeutic effect decreases with time, and short-term therapeutic effects are also unstable....The therapeutic effects can be enhanced by the combined use of acupuncture and psychotherapy, giving a higher withdrawal rate....

As evidence of the instability of results, Cui cites a study by Lamontagne, in which smokers were divided into two groups, one with a high expectation of success in quitting and one with a low expectation of success. The study revealed no difference in outcomes between those two groups, but the resumption of smoking over time was evident. At the end of the acupuncture treatment period, 28% had quit smoking; after one month, 24% of the original group was still not smoking; after three months the figure was down to 20%; and by 6 months it was down to 10%. Researchers in the U.S. have indicated that persons who simply stop smoking on their own (cold turkey), do not have much long-term success, about 5% are still not smoking after one year, and this figure seems to correspond to the changes that are observed in the Lamontagne study. While the sum of all acupuncture stop-smoking studies suggests a long-term quit rate on the order of 25-30% (which is considerably higher than in his study), the general trend seems to be similar to this reported result: when there is as much as a 60% quit rate at the end of treatment, there is only a 25-30% maintained quit rate at six months.

Certainly, smokers who wish to quit smoking have a wide range of effective techniques available to them, including nicotine administration (patch, gum, nasal spray, and inhaler), psychotherapy, and acupuncture, and anyone who is encountering difficulty may be able to combine these therapies to attain their goal.

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March 1999


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## Acupuncture for smoking cessation

### What is acupuncture?

Acupuncture is a traditional form of alternative treatment for a wide range of illnesses, which started in the Far East thousands of years ago. Its aim is to improve the overall wellbeing of the patient, rather than the isolated treatment of specific symptoms. According to traditional Chinese philosophy, our health is dependent on the body's motivating energy - known as Qi - moving in a smooth and balanced way through a series of meridians (channels) beneath the skin. Qi consists of equal and opposite qualities - Yin and Yang - and when these become unbalanced, illness may result.<sup>1</sup>

### How does it work?

Acupuncturists claim that by inserting fine needles into the channels of energy, they can stimulate the body's own healing response and help restore its natural balance. The flow of Qi can be disturbed by a number of factors. These include emotional states (such as anxiety, stress, anger, fear or grief), poor nutrition, weather conditions, hereditary factors, infections, poisons and trauma. The principal aim of acupuncture in treating the whole person is to recover the equilibrium between the physical, emotional and spiritual aspects of the individual.<sup>1</sup> Recovering your equilibrium may help you with the effects of nicotine withdrawal.

### How successful is acupuncture in stopping people smoking?

Acupuncture has been promoted for many years as being a successful aid in helping smokers to quit. However, a wide range of scientific studies have not produced any clear evidence that acupuncture is effective when compared with other anti-smoking treatments.<sup>2,3</sup> Altering where the needles are placed (for example in the ear lobes) does not appear to make any difference either.<sup>2,3</sup> Similar "acupuncture-like" treatments such as acupressure, laser therapy or electrostimulation also do not appear to be effective in helping you to give up either.<sup>2,3</sup>

### Is it safe?

Acupuncture appears to be safe when performed by an experienced practitioner. Should you wish to try acupuncture, always make sure that the acupuncturist is registered with the British Acupuncture Council.

### Are there any side-effects?

There may be some discomfort around the areas where the acupuncture needles are inserted, but this normally passes quickly. There are no other regularly reported side-effects from acupuncture. However, if acupuncture is administered incorrectly or without care, there is the possibility of infection from dirty needles or puncture wounds from pushing the needles in too far.<sup>4</sup>

### What are the benefits of this option?

- No drugs are involved in acupuncture
- It is a relatively safe option, although it must be performed by an experienced practitioner
- Acupuncture is popular with smokers who prefer a "natural" or "alternative" method of try to quit.

### What are the disadvantages of this option?

- There is no good evidence that acupuncture works
- It can be slightly painful for some people
- It may be expensive
- It is not available on prescription

### Contacts/further information

Action on Smoking and Health UK (ASH)  
Tel: 0800 169 0169

Quitline  
Tel: 0800 00 22 00

British Acupuncture Council  
Helpline: 020 8735 0400

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## Zyban (Bupropion)

### More information from a Chemical/Pharmacological Perspective

Brand Name	Zyban
Generic Name	Bupropion Hydrochloride - Sustained Release Tablets
Company	Glaxo-Wellcome
Indication(s)	An aid to smoking cessation treatment.
Contraindications	Patients treated with Wellbutrin or any other medications that contain bupropion, in patients with a current or prior diagnosis of bulimia or anorexia nervosa, in patients taking mono-amine oxidase inhibitors (MAOIs) and in patients who have shown a hypersensitivity to bupropion. Patients who have taken MAO inhibitors must wait at least 14 days between the discontinuation of MAO inhibitor therapy and the commencement of Zyban therapy.
Mechanism of Action	Inhibitor of the neuronal uptake of norepinephrine, serotonin and dopamine.
Dosage Form(s)	150 mg tablets
Administration	The recommended and maximum dose of Zyban is 300 mg/day given as 150 mg, twice daily. Dosing should begin at 150 mg/day for the first three days followed by an increase to the usual dose of 300 mg/day. Treatment should be initiated while the patient is still smoking and a target date for smoking cessation should be within the first two weeks of Zyban treatment. Zyban therapy should continue for 7 to 12 weeks, depending on the effect of the therapy. If the patient has not reduced smoking by the seventh week of Zyban therapy, it is unlikely that he/she will quit during that attempt and Zyban therapy should be discontinued.

#### Common Side Effects

Adverse events were compiled from two clinical studies, a dose-response trial and a comparator trial. Adverse events noted in the dose-response trial occurring at a frequency of greater than 2 % and greater in the Zyban group than in the Placebo group are listed in the following table:

Adverse Event	Incidence Rate (%)	
	Zyban 100 - 300 mg/day (n=461)	Placebo (n=150)
Dry mouth	11	5
Insomnia	31	21

Dizziness	8	7
Arthralgia	4	3
Pruritis	3	<1
Rash	3	<1

Adverse events noted in the comparator trial occurring at a frequency of greater than 2 % and greater in the Zyban group than in the Placebo group are listed in the following table:

Adverse Event	Adverse Event Incidence in Comparative Trials (%)			
	Zyban 300 mg/day (n=243)	Nicotine Transdermal System (NTS) 21 mg/day (n=243)	Zyban and NTS (n=244)	Placebo (n=159)
Abdominal Pain	3	4	1	1
Nausea	9	7	11	4
Dry mouth	10	4	9	4
Constipation	8	4	9	3
Diarrhea	4	4	3	1
Anorexia	3	1	5	1
Myalgia	4	3	5	3
Arthralgia	5	3	3	2
Insomnia	40	28	45	18
Dream abnormality	5	18	13	3
Anxiety	8	6	9	6
Disturbed concentration	9	3	9	4
Dizziness	10	2	8	6
Nervousness	4	<1	2	2
Rhinitis	12	11	9	8
Increased cough	3	5	<1	1
Pharyngitis	3	2	3	0
Application site reaction	11	17	15	7
Rash	4	3	3	2
Pruritis	3	1	5	1
Taste perversion	3	1	3	2

The second series of clinical trials examined the adverse events associated with Zofran treatment for the prevention of post-operative nausea and vomiting. These were placebo controlled trials:

#### Drug Interactions

In vitro studies indicate that bupropion is metabolized by the cytochrome P-450 2B6 enzyme. Therefore, there is potential for a drug interaction between Zyban and drugs that effect CYP2B6 such as orphenadrine and cyclophosphamide. Certain drugs such as carbamazepine, phenobarbital, and phenytoin may induce the metabolism of bupropion while others such as cimetidine may inhibit its metabolism. No formal studies have been conducted in humans to assess the effects of drug interactions.

Bupropion is the same active ingredient found in the anti-depressant Wellbutrin. Therefore, patient's being treated for depression with Wellbutrin should not take Zyban as it would increase the plasma levels of bupropion.

Two clinical trials were carried out to determine the effectiveness of Zyban as an aid in smoking cessation. The first trial was a dose-response trial during which the endpoint was abstinence from week 4 of the study.

Abstinence From Week 4 through Specified Week	Quit Rates by Treatment Groups (%)			
	Placebo (n=151)	Zyban 100 mg/day (n=153)	Zyban 200 mg/day (n=153)	Zyban 300 mg/day (n=156)
Week 7	17	22	27	36
Week 12	14	20	20	25
Week 26	11	16	18	19

The second trial was a comparator trial that also measured abstinence from week 4 of the study.

Abstinence From Week 4 through Specified Week	Quit Rates by Treatment Groups (%)			
	Placebo (n=160)	NTS (n=244)	Zyban 300 mg/day (n=153)	Zyban 300 mg/day and NTS (n=245)
Week 7	23	36	49	58
Week 10	20	32	46	51

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### Here's the Coverage that Different Insurance Plans Offer for Selected Providers

(AS OF PRINT DATE OF BROCHURE - SUBJECT TO CHANGE BY THE CARRIER)

Carrier:	Coverage for Acupuncturists?	For Massage Practitioners?	For Naturopathic Physicians?	For Chiropractors?	Referral Need?
BLUE CROSS OF WASHINGTON & ALASKA <i>HEALTH PLUS PLAN</i>	YES*	YES*	YES*	RIDER EXEMPTS CHIRO FROM \$500 LIMIT YES*	ONLY INDIVIDUAL MANAGED CARE & POS PLANS; \$500 LIMIT FOR ALL PROVIDERS YES; UNLESS COVERED BY CHIRO RIDER
FIRST CHOICE HEALTH PLAN	FOR PAIN MANAGEMENT & CHEM DEPENDENCY ONLY	FOR REHABILITATION THERAPY ONLY	WITH \$500 ANNUAL LIMIT	WITH \$250 ANNUAL LIMIT	YES, UNLESS COVERED BY CHIRO RIDER
GROUP HEALTH COOPERATIVE <i>OPTIONS HEALTH CARE</i> VIRGINIA MASON - GROUP HEALTH ALLIANCE	YES* YES* YES*	YES* YES* YES*	YES* YES* YES*	YES* YES* YES*	YES YES; EXCEPT CHIRO FOR FIRST 10 VISITS YES; EXCEPT CHIRO FOR FIRST 10 VISITS
KAISER FOUNDATION PLAN OF NW KITSAP PHYSICIANS SERVICE	YES* YES*	YES* YES*	YES* YES*	YES* YES*	YES; EXCEPT CHIRO WITH RIDER LIMITS UNDER MANAGED CARE PLANS ONLY
MEDICAL SERVICE CORPORATION NY LIFE HEALTH PLANS	YES* YES*	YES* YES*	YES* YES*	YES* YES*	UNDER MSC CARE & PRIME CARE ONLY UNDER MANAGED CARE PLANS ONLY
PACIFICARE OF WASHINGTON <i>PACIFICARE OF OREGON</i>	YES* YES*	YES* YES*	YES* YES*	LIMIT OF 10 ANNUAL VISITS LIMIT OF 10 ANNUAL VISITS	UNDER MANAGED CARE PLANS ONLY YES
PROVIDENCE HEALTH CARE QUAL-MED HEALTH PLAN	YES* NO	YES* FOR PHYSICAL THERAPY ONLY	YES* YES*	YES* WITH RIDER ONLY	YES; EXCEPT SOUND ALTERNATIVES PLAN YES
REGENCE/BC-BS OF OREGON <i>HEALTH MAINTENANCE OF OREGON</i>	NO NO	NO NO	NO NETWORK PROVIDER ONLY	WITH RIDER ONLY NETWORK PROVIDER ONLY	NOT APPLICABLE YES
REGENCE WASHINGTON HEALTH: <i>KING COUNTY MEDICAL/WALLA WALLA VALLEY MEDICAL/HMO WASHINGTON</i> <i>PIERCE COUNTY MEDICAL</i>	12 VISITS FOR PAIN MGMT. & CHEMICAL DEP. ONLY NO	FOR REHABILITATION & NEURO-DEVELOPMENT ONLY NO	YES*; MAY BE DESIGNATED AS PRIMARY CARE PHYSICIAN MANAGED CARE PLANS ONLY	WITH RIDER ONLY; REDUCED BENEFIT WITH SELF-REFERRAL MANAGED CARE PLANS ONLY	YES; EXCEPT FOR NATUROPATH AS PRIMARY CARE PHYSICIAN & FOR CHIRO YES; EXCEPT WITH CHIRO RIDER
SELECTCARE HEALTH PLANS SISTERS OF PROVIDENCE (ORI)	ON A CASE-BY-CASE BASIS YES*	YES* YES*	ON A CASE-BY-CASE BASIS YES*	ON A CASE-BY-CASE BASIS YES*	YES; EXCEPT CHIRO WITH RIDER & 20-VISIT LIMIT YES; 60-VISIT CAP FOR ALL PROVIDERS
SKAGIT COUNTY MEDICAL BUREAU VIRGINIA MASON HEALTH PLAN	MANAGED CARE PLANS ONLY YES*	MANAGED CARE PLANS WITH REHAB COVERAGE ONLY YES*	MANAGED CARE PLANS ONLY YES*	MANAGED CARE PLANS ONLY OR WITH RIDER YES*	YES; EXCEPT WITH CHIRO RIDER YES, EXCEPT CHIRO WITH 10-VISIT LIMIT
WHATCOM MEDICAL BUREAU	FOR COVERED CONDITIONS IN MANAGED CARE ONLY	MANAGED CARE PLANS ONLY	MANAGED CARE PLANS ONLY	MANAGED CARE PLANS ONLY OR WITH RIDER	YES; 50-VISIT CAP FOR ALL PROVIDERS UNDER NON-MANAGED CARE PLANS

\* ALTHOUGH THE INSURERS MAY HAVE INDICATED THEY COVER THE SERVICES OF THESE CATEGORIES, SOME CONTRACTS AND PLANS MAY INCLUDE ADDITIONAL RESTRICTIONS AND LIMITATIONS ON ACCESS. REVIEW YOUR POLICY FOR THE PARTICULAR REQUIREMENTS AND LIMITS OF YOUR COVERAGE.



Hi Aurora & Beth - here's new insurance info I've found out  
in the last month - more & more companies are voluntarily  
covering acupuncture! Valen

Alaskan Acupuncture & Massage, Inc.  
223 Gold St, Suite B  
Juneau, AK 99801  
(907)463-3026 / FAX 463-3021

## ACUPUNCTURE INSURANCE INFORMATION

### **AUTO ACCIDENTS (PERSONAL INJURY CASES)**

are usually covered. You will need to check for sure, and see if you need a written referral from a doctor. I will bill the insurance company for you.

### **ALASKA ELECTRICAL HEALTH AND WELFARE FUND**

covers acupuncture for pain only. (Covered at 90%, no limit on the number of visits.)

### **BLUE CROSS**

Some Blue Cross plans in Juneau are now covering Acupuncture, if it is a group plan where the employer purchased a "Dimensions Plan". This is like a cafeteria plan, where the employer has the option of selecting acupuncture. *Employers who have selected acupuncture include:*

**Alaska Bar Association** (12 visits/year, \$20 co-pay and then 100% of the maximum allowed of \$75/visit)

**Alaskan Brewery** (12 visits/year, covered at 80%, maximum of \$75/visit)

**Catholic Community Services** has Blue Cross of California. They cover acupuncture for pain management only. (12 visits/year, maximum \$25/visit, with a \$15 co-pay, so they only cover \$10/visit)

**City and Borough of Juneau School District** (12 visits/year, covered at 70%, maximum of \$75/visit covered) (teachers are covered by NEA, see above)

**Gastineau Human Services** (12 visits/year, covered at 80%, maximum of \$75/visit. This may change February 1, so check back)

**Holland America** - has Blue Cross of Washington. You need to get special approval, since there are no in-network providers in Juneau. (12 visits/year, covered at 80%, maximum of \$75/visit)

**Tlingit-Haida Regional Authority** (12 visits/year, covered at 80%, maximum of \$75/visit)

There may be others, as this plan is gaining popularity quickly (Check with Blue Cross for your particular plan - it can be different, even with the same employer.) Encourage your employer to select this plan/option in the future.

*Employers who have the "Dimensions Plan" but have not selected acupuncture include:*

**City and Borough of Juneau (except for school district)**

**University of Alaska**

**Carrix**

In the past, Blue Cross of Alaska has required acupuncture to be performed by a doctor or physical therapist, and has very recently decided to cover acupuncturists as well. Your employer may not yet be aware of this recent change and it has not yet been changed in your booklets. Check with Blue Cross for verification.

*There is some confusion about the need for doctor's referrals.* Blue Cross states that "Services must be medically necessary to relieve pain, induce surgical anesthesia, or to treat a covered illness, injury, or condition". *This does not mean that you need a doctor's referral or supervision.* It just means you have to be treated for a legitimate medical condition, and they will not cover the excluded items listed in your booklet, such as "stress", and for cosmetic reasons. When I verify your eligibility for benefits, I have to tell them what I am treating you for, and they tell me if they will cover it.

The **Federal Blue Cross** plan allows the employee to purchase additional coverage that covers acupuncture, for visits to acupuncturists who sign on for the plan, but there are no acupuncturists in Alaska signed up.

**Individual Blue Cross** plans are not covered.

**FEDERAL EXPRESS (Fed Ex)**

insurance covers acupuncture. (20% co-pay, \$150 deductible, no restrictions other than conditions not allowed by your plan.)

**GOLDEN RULE**

Golden Rule covers my services.

**NEA ALASKA (Juneau Teachers)**

are covered at 85%, with a \$50 deductible. You do not need a referral from a doctor.

**WORKER'S COMPENSATION**

covers my services, and you will need to bring a doctor's written referral to my office on the first visit. I will need to confirm coverage with the company prior to your appointment, so be sure to tell me this is a Worker's Comp case. You will want to check to make sure your case was opened. I am required to bill Worker's Compensation for you.

**FEDERAL PLANS**

The only Federal Plans that I am aware of at this time that cover acupuncture are **Mail Handlers** (see <http://www.mhbp.com>) and **Letter Carriers**. I believe all Federal employees have the option to elect these plans. They cover acupuncture at 70%, for a maximum of \$2000 for therapy services. But check to make sure, since coverage changes all the time.

There are other companies that also cover my services, you will need to check by calling them. You are responsible for all co-payments and un-met deductibles at the time of service. Ultimately if I am billing for you and an insurance company refuses payment, you will be responsible for charges.

I recommend that you submit a bill anyway, even if you have been told it is not covered. Sometimes they pay anyway, so it is worth a try. Even if they deny payment at first, sometimes if you appeal to the third level, they will pay. Sometimes they will cover services if you can prove you are saving them money, i.e. reducing medications or avoiding surgery. I have a letter available on request that I can send to the insurance company on your behalf, encouraging them to cover acupuncture services.

**HEALTH CARE REIMBURSEMENT ACCOUNTS and MSA's:**

These accounts allow you to set aside pre-tax dollars and use it to pay for expenses your regular plan does not cover, such as deductibles, your co-pay amount, and non-covered expenses such as acupuncture (allowed items are listed in IRS publication 502, "Medical and Dental Expenses"). The advantage is that you do not pay taxes on this money (FICA, Medicare, and Federal Withholding). There is a maximum you can contribute per year. The State and CBJ provide their employees with this option, and if you are self-employed you can set up an MSA through some insurance companies. For State and CBJ employees, you need to elect this option and state the amount you will contribute during your open enrollment period (May for the State, November for CBJ), then that amount is deducted from your paychecks. (You have to elect a HCRA annually if you want to be covered for the subsequent benefit year!) You need to use-it-or-lose-it during the benefit year, but you can spend it before you have contributed all of it (i.e., you can spend \$500 in the first month, even if you have only contributed \$50 at that point). The State does not charge an administrative fee to administer your HCRA account, but CBJ does charge an administrative fee. For more information, contact your Retirement and Benefits section.

For self-employed MSA's, the rules are different, in that you can accumulate the unspent money and take it out after age 65 (like an annuity). You contribute monthly amounts, but you may contribute additional amounts during the year up to a maximum amount in lump sum contributions.

central  
peninsula  
general hospital

250 Hospital Place, Soldotna, AK 99669  
(907) 714-4404 • www.cpggh.org

Senator Tom Wagoner  
145 Main Street Loop, Ste 226  
Kenai, AK 99611

Dear Senator Wagoner,

I am writing in support of SB 244 and HB 236 that will mandate insurance payments for acupuncturists in Alaska.

Studies of varying quality have established the efficacy of acupuncture treatment in a broad range of pain complaints. One of the higher quality studies that appeared in the British Medical Journal examined acupuncture for chronic headache (predominately migraine) in 401 patients. Study subjects were randomized to receive up to 12 acupuncture treatments over a period of 3 months or to receive standard care from their general practitioner. The result showed a 34% reduction in pain from baseline for acupuncture versus a 16% reduction for standard care. Acupuncture patients also required 15% less pain medication, 25% fewer physician visits, and took 15% fewer sick days compared to the control group. A cost-benefit analysis based on this study found clear advantage in the use of acupuncture compared to standard medical treatment.

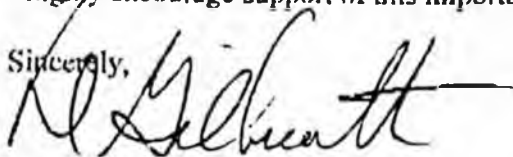
In addition, the National Acupuncture Detoxification Association (NADA) has created an ear acupuncture protocol to alleviate chemical dependency including all forms of drug addiction as well as alcoholism and a variety of mental disorders. NADA protocols, especially designed for this type of treatment, have been carefully developed and extensively tested. More than 500 clinical sites in the U.S., Europe, Australia and the Caribbean currently utilize these protocols. This program is so successful that repeat drug offenders in Dade County, Florida are given the option of jail or receiving the NADA protocol. The web site and information is located at <http://www.acudetox.com>.

In 2000, Central Peninsula General Hospital conducted a randomized survey of our service area residents and found that eighty-four percent of respondents feel the community needs programs to assist people with substance abuse and programs to treat emotional disorders.

As a community hospital it would behoove us to be able to offer options to our patients for pain control and addiction treatment that has found to be evidence-based and effective and that does no harm. Acupuncture clearly has a place in today's hospitals and healthcare facilities, but due to insurance discrimination for these services, many who desperately need these treatments are unable to pay for them.

I highly encourage support of this important step in providing affordable health care to Alaskans.

Sincerely,



David D. Gilbreath  
President, CEO

February 1, 2006

Janet Tune, L.Ac.,  
3911 Eastwind Drive  
Anchorage, AK 99516

RE: SB244 – Eliminating unfair discrimination against Acupuncturists.

My name is Janet Tune. I have been an Alaskan Resident for over 40 years, previously working in the insurance industry and receiving a Bachelors Degree in Business from Alaska Pacific University.

It is my understanding that there is legislation that could be passed to add Acupuncturists under AS 21.36.090 – Unfair Discrimination for services provided under group health insurance. This is through SB244 which states, "An Act prohibiting unfair discrimination against an acupuncturist; amending the definition of 'provider' as it relates to authorized collective negotiations by physicians affecting the rights of providers under health benefit plans; and providing for an effective date."

I hope you will take a few minutes to read about my life experience and circumstances on my decision to practice this type of medicine.

I was involved in a very serious vehicle accident in the fall of 2000. I was advised by doctors that I would most likely never walk normally again due to the extent of my injuries. I was basically given no hope and was advised my active lifestyle in Alaskan activities would come to an end. It was in early 2001 that I tried acupuncture as a 'last resort' because I had 'nothing to lose'. I did standard physical therapy, physical therapy with a naturopath as well as herbs and acupuncture with dramatic changes. The evening after my third acupuncture treatment I walked fairly normally - - something I had not been able to do for seven months. My walking truly brought me to tears. The treatment allowed me to be mobile for just a few days, but, it gave me something I had not had for quite some time...hope. I was eventually able to walk normally with some intermittent pain and have been able to return to an active Alaskan lifestyle.

A little over a year after my auto accident, I was diagnosed with breast cancer. This too was a shocking and devastating diagnosis. This is when I found out about the ability of acupuncture to work not only on a physical level, but on an emotional level as well.

Due to my healing experiences with acupuncture I left my 23-year career in Commercial Insurance and recently received a Masters Degree in Acupuncture. I feel that Acupuncture is a very powerful and effective medicine. Acupuncture has been around as a form of medicine for over 3000 years – this is many times longer than our system of western medicine. There is definitely a priority for each type of medicine and I hope this can be recognized in allowing insurance billing for Acupuncturists through Legislation. I feel this would be a positive step in integrating both types of medicine and allowing Alaskans to receive the best and well-rounded health care possible.

I hope you will allow Alaska residents to receive reimbursement and have acupuncture recognized as a remarkable addition to currently reimbursable healthcare.

Sincerely –  
Janet Tune, L.Ac., M.Ac., Dipl. Ac.

**Amy Seitz**

---

**From:** PTH [pth@gci.net]  
**Sent:** Thursday, February 02, 2006 1:47 PM  
**To:** Sen. Hollis French; Rep. Ethan Berkowitz  
**Cc:** Sen. Bettye Davis; Sen. Tom Wagoner; Amy Seitz; Sen. Johnny Ellis  
**Subject:** SB 244, HB 236

Dear Senator French and Representative Berkowitz,

I am requesting your help in the passing of SB 244 and HB 236.

As a licensed acupuncturist in Anchorage, I feel it is in the benefit of the patients to have freedom of choice for their health care. I also feel strongly that the patient should be reimbursed for care, specifically acupuncture when provided by a licensed acupuncturist. Acupuncture is proven method of treatment for many conditions, there should be no discrimination to the patient in the treatment they choose to use and who provides the treatment service.

Since 1972, Anchorage has been my home. I grew up on the east side and currently live in Turnagain. The passing of these bills is very important for me and my patients and I would greatly appreciate your support.

Sincerely,  
Beverly Sorenson, L.Ac.  
2448 W. Marston Dr.  
Anchorage, AK 99517

ACUPUNCTURE WORKS!  
Janice K. Royce, Dipl. Ac., Lic. Ac.  
3600 Lake Otis Pkwy., Suite 200  
Anchorage, AK 99508  
907-830-0273 - phone  
907-346-4443 - fax

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February 2, 2006

Dear Senator Bunde,

I am a constituent in your district and value your representation of our district. I am writing to you to encourage you to support SB 244 sponsored by Senator Tom Wagner.

Support and passage of this bill would eliminate insurance company discrimination against licensed acupuncturists. At this point, many insurance companies will not reimburse for acupuncture unless it is performed by a medical doctor (MD). Other individuals, such as me hold a Master's Degree in Acupuncture and Oriental Medicine and are licensed by the state of Alaska. We are required by state law to pass a national board certification exam and obtain continuing education hours in order to maintain the license. Medical doctors are not licensed as Acupuncturist and have no requirement to maintain continuing education in order to practice acupuncture.

The World Health Organization recognizes acupuncture as a way to treat many disorder and syndromes. Currently, most individuals receiving acupuncture treatment pay for treatment out of pocket. Many others would benefit from acupuncture and are unable to do so because treatment is not reimbursed by their insurance carrier.

I urge your support for passage of this bill which will remove the unfair discrimination.

If you have additional questions or want additional information, please do not hesitate to contact me.

Sincerely,

Janice K. Royce, L.Ac.  
Licensed Acupuncturist

Home address: 5721 E. 97<sup>th</sup> Ave.  
Anchorage, AK 99507

cc: Senator Tom Wagoner  
Amy Seitz (Senator Wagoner's Assistant  
Rande Lucas (TAOMAAK President)

**Amy Seitz**

---

**From:** Sorensen, Camille [csorensen@cpgh.org]  
**Sent:** Thursday, February 02, 2006 10:17 AM  
**To:** Sen. Tom Wagoner  
**Cc:** Amy Seitz; alaskaarmed@gci.net  
**Subject:** Letter of Support for SB 244 and HB236

Senator Tom Wagoner  
145 Main Street Loop, Ste 226  
Kenai, AK 99611

Dear Senator Wagoner,

I am writing in support of SB 244 and HB 236 that will mandate insurance payments for acupuncturists in Alaska.

I know that there are a variety of studies proving the effectiveness of acupuncture as a treatment for a range of physical and mental complaints. I can personally vouch for the use of acupuncture as a treatment to relieve several allergy symptoms. I had never previously used acupuncture, but after suffering from allergies for several days, I was willing to try anything for relief. I had an acupuncture treatment and was immediately, and completely relieved of all allergy symptoms.

I suffer from eczema and an autoimmune disease and would like to receive more acupuncture treatments in support of better health. However, they are not inexpensive. I qualify for Indian health services and find it costs much less to be prescribed antihistamines than pay for acupuncture out of my own pocket, even if the drugs are less effective than acupuncture. I also have insurance and hope that soon it will cover acupuncture and other alternative medical therapies.

I highly encourage you to support this important step in providing affordable health care to Alaskans.

Sincerely,

Camille Sorensen  
Marketing Specialist  
Central Peninsula General Hospital

*Camille Sorensen  
Marketing Specialist  
(907) 314-4600  
csorensen@cpgh.org*

*"Our lives are not determined by what happens to us but by how we react to what happens, not by what life brings to us but by the attitude we bring to life. A positive attitude causes a chain reaction of positive thoughts, events, and outcomes. It is a catalyst, a spark that creates extraordinary results."*

*~ Anonymous*

**Amy Seitz**

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**From:** Sen. Tom Wagoner  
**Sent:** Thursday, February 02, 2006 9:10 AM  
**To:** Amy Seitz  
**Subject:** FW: \*\*\*\*\*SPAM\*\*\*\*\* I support the change in Alaska Statute 11.36.090 (bill SB244)

---

**From:** L A Spikes [mailto:liz@carlesonhomes.com]  
**Sent:** Wednesday, February 01, 2006 4:42 PM  
**To:** Sen. Tom Wagoner  
**Subject:** \*\*\*\*\*SPAM\*\*\*\*\* I support the change in Alaska Statute 11.36.090 (bill SB244)

February 01, 2006

Dear Senator Tom Waggoner

I have been receiving acupuncture treatment and I support the change in Alaska Statute 11.36.090 (bill SB244) which will allow acupuncture insurance reimbursement and remove unfair discrimination against acupuncturists.

Thank you for your support of this bill.

Sincerely,

*Lizabeth A Spikes*

Lizabeth A Spikes

Licensed Real Estate Assistant - Coldwell Banker

Sales & Marketing - Carleson Homes and Development, Inc.

907-376-5765 Direct Line

907-232-9361 Cell

907-376-5799 Fax



*We are happy to be working with you, and if there is anything that we can do for you...just let us know. Also, if you know someone who is thinking of selling their home or moving to the area, we love referrals!*

**Amy Seitz**

**From:** Sen. Tom Wagoner  
**Sent:** Thursday, February 02, 2006 9:07 AM  
**To:** Amy Seitz  
**Subject:** FW: Bill SB 244

---

**From:** K Kelley [mailto:kkelley@gmp.san-jose.ca.us]  
**Sent:** Wednesday, February 01, 2006 10:15 PM  
**To:** Sen. Tom Wagoner  
**Subject:** Bill SB 244

1/31/06

<!--[if !supportEmptyParas]--> <!--[endif]-->

<!--[if !supportEmptyParas]--> <!--[endif]-->

Dear Senator Wagoner:

<!--[if !supportEmptyParas]--> <!--[endif]-->

I have been receiving acupuncture treatment and I support the change of Alaska Statute 11.36.090 (bill SB244) which will allow acupuncture insurance reimbursement and remove unfair discrimination against acupuncturists.

Thank you for your support of this bill.

<!--[if !supportEmptyParas]--> <!--[endif]-->

Sincerely,

<!--[if !supportEmptyParas]--> <!--[endif]-->

Judith A. Keech

8231 Gold Bullion

Palmer, AK. 99645

(907) 746-0245

## Amy Seitz

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**From:** Sen. Tom Wagoner  
**Sent:** Thursday, February 02, 2006 9:07 AM  
**To:** Amy Seitz  
**Subject:** FW: sb244

-----Original Message-----

**From:** Ramon Gonzalez, Jr. [mailto:raherbs@hotmail.com]  
**Sent:** Wednesday, February 01, 2006 10:16 PM  
**To:** Sen. Tom Wagoner  
**Subject:** sb244

Dear Senator Wagoner,d

Please allow me to introduce myself. My name is Ramon Gonzalez, Jr. I'am a practicing acupuncturist in Seward, Alaska. I'am writing this letter on behalf of the bill you are sponsoring, sb244. I want to throw my support for this bill not just because of my being a acupuncturist, but also to give the opportunity to many,Alaskans, the opportunity to be able to access acupuncture. Acupuncture, is a fairly inexpensive medical art, that could help many more than it has already helped in Alaska. Thank you for your time to read my e-mail. Sincerely, Ramon Gonzalez, Jr. LAc.

**Amy Seitz**

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**From:** Jean Bodeau [moonstone@gci.net]  
**Sent:** Wednesday, February 01, 2006 10:54 PM  
**To:** Sen. Tom Wagoner; Sen. Con Bunde  
**Subject:** SB 244

February 2, 2006

Dear Senator Bunde:

I am writing to urge you to support SB244 which would remove insurance company discrimination against licensed acupuncturists. Acupuncturists are licensed professionals in Alaska; they are nationally certified and have a 3 or 4 year graduate degree at the post-baccalaureate level. Acupuncture has been shown in numerous studies to be an effective treatment for many conditions such as chronic pain, and side-effects of cancer treatment. Discrimination against acupuncturists by insurance companies prevents many people who cannot pay for it out-of-pocket from benefiting from this helpful form of therapy.

Thank you for your interest.

Sincerely,

Jean Bodeau, L.Ac.

Jean Bodeau, L.Ac.  
Moonstone Acupuncture  
1227 West Ninth Ave., Suite 302  
Anchorage, AK 99501  
(907) 243-5033

**Amy Seitz**

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**From:** Kelley, Kevin [Kevin.Kelley@alaska-pipeline.com]  
**Sent:** Wednesday, February 01, 2006 12:03 PM  
**To:** Amy Seitz  
**Subject:** Alaska Statute 11.33.090 Bill SB 244

Dear Amy Seitz,

I have been made aware that there is a bill coming up in Alaska that could affect how my insurance might be able to help pay a portion of my Acupuncture. I am supportive of this action as I have been using Traditional Chinese Medicine since 1995 and even though I have insurance I pay 100% of my treatments so far. My personal choice for my health is important to me and I am looking forward to seeing a change in the way insurance supports this issue.

Thank you, Kevin Kelley  
Palmer, AK

***New Conceptions Women's Health Care***

A PROFESSIONAL CORPORATION

Donna L. Chester M.D., FACOG

OBSTETRICS and GYNECOLOGY



January 31, 2006

Senator Thomas Wagoner  
FAX (907) 465-4779

Senator Wagoner:

I am writing this letter to you as a licensed physician in the State of Alaska and a registered voter urging you to support SB244 the proposed change to Alaska Statute 21.36.090 which will no longer allow insurance companies to discriminate against acupuncturists within this state. As a physician I try to provide my patients with as many options for their well being and treatment of medical problems. I feel acupuncture is an important complimentary medical approach for many chronic illnesses and pain. For many of my patients that I refer for treatment acupuncture is not an accessible as it is not covered by their health insurance.

Thank you for your consideration in this matter.

Sincerely,

Donna L. Chester, M.D.

**Amy Seitz**

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**From:** Hope Wing & Rick Abbott [rickhope82@yahoo.com]  
**Sent:** Wednesday, February 01, 2006 10:53 AM  
**To:** Sen Con Bunde; Amy Seitz  
**Subject:** Support for SB 244

Dear Senator Bunde,

My wife and I live in your district. I am a Chiropractor and she is a Naturopath.

We have been in practice in Anchorage for over twenty years and refer to Acupuncturist frequently. We have been impressed with their professional manner and the high degree of therapeutic success they frequently attain. This is an important service to our patients.

We would like to cast our voices in support of SB 244.

Sincerely,

Rick Abbott, D.C.  
Hope Wing, N.D.  
19660 Villages Scenic Parkway  
Anchorage, AK 99516

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Bring words and photos together (easily) with  
[PhotoMail](#) - it's free and works with Yahoo! Mail.

## Amy Seitz

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**From:** Sen. Tom Wagoner  
**Sent:** Wednesday, February 01, 2006 10:33 AM  
**To:** Amy Seitz  
**Subject:** FW: Please cover acupuncture treatments

-----Original Message-----

**From:** Norm and Laura McDonald [mailto:aknorm@mtaonline.net]  
**Sent:** Tuesday, January 31, 2006 10:32 PM  
**To:** Sen. Tom Wagoner  
**Subject:** Please cover acupuncture treatments

Dear Senator:

I have been receiving acupuncture treatment and I support the change of Alaska Statute 11.36.090, which will allow acupuncture insurance reimbursement.

This is particularly important to me personally. I've been fighting an aggressive form of sarcoma for almost 4 years. I continue to endure conventional treatment such as surgery, chemotherapy and radiation. It is difficult to think about continuing these treatments long term but as a young mom, I'll do whatever it takes to keep my disease stable. This past fall, after doing a year and a half of chemo and enduring the side effects while I continued to work full time, I sought the treatment of nausea and fatigue with acupuncture. It has helped tremendously with the side effects and has reduced stress and generally improved the quality of my life. And for \$90 a session, the cost is much less than the thousands of dollars my insurance company pays to cover the cost of my anti-nausea medication. However, paying this out of pocket is difficult and I feel the medical benefit to me warrants these treatments being covered by my health insurance.

Please do what you can to support the change proposed in SB 244. I would be happy to help show my support of this legislation any way I can.

Sincerely,  
Laura McDonald  
Sutton



**NATUROPATHIC  
MEDICAL CENTER INC.**

January 27<sup>th</sup>, 2006

Senator Thomas Wagoner  
Alaska State Capitol  
Juneau, 99801-1182

Dear Senator Wagoner,

Thank you for sponsoring SB 244 that, if passed, will prevent unfair discrimination against acupuncturists by insurance companies. I've believed it was an oversight when acupuncturists were not listed as a "provider" in this subsection when the statute was first created. This correction is long over due.

In the ten years that I have been practicing in the great State of Alaska, I have seen the ancient practice of acupuncture and oriental medicine benefit the health and well being of many Alaskans. I have also witnessed the frustration of those patients that couldn't access this modality due to lack of insurance coverage.

In addition, a significant number of extremely well educated acupuncturists in Alaska have difficulty maintaining practice due to discrimination by insurance companies. Although I am not sure that the insurance industry is really affected by state law, i.e. they can basically do whatever they want, I do believe that this legislation is definitely a step in the right direction.

On behalf of both my patients and my profession, thank you for taking the steps necessary to correct this damaging oversight.

Sincerely,

Daniel J. Young, ND, LAc.

*Vice President - The Alaska Association of Acupuncture and  
Oriental Medicine*

*Vice President - The Alaska Association of Naturopathic  
Physicians*

*"vis  
medicatrix  
naturae"*

**Dr. Daniel J. Young**  
*Naturopathic Physician  
Licensed Acupuncturist*

**Dr. Madeleine Morrison-Young**  
*Naturopathic Physician*

10928 Eagle River Road  
Suite 254  
Eagle River, Alaska  
99577

Telephone  
(907) 694-5522

Facsimile  
(907) 694-5524

Email  
eagledoc@alaska.net

**Amy Seitz**

---

**From:** Lisa Rogers [lisa@rogersandco.biz]

**Sent:** Tuesday, January 31, 2006 6:13 PM

**To:** Amy Seitz; Sen. Tom Wagoner; Sen. Ralph Seekins; Sen. Ben Stevens; Sen. Con Bunde; 'Senator Davis';  
Sen. Johnny Ellis

I am asking for your support for S.B. 244 which prevents insurance companies from discriminating against acupuncturists in Alaska. Acupuncture is a cost effective form of health care.

I injured my rotator cuff and sought relief through a licensed acupuncturist. I am almost fully recovered; and I expect the total cost will be less than \$850 over an 8 week period. Had I sought relief from a traditional doctor trained in western medicine, I would have probably paid more than that for an initial exam, MRI, and follow-up exam; and treatment would not have even begun. Despite the great results, my insurance provider has denied 100% of my claim. Let's spend our health care dollars wisely.

*Lisa M. Rogers, CPA  
Rogers & Company, CPA, P.C.  
1029 West Third Avenue, Suite 640  
Anchorage, AK 99501  
Ph. (907) 272-5104 or 1-877-572-9310  
Fax (907) 272-7965  
"America Counts on CPAs"*

**Amy Seitz**

---

**From:** jill adamson [alaska3ssa@yahoo.com]  
**Sent:** Tuesday, January 31, 2006 1:40 PM  
**To:** Amy Seitz  
**Subject:** \*\*\*\*\*SPAM\*\*\*\*\* SB 244/ HB 236

Jill Adamson, RN, CCRN  
PO 220372  
Anchorage, Alaska 99522-0372  
(907) 344-7271

January 31, 2006  
Senator Tom Wagner  
Alaska State Legislature

Dear Senator Wagner,  
Re: Alaska Statute 21.36.090  
SB 244/ HB236

In my opinion, omitting insurance reimbursement for acupuncture services promotes a further disparity in health care availability and is discriminatory.

Acupuncture as treatment has been present in the Chinese therapy for over three thousand years. There are little or no side effects from acupuncture and positive results patients have reported are supported in scientific evidenced based studies. Positron emission computed tomography (PET) scanning has objectively verified activation of regional brain function after acupuncture. Acupuncture has been successfully used on dogs, cats, horses and other animals.

As an RN for twenty years, I have often experienced clients who's treatment options were limited to complex technically invasive procedures or expensive medications. These technical solutions are often reimbursed. Since I have experience with chronic myofascial pain, I can personally attest to my own positive response to acupuncture. Prior to having acupuncture, I was treated with chiropractic care, physical therapy, multiple medications with sedative and cognitive side effects, TENS stimulation, cervical injections and botox injections. With acupuncture, I am twice as active with half the pain and on minimal medications. To my way of thinking, acupuncture treatment compliments the care I receive from my primary care Physician. I have no side effects from acupuncture and the quality of my sleep is both restful and healing.

I strongly support both Senate Bill 244 and House Bill 236 allowing acupuncture insurance reimbursement and stopping this unfair discrimination. Our fellow Alaskans deserve the opportunity to have choices in their health care options.

Respectfully,  
Jill Adamson

---

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*Alaska Center for Traditional Chinese Medicine*

*Julie Currier, L.Ac., MAcOM, Dipl.Ac.*

January 30, 2006

Dear Senator Bunde:

I am asking that you please support the upcoming SB 244, sponsored by Senator Tom Wagoner, and scheduled to go before the Labor and Commerce Committee on February 7<sup>th</sup> and then to HESS in the Senate. The legislation presented in this bill will change Alaska Statute 21.36.090, allowing insurance reimbursement for acupuncture, and preventing insurance companies from discriminating against acupuncturists in the state of Alaska. Acupuncture is a very valuable course of treatment for many patients, and can often provide relief when available traditional medical treatments cannot. There are many Alaskans who could benefit greatly from acupuncture, but cannot access this method of treatment because it is not covered by insurance.

Please assist your fellow Alaskans in having as many choices as possible in their own health care, by supporting SB 244. Thank you very much for your time, and for caring about the needs of your constituents.

Sincerely,



Julie Currier, L.Ac.

*Acupuncture \* Chinese Herbal Medicine \* Qigong \* Wellness Education*  
*P.O. Box 3027 Homer, Alaska 99603*  
*Phone/Fax (907) 235-5606*

**Amy Seitz**

---

**From:** Rosemary Cody [acupunct@alaska.net]  
**Sent:** Monday, January 30, 2006 3:31 PM  
**To:** Sen. Con Bunde  
**Cc:** Amy Seitz; Sen Tom Wagoner; Sen Ben Stevens  
**Subject:** [Fwd SB 244]

----- Original Message -----

**Subject:** SB 244

**Date:** Mon, 30 Jan 2006 15:24:32 -0900

**From:** Rosemary Cody <acupunct@alaska.net>

**To:** "Sen. Johnny Ellis" <Senator\_Johnny\_Ellis@legis.state.ak.us>

----- Original Message -----

**Subject:** SB 244/ HB 236

**Date:** Mon, 30 Jan 2006 15:20:35 -0900

**From:** Rosemary Cody <acupunct@alaska.net>

**To:** Rep Berta Gardner@legis.state.ak.us

Dear Senator,

As one of your constituents I am requesting your support of proposed bill (SB 244 and companion bill HB 236) that will make acupuncture more favorable to insurance reimbursement.

Acupuncture was one of few types of medicine omitted from the original insurance discrimination it originated years ago. Now that this acupuncture has grown in acceptance by the medical establishment and has been "proven" by clinical research, more and more people are seeking treatment and need coverage. As an acupuncturist in Anchorage for 11 years I have seen tremendous growth.

Thank you for helping patients have freedom of choice in their medical decisions.

Rosemary Cody  
1246 Annapolis Dr.  
Anchorage, AK 99508  
phone 346-3803  
acupunct@alaska.net

1/30/2006

**Amy Seitz**

---

**From:** Sen. Tom Wagoner  
**Sent:** Monday, January 30, 2006 1:38 PM  
**To:** Amy Seitz  
**Subject:** FW: SB 244

-----Original Message-----

**From:** Dr. Scott Luper [mailto:drluper@acsalaska.net]  
**Sent:** Monday, January 30, 2006 12:56 PM  
**To:** Sen. Tom Wagoner  
**Subject:** SB 244

January 30, 2006  
Senator Tom Wagoner

Re: SB 244, HB 236

Dear Senator Wagoner,

I am writing in support of SB 244 and HB 236 the bill to remove insurance discrimination against acupuncture.

As a physician, I refer my patients for acupuncture frequently. Acupuncture is the best treatment I know for many patients with headaches, musculoskeletal pain, menopausal symptoms and neuropathy. Currently many of my patients with insurance can't afford the treatment so must suffer or use less effective therapies. Currently acupuncture is discriminated against unfairly in insurance coverage.

I am pleased you sponsored this bill.

Sincerely,  
Scott Luper, N.D.

--  
Scott Luper, N.D.  
Alaska Center for Natural Medicine  
104 Kutter Road  
Fairbanks, Alaska 99701  
(907) 452-3600  
Fax (907) 452-3695

**Greatland Acupuncture, LLC**  
**900 West Fireweed Lane Suite 201, Anchorage Alaska 99503**  
**(907) 336-6692**

Dear Senator Bunde,

I am one of your constituents living in Bear Valley and I practice acupuncture in Anchorage. The citizens of our State need your support for SB244, a bill protecting the interest of all Alaskan's health and access to medical treatment.

I have been the President of The Acupuncture and Oriental Medicine Association of Alaska (TAOMAAK) for the past six years and have had contact with many people who are unable to utilize acupuncture services because they have been misled about coverage by their health insurance carriers. It has resulted in the denial healthcare benefit claims and a situation that has forced many Alaskans to seek substandard treatment. A number of health insurance companies have denied acupuncture claims when services were performed by a Licensed Acupuncturist rather than a Medical Doctor. Our State statutes have stringent licensing requirements for acupuncturists which include a Masters degree from an accredited college and national board certification. Physicians are also allowed to perform acupuncture.

While there are a few Medical Doctors in Alaska who offer acupuncture, there is a great disparity in their training, as physicians are merely required to complete a 500 hour course in "Medical Acupuncture." Training for Acupuncturists consists of a four year (3500 hour) program including a full internship before receiving their Master of Science degree in Acupuncture and Oriental Medicine. Acupuncturists provide the "whole body" of Oriental Medicine, utilizing a unique diagnostic framework and carefully customizing each patient's treatment plan. Commonly an hour or more is spent with a single patient. The pace of a typical Medical Doctor's practice often results in attempts to treat with ten to fifteen minutes of contact time with a patient. This is a very limited and often unsuccessful application of our medicine. Our citizens deserve access to the most qualified professionals in this field.

I strongly encourage you to support SB244 so that all Alaskans will be able to choose between a Licensed Acupuncturist and an MD. Acupuncture combined with western medicine is extremely powerful. People recover from illness and surgery faster, require less medication (especially pain medicine) and have significantly fewer side effects. Acupuncture allows people to feel good and have an improved sense of well being while also treating many acute and chronic conditions. Integration of Oriental Medicine often can decrease the cost of care by resolving issues that otherwise would require additional diagnostic tests and follow-up visits. Please allow SB244 to pass and help Alaskans to be healthier! Feel free to contact me for any information you may need about Acupuncture and Oriental Medicine and thank you for your consideration.

Sincerely,

Rande Lucas, L.Ac., RN  
President  
TAOMAAK

**Amy Seitz**

---

**From:** Paula Kunkel [goodqi@gci.net]  
**Sent:** Thursday, February 02, 2006 3:22 PM  
**To:** Amy Seitz  
**Cc:** Sen. Tom Wagor ; Rande Lucas; Alaska Center of Oriental Medicine; Sen. Con Bunde; Sen. Ralph Seekins; Sen. Ben Stevens; Sen. Johnny Ellis; Sen. Bettye Davis; Sen. Gene Therriault  
**Subject:** HB 236 and SB 244

I am writing to encourage you to support SB 244 and HB 236 to remove any unfair discrimination for acupuncture insurance coverage. As a practicing acupuncturist in Alaska for going on six years I have met numerous Alaskans unable comply with their needed treatment due to lack of insurance coverage for acupuncture. Many others are simply unable to consider even beginning treatment, even for conditions where my experience has shown rapid relief of symptoms with acupuncture treatment to be possible and often for considerably less financial investment than standard medical care.

I urge you to lend your support.

Thank you.

Paula Kunkel, L. Ac.  
License # 60

**Amy Seitz**

---

**From:** Kevin Meddleton [kevin@alaskaacupuncture.com]

**Sent:** Thursday, February 02, 2006 8:10 PM

**To:** Sen. Tom Wagoner; Amy Seitz

**Subject:** SB244

Dear Senator Wagoner,

◇  
We are acupuncturists practicing in Palmer, Alaska and we support the change of Alaska Statute 11.36.090 (bill SB244) which will allow acupuncture insurance reimbursement and remove unfair discrimination against acupuncturists. ◇

Thank you for your support of this bill.

Sincerely,

Kevin Meddleton, M.Ac., L.Ac., Dipl.Ac.  
Samantha Berg, M.Ac., L.Ac., Dipl.Ac.

◇

--  
Kevin Meddleton M.Ac., L.Ac., Dipl.Ac.

Alaska Center for Acupuncture  
642 S. Alaska St.  
Palmer, AK 99645  
PH: 907-745-8688  
FAX: 907-745-8987

Please visit our website at:  
[www.AlaskaAcupuncture.com](http://www.AlaskaAcupuncture.com)

AIM



## Alaska Integrative Medicine

*AIM... where East meets West*

2 February 2006,

**RE: Acupuncture Bill to Remove Insurance Discrimination**

Dear Senator Wagoner,

Public awareness of the benefits of Acupuncture continues to rise and coupled with its ascendancy is demand for such treatment.

Acupuncture:

- Is the fastest growing therapy in the West and has been for at least a decade
- It predates the birth of Christ by at least 1500 years
- Is hailed by millions and perhaps billions if you include the Chinese, as a safe and effective means to relieve many health complaints such as neck pain that could be derived from writing or reading a letter such as this!
- Its Practitioners are highly trained and all meet a National Standard through **THE NATIONAL CERTIFICATION COMMISSION FOR ACUPUNCTURE AND ORIENTAL MEDICINE**

However, today in Alaska, there are many who would benefit from Acupuncture but due to Insurance Discrimination towards Acupuncture and thus also to Acupuncturists such benefits are not available.

Please use your position of authority to support SB 244 sponsored by Senator Tom Wagoner and the companion bill HB 236 sponsored by Rep. Kertulla.

Thank you,

Yours truly,

David Cosgrave

Director of Alaska Integrative Medicine

February 2, 2006

Senator Tom Wagoner  
145 Main Street Loop, Ste. 226  
Kenai, AK 99611

Dear Senator Wagoner,

I am writing in support of SB 244 and HB 236 to make insurance payments for acupuncture a reality.

In 2004, our Service Area Board contracted with the Public Health Resource Group, Inc. to conduct a randomized survey of our service area residents on priority health issues.

Overall, the percentage of adults classified as not well or having some health issues was higher than the State and the U.S averages. In addition, 1 in 5 adults in the Kenai region reported three or more chronic conditions including back pain, which ranked especially high among 45-64 years and 65+ years. There is also a higher rate of depression than most of the State and nation.

Over the past several years, I have served on a Prescription Drug Taskforce working to reduce the use of narcotic prescriptions that resulted in addiction and death in our community. There have been numerous deaths attributed to OxyContin overdoses and there is ongoing abuse of prescription drugs in our region. It is important that our residents have affordable access to non-pharmaceutical treatments. This will lower patient risks that will result in better outcomes for our patients and offer more treatment options.

The population of the Kenai Region frequently uses alternative health services. The study in 2004 showed 1 in 2 individuals have used alternative care. The extent to which we can integrate alternative care with medical care for chronic conditions will help to maximize the patient health status and provide more affordable care to all.

I commend you for your efforts in this area and can promise you that you will see benefits to the health status of the population of our state if this bill becomes law.

Best regards,

Bonnie J. Nichols - President  
Healthy Communities/Healthy People



CHILKAT VALLEY ACUPUNCTURE  
AND ORIENTAL MEDICINE

P.O. Box 288 • Haines, AK 99827

Fax to: (907) 465-3871 (Jane)

03Feb'06

Labo. + Commerce Committee

Re: SB 244

As an acupuncturist in Haines I notice many people who aren't able to afford my services to fill their healthy care needs. As a licensed, primary care practitioner in this state I feel my services should be covered by health insurance -- as are other primary care practitioners in this state.

Please support SB244.

Thank you -

Jane Dadourian L.Ac., Dip.Ac.

cc: Albert Keekesh

Bill Thomas -- companion bill HB236



Official Business

# ALASKA STATE LEGISLATURE

## SENATOR THOMAS H. WAGONER

- Chair, Senate Resources Committee
- Vice-Chair, Senate State Affairs Committee
- Member, Community & Regional Affairs
- Member, Legislative Council
- Member, World Trade

Session: January - May

State Capitol, #427

Juneau, AK 99801

Phone: 907-465-2828 Fax: 907-465-4779

Interim: May - December

145 Main Street Loop; Suite 226

Kenai, AK 99611

Phone: 907-283-7996 Fax 907-283-8127

## SPONSOR STATEMENT SENATE BILL 244

With health care costs rising and the general health of the public decreasing, people are looking everywhere for places to help lower their costs and improve their health. One place that is well worth looking into, is adding licensed acupuncturists to the list of health care providers that cannot be unfairly discriminated against by insurance companies that offer group policies.

Acupuncture, when used alone or in conjunction with conventional western medicine, has proven to have a significant cost-savings while improving patients health. In 1993 a study in Sweden showed that an estimated \$26,000 per patient was saved when acupuncture was part of their treatment. A study was done on patients scheduled for knee surgery that showed and estimated \$9,000 in savings, per patient, and some were able to cancel their surgeries. In worker's compensation cases, involving low back pain, a significantly larger number were able to return back to their original or equivalent jobs when receiving acupuncture treatment along with standard care.

Acupuncture has been cited by the World Health Organization to treat over 43 conditions; asthma, allergies, back pain, carpal tunnel, depression, headaches, heart problems, sciatica, tendonitis and addictions are just a few examples. Senate Bill 244 makes it possible for Alaskans to have the option of choosing acupuncture as part of their health plan.

Sponsor Statement

February 1, 2006

Janet Tune, L.Ac.,  
3911 Eastwind Drive  
Anchorage, AK 99516

RE: SB244 – Eliminating unfair discrimination against Acupuncturists.

My name is Janet Tune. I have been an Alaskan Resident for over 40 years, previously working in the insurance industry and receiving a Bachelors Degree in Business from Alaska Pacific University.

It is my understanding that there is legislation that could be passed to add Acupuncturists under AS 21.36.090 – Unfair Discrimination for services provided under group health insurance. This is through SB244 which states, "An Act prohibiting unfair discrimination against an acupuncturist; amending the definition of 'provider' as it relates to authorized collective negotiations by physicians affecting the rights of providers under health benefit plans; and providing for an effective date."

I hope you will take a few minutes to read about my life experience and circumstances on my decision to practice this type of medicine.

I was involved in a very serious vehicle accident in the fall of 2000. I was advised by doctors that I would most likely never walk normally again due to the extent of my injuries. I was basically given no hope and was advised my active lifestyle in Alaskan activities would come to an end. It was in early 2001 that I tried acupuncture as a 'last resort' because I had 'nothing to lose'. I did standard physical therapy, physical therapy with a naturopath as well as herbs and acupuncture with dramatic changes. The evening after my third acupuncture treatment I walked fairly normally - - something I had not been able to do for seven months. My walking truly brought me to tears. The treatment allowed me to be mobile for just a few days, but, it gave me something I had not had for quite some time...hope. I was eventually able to walk normally with some intermittent pain and have been able to return to an active Alaskan lifestyle.

A little over a year after my auto accident, I was diagnosed with breast cancer. This too was a shocking and devastating diagnosis. This is when I found out about the ability of acupuncture to work not only on a physical level, but on an emotional level as well.

Due to my healing experiences with acupuncture I left my 23-year career in Commercial Insurance and recently received a Masters Degree in Acupuncture. I feel that Acupuncture is a very powerful and effective medicine. Acupuncture has been around as a form of medicine for over 3000 years – this is many times longer than our system of western medicine. There is definitely a priority for each type of medicine and I hope this can be recognized in allowing insurance billing for Acupuncturists through Legislation. I feel this would be a positive step in integrating both types of medicine and allowing Alaskans to receive the best and well-rounded health care possible.

I hope you will allow Alaska residents to receive reimbursement and have acupuncture recognized as a remarkable addition to currently reimbursable healthcare.

Sincerely –  
Janet Tune, L.Ac., M.Ac., Dipl. Ac.

**Constance Hartle**

---

**From:** Kaycie Rosen, ND [kaycierosen@hotmail.com]  
**Sent:** Monday, February 06, 2006 2:02 PM  
**To:** amy\_seitz@legis.state.ak; Sen. Tom Wagoner; alaskaarmed@gci.net; Sen. Con Bunde  
**Subject:** SB 244

Dear Senators--

My name is Kaycie Rosen, and I live and practice medicine in Anchorage, in district P. I am writing today to ask for your support for SB 244, which will end insurance discrimination against Acupuncturists in the state of Alaska. As a Naturopathic Doctor, I refer my patients frequently to Acupuncturists and see them derive enormous benefit from their services. I have seen Acupuncture provide relief for people suffering from many conditions when they have not been able to find it elsewhere in the medical system. However, I have also found that either the Acupuncturists in my acquaintance have great difficulty in serving the many patients who benefit from their treatment and making ends meet, or patients are not able to fully utilize Acupuncture because it is cost prohibitive.

Thank you for your time and consideration in supporting SB 244

Kaycie Rosen, ND  
1911 Hamilton Dr.  
Anchorage, AK 99515

907 830 5463

**Constance Hartle**

---

**From:** Hope Wing & Rick Abbott [rickhope82@yahoo.com]  
**Sent:** Wednesday, February 01, 2006 10:53 AM  
**To:** Sen. Con Bunde; Amy Seitz  
**Subject:** Support for SB 244

Dear Senator Bunde,

My wife and I live in your district. I am a Chiropractor and she is a Naturopath.

We have been in practice in Anchorage for over twenty years and refer to Acupuncturist frequently. We have been impressed with their professional manner and the high degree of therapeutic success they frequently attain. This is an important service to our patients.

We would like to cast our voices in support of SB 244.

Sincerely,

Rick Abbott, D.C.  
Hope Wing, N.D.  
19660 Villages Scenic Parkway  
Anchorage, AK 99516

*TX for input  
will look for support  
in mind when you  
will come before  
line*

---

Bring words and photos together (easily) with  
PhotoMail - it's free and works with Yahoo! Mail.

*Constance Hartle  
2/1/06*

**Constance Hartle**

---

**From:** janice royce [jroyce@acsalaska.net]  
**Sent:** Thursday, February 02, 2006 12:49 PM  
**To:** Sen. Con Bunde  
**Cc:** Sen. Tom Wagoner; Amy Seitz; 'Rande Lucas'  
**Subject:** SB 244

I would appreciate your support of SB244

Thank you.

Janice K. Royce, L.Ac.  
Acupuncture Works!  
3600 Lake Otis Pkwy, Suite 200  
Anchorage, AK 99508  
(907) 830-0273  
www.AcupunctureWorksAK.com

*Send Acupuncture  
reply ✓*

ACUPUNCTURE WORKS!  
Janice K. Royce, Dipl. Ac., Lic. Ac.  
3600 Lake Otis Pkwy., Suite 200  
Anchorage, AK 99508  
907-830-0273 - phone  
907-346-4443 - fax

---

February 2, 2006

Dear Senator Bunde,

I am a constituent in your district and value your representation of our district. I am writing to you to encourage you to support SB 244 sponsored by Senator Tom Wagner.

Support and passage of this bill would eliminate insurance company discrimination against licensed acupuncturists. At this point, many insurance companies will not reimburse for acupuncture unless it is performed by a medical doctor (MD). Other individuals, such as me hold a Master's Degree in Acupuncture and Oriental Medicine and are licensed by the state of Alaska. We are required by state law to pass a national board certification exam and obtain continuing education hours in order to maintain the license. Medical doctors are not licensed as Acupuncturist and have no requirement to maintain continuing education in order to practice acupuncture.

The World Health Organization recognizes acupuncture as a way to treat many disorder and syndromes. Currently, most individuals receiving acupuncture treatment pay for treatment out of pocket. Many others would benefit from acupuncture and are unable to do so because treatment is not reimbursed by their insurance carrier.

I urge your support for passage of this bill which will remove the unfair discrimination.

If you have additional questions or want additional information, please do not hesitate to contact me.

Sincerely,

Janice K. Royce, L.Ac.  
Licensed Acupuncturist

Home address: 5721 E. 97<sup>th</sup> Ave.  
Anchorage, AK 99507

cc: Senator Tom Wagoner  
Amy Seitz (Senator Wagoner's Assistant)  
Rande Lucas (TAOMAAK President)

**Constance Hartle**

---

**From:** Mary Minor [mminor@gci.net]

**Sent:** Friday, February 03, 2006 3:38 PM

**To:** Sen. Ben Stevens; Sen. Con Bunde; Senator Johnny Ellis; Sen. Ralph Seekins; Sen. Tom Wagoner

**Subject:** SB 244

As a primary care provider, I have often sent patients to licensed acupuncturists for treatment, particularly of pain conditions and addictions. I have found my patients benefit greatly from acupuncture. I hope you will make acupuncture available to more Alaskans by prohibiting health insurance policies from discrimination against acupuncture treatment. The benefit to the public from having non-narcotic options for pain management and helping them to kick habits such as smoking would be incalculable. Thanks for your consideration.

Mary Minor, ND

**Cc: Stance Hartle**

---

**From:** Alaska Alternative Medicine Clinic [aamc@myexcel.com]  
**Sent:** Friday, February 03, 2006 10:23 AM  
**To:** Sen. Tom Wagoner  
**Cc:** Amy Seitz; alaskaarmed@gci.net; Sen. Con Bunde; Sen. Ralph Seekins; Sen. Ben Stevens; Sen. Johnny Ellis; Sen. Bettye Davis  
**Subject:** SB244 Acupuncture Bill to Remove Insurance Discrimination

We urge you to pass the legislation proposed in SB244 that would remove discrimination for insurance reimbursement for acupuncture. We have found this to be a very successful modality in treating our patients and can speak to its efficacy in improving overall health and enhancing the sense of well being for our patients.

We urge your favorable action in this matter. Thank you.

ALASKA ALTERNATIVE MEDICINE CLINIC, LLC  
Sandra C. Denton, M.D., Medical Director  
Chris Anne McDonald, ANP  
Barbara Taylor, L.Ac  
Mary Minor, N.D.

**SB**

**253**

# Audit Report



---

DEPARTMENT OF COMMERCE, COMMUNITY,  
AND ECONOMIC DEVELOPMENT  
BOARD OF CHIROPRACTIC EXAMINERS  
SUNSET AUDIT

September 26 2005



Audit Control Number:

08-20041-05

Division of Legislative Audit  
P.O. Box 113300, Juneau, Alaska 99811-3300

# LEGISLATIVE BUDGET AND AUDIT COMMITTEE

## DIVISION OF LEGISLATIVE AUDIT

The Legislative Budget and Audit Committee is a permanent interim committee of the Alaska Legislature. The committee is made up of five senators and five representatives, with one alternate from the Senate and two from the House. The chairmanship of the committee alternates between the two chambers every legislature.

The committee is responsible for providing the legislature with audits of state government agencies. The programs and activities of state government now cost more than \$6 billion a year. As legislators and administrators try increasingly to allocate state revenues effectively and make government work more efficiently, they need information to evaluate the work of governmental agencies. The audit work performed by the Division of Legislative Audit helps provide that information.

As a guide to all their work, the Division of Legislative Audit complies with generally accepted auditing standards established by the American Institute of Certified Public Accountants and with government auditing standards established by the U.S. General Accounting Office.

Audits are performed as mandated by Alaska Statutes or at the direction of the Legislative Budget and Audit Committee. Individual legislators or committees can submit requests for audits of specific programs or agencies to the committee for consideration. Copies of all completed audits are available from the Division of Legislative Audit's offices in Juneau, Anchorage, or at our web site <http://www.legaudit.state.ak.us>.

### BUDGET AND AUDIT COMMITTEE

Senator Gene Therriault, Chair  
Senator Lyda Green  
Senator Lyman Hoffman  
Senator Bert Stedman  
Senator Ben Stevens  
Senator Gary Wilken (alternate)

Representative Ralph Samuels, Vice Chair  
Representative Mike Chenault  
Representative Mike Hawker  
Representative Beth Kerttula  
Representative Pete Kott  
Representative Kevin Meyer (alternate)  
Representative Reggie Joule (alternate)

### DIVISION OF LEGISLATIVE AUDIT

Pat Davidson, CPA  
Legislative Auditor

P.O. Box 13300  
Juneau, AK 99811-3300

(907) 465-3830, Juneau  
(907) 561-1445, Anchorage  
(907) 465-2347, Juneau fax  
(907) 561-1452, Anchorage fax

# ALASKA STATE LEGISLATURE

## LEGISLATIVE BUDGET AND AUDIT COMMITTEE

### Division of Legislative Audit



P.O. Box 113300  
Juneau, AK 99811-3300  
(907) 465-3830  
FAX (907) 465-2347  
Internet e-mail address:  
legaudit@legis.state.ak.us

September 26, 2005

Members of the Legislative Budget  
and Audit Committee:

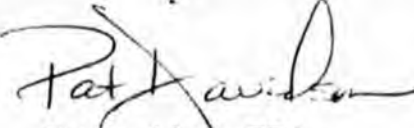
In accordance with the provisions of Title 24 and Title 44 of the Alaska Statutes (sunset legislation), the attached report is submitted for your review.

DEPARTMENT OF COMMERCE, COMMUNITY,  
AND ECONOMIC DEVELOPMENT  
BOARD OF CHIROPRACTIC EXAMINERS  
SUNSET REVIEW  
September 26, 2005  
Audit Control Number  
08-20041-05

This audit was conducted as required by AS 44.66.050 and under the authority of AS 24.20.271(1). Alaska Statute 44.05.050(c) lists criteria to be used to assess the demonstrated public need for a given board, commission, or program subject to the sunset review process. Currently under AS 08.03.010(c)(5), the Board of Chiropractic Examiners is scheduled to terminate on June 30, 2006. The board would be allowed one year in which to conclude its administrative operations.

In our opinion, the Board of Chiropractic Examiners should continue to regulate chiropractors. The board proposes changes to regulations to improve its effectiveness and ensure that chiropractors are licensed in the State of Alaska. We recommend that the legislature extend the board's termination date until June 30, 2014.

The audit was conducted in accordance with generally accepted government audit standards. Fieldwork procedures utilized in the course of developing the findings and discussion presented in this report are discussed in the Objectives, Scope, and Methodology.

  
Pat Davidson, CPA  
Legislative Auditor

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## OBJECTIVES, SCOPE, AND METHODOLOGY

In accordance with the intent of Title 24 and Title 44 of the Alaska Statutes (sunset legislation), we have reviewed the activities of the Board of Chiropractic Examiners (board). Under AS 44.66.050(a), the legislative committee of reference is to consider this report during the legislative oversight process to determine whether the board should be reestablished. Currently, AS 08.03.010(c)(5) requires the board to terminate on June 30, 2006. If the legislature takes no action to extend the termination date, the board will have one year from that date to conclude its operations.

### Objectives

There are three central, interrelated objectives of our report. They are:

1. To determine if the termination date of the board should be extended.
2. To determine if the board is operating in the public's interest.
3. To determine if the board has exercised appropriate regulatory oversight of licensed chiropractors.

The assessment of the operations and performance of the board was based on criteria set out in AS 44.66.050(c). Criteria set out in this statute relate to the determination of a demonstrated public need for the board.

### Scope and Methodology

Under the direction and supervision of the Division of Legislative Audit, another auditor conducted the majority of this review. We followed professional standards to determine that the other auditor was independent and that their work was competent and sufficient.

Our audit reviewed the operations and activities of the Board of Chiropractic Examiners for the period FY 02 through FY 05.

During the course of our examination, we reviewed and evaluated the following:

- Applicable statutes and regulations.
- Compliance with statutes and regulations related to the licensing of chiropractors. Our evaluation addressed consideration of applications, testing of candidates, and

continuing education necessary for an individual to maintain their license in good standing.

- Minutes of board meetings, budget documents, and annual reports related to, or issued by, the board.
- Files related to applicants for, and holders of, licenses issued by the board.
- Complaints filed with the Department of Commerce, Community, and Economic Development, Division of Corporations, Professional and Business Licensing (division).
- Interviews with employees of the division.
- Reading and correspondence files maintained with the division.

## ORGANIZATION AND FUNCTION

The Board of Chiropractic Examiners (board) was established under the provisions of Title 8, Chapter 20, of the Alaska Statutes. The board consists of five members appointed by the governor and subject to legislative confirmation. All board members serve terms of four years.

Alaska Statute requires that the board consist of five members, four of whom are licensed chiropractors having practiced in the state for a minimum of two years at the time of their appointment. Statutes require the fifth member to be a member of the public having no direct financial interest in the healthcare industry.

**Board of Chiropractic Examiners  
(As of June 6, 2005)**

Gregory Culbert, Chiropractor, President

David Mulholland, Chiropractor, Vice  
President

R. Clark Davis, Chiropractor, Secretary

Carol Davis, Chiropractor

Sean Siegel, Public Member

### Board Duties and Powers

The board regulates chiropractic practice in Alaska by setting the following standards of practice:

1. Examining and issuing licenses to qualified applicants.
2. Establishing, amending, or eliminating regulations controlling the standards of professional chiropractic practice.
3. Revoking, annulling, or suspending licenses in accordance with the Administrative Procedure Act when an individual has violated chiropractic statutes or regulations.

### Department of Commerce, Community, and Economic Development (DCCED), Division of Corporations, Professional and Business Licensing (division)

The division provides administrative and investigative assistance to the board. Administrative assistance includes budgetary services; functions such as collecting fees, maintaining files, and receiving and issuing application forms; and publishing notices of examinations and meetings.

Alaska Statute 08.01.065 mandates that DCCED adopt regulations to establish the amount and manner of payment of application fees, examination fees, license fees, registration fees, permit fees, investigation fees, and all other fees as appropriate for the occupations covered by the statute.

Alaska Statute 08.01.087 empowers the division with the authority to act on its own initiative or in response to a complaint. The division may:

1. Conduct an investigation if it appears a person engaged in or is about to engage in a prohibited professional practice.
2. Bring an action in superior court to enjoin the act.
3. Examine the books and records of an individual.
4. Issue subpoenas for the attendance of witnesses and records.

## REPORT CONCLUSIONS

In our opinion, the Board of Chiropractic Examiners (board) is operating in the public's best interest and should continue to regulate chiropractors. The board safeguards the public interest by promoting the competence and integrity of those who hold themselves out to the public as qualified and competent chiropractors.

Except as noted in the paragraph below, the board serves a public purpose and has demonstrated an ability to conduct its business in a satisfactory manner. The board continues to propose changes to regulations to improve its effectiveness and ensure that chiropractors are licensed in the State of Alaska.

Outside of the licensing and examination functions, the board has been ineffective in serving the interest of the public. Too much of the board's time is spent discussing and developing statutory and regulatory changes that will have little to no impact on the public, but instead benefit the profession. Discussion topics include school sports physicals and independent medical examinations.

Alaska Statute 08.03.010(c)(5) requires that the Board of Chiropractic Examiners be terminated on June 30, 2006. Under AS 08.03.020, the board has a one-year period to administratively conclude its affairs. We recommend that the legislature extend the board's termination date until June 30, 2014.

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## FINDINGS AND RECOMMENDATIONS

### Recommendation No. 1

The Board of Chiropractic Examiners (board) should improve the efficiency of its operations by ensuring board meeting discussions are limited to topics within its purview and are of benefit to the public overall.

The efficiency of the board is hindered by its misaimed efforts. The board repeatedly discusses topics outside of its purview, which has resulted in wasted time, increased costs, and more meetings than necessary each year. In an effort to improve board efficiency, we recommend the following:

1. Limit agenda discussion items; exclude topics outside of chiropractic examiners' jurisdiction.

In recent years, the board spent an inordinate amount of time discussing topics that would best be left to state or national chiropractic organizations. Agenda items repeatedly discussed included the regulation of independent medical examinations (IME) and the performance of school sports physicals. From August 2000 through January 2005, the board conducted 17 meetings. IMEs were discussed at 14 of the 17 meetings; school sports physicals were discussed at 9 of the meetings. These discussions have continued over time because the board believes regulation of these areas is within its jurisdiction.

AS 08.20.100(b)(5)(A) authorizes a licensed chiropractor to sign "*within the scope of chiropractic practice, certificates of physical examinations for children before they enter school....*" Further, part (b)(5)(B) authorizes licensed chiropractors to sign "*reports for excuses from employment and from attendance at school or participation in sports activities....*" It does not, however, authorize chiropractors to perform school sports physicals.

Further, a 1991 attorney general (AG) opinion explicitly states that chiropractors are not statutorily authorized to perform school sport physicals. An AG's opinion relating to the chiropractic regulation of IMEs does not exist. On several occasions, however, the board has been informed by Department of Law (DOL) staff that they do not have statutory authority to regulate IMEs. Further, DOL staff have informed the board that legislative changes are necessary before chiropractic examiners can regulate IMEs and before they can perform school sports physicals.