

LEGISLATIVE BRIEFING

Acupuncture for chronic pain in Vermont— policy lags evidence, hindering response to opioid crisis.

THE PROBLEM: Chronic pain affects 11 to 40% of the US population^{1,2,3,4} at a cost of more than \$560 billion annually.^{5,6} It affects a person's psychological and emotional health, ability to work, and social function.^{7,8} It has been linked to premature death⁹ and increased risk of suicide.^{10, 11}

FROM BAD TO WORSE: The opioid crisis emerged from an attempt to treat chronic pain, however opioid use has escalated into an epidemic of addiction and death.

THE NEED: Physicians and patients need effective and safe strategies for managing chronic pain. By increasing the availability of safe, effective non-pharmacologic treatments for chronic pain, including acupuncture, patients will have access to an effective and safe therapy and patient exposure to opioids will be reduced.

POLICY LAGS EVIDENCE: A variety of organizations and agencies have substantiated the effectiveness and safety of acupuncture and endorsed its use: the **American College of Physicians** (ACP) Clinical Practice Guideline recommends acupuncture for acute, subacute and chronic low back pain (cLBP).^{12,13} The US Department of Health and Human Services **Agency for Healthcare Research and Quality (AHRQ)** concluded that acupuncture is effective for cLBP compared to placebo, sham, no treatment, usual care, or wait list controls.¹⁴ The **US National Institutes of Health** recommends acupuncture for low back pain and for knee osteoarthritis.¹⁵ The **FDA Education Blueprint For Health care Providers Involved In The Management or Support of Patients with Pain** suggests acupuncture among a range of available therapies as part of a multidisciplinary approach to pain management.¹⁶ The **state of Vermont's opioid prescribing guidelines** name acupuncture as a therapy that should be considered for pain management.¹⁷ The **VT DVHA study** provided evidence that "Vermont patients who self-select acupuncture for the treatment of their chronic pain would benefit physically, functionally, psycho-emotionally and occupationally."¹⁸ Despite this evidence, Vermont still lacks an acupuncture benefit under Medicaid or under most commercial insurance policies.

AVOIDING PERVERSE INCENTIVES: Guidelines and recommendations have been issued in support of acupuncture, Vermont physicians are making acupuncture referrals, the UVMHC Complex Pain Center is including acupuncture in its new clinic, but Vermont payers are not required to reimburse for acupuncture. (Some self-insured plans have opted to cover acupuncture including: state of VT employees, UVMHC employees, Work Comp cases). The National Association of Attorneys General sent a letter signed by 36 state attorneys general to America's Health Insurance Plans (AHIP) urging AHIP to "encourage your members to review their payment and coverage policies and revise them, as necessary and appropriate, to

encourage healthcare providers to prioritize non-opioid pain management options over opioid prescriptions for the treatment of chronic, non-cancer pain.”¹⁹ Acupuncture was explicitly mentioned. The 2016 US Health and Human Services National Pain Strategy (NPS) noted that the structure of insurance payment and coverage policies “exert powerful effects on how pain is managed,” noting that financial incentives lead consumers to “gravitate to prescription drugs over complementary or alternative treatments, creating risks for subsequent problems with opioid dependency.”²⁰

RECOMMENDATIONS:

1. The State of Ohio Medicaid program recently started covering acupuncture for migraines and low back pain. Vermont lawmakers should consider acupuncture coverage, improving access to a safe and effective pain management tool.
2. Last year BCBS of VT told the Senate Health & Welfare Committee that they were seriously considering adding an acupuncture benefit. There have not been any changes in coverage in the ensuing 10 months. Vermont lawmakers should urge our commercial insurers to voluntarily cover acupuncture treatment. Alternatively, H 282, sponsored by Rep. Grad and others, which is “on the wall” in this committee, would mandate that insurers cover acupuncture.

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