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How Passing HR 646* and Including Acupuncture and Oriental Medicine (AOM) in HR 646 Support President Obama's 8 Health Principles

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*(HR 646 covers the services of qualified acupuncturists under Medicare and FEHBP)

1. Acupuncture and Oriental medicine (AOM) can protect families' financial health.

When China faced a health care crisis in 1949 with too many people to treat, too little money, and too few doctors to provide care, the government turned to traditional Chinese medicine (TCM), now commonly referred to in the U.S. as acupuncture and Oriental medicine (AOM). The U.S. currently faces a similar crisis, with unmet health care needs, virtually no preventative care, and unaffordable, spiraling medical costs.

Today, China relies in great part on AOM for healthcare¹ which is one reason it can produce goods for export at such low prices. The World Health Organization reports that in 2006, China spent 4.5% of its gross domestic product on health care expenditures versus 15.3% in the USA.² Chinese companies, both private and state owned, are not burdened with the high cost of Western medicine. In some cases they are not burdened by the cost of covering *any* type of medicine, since 400 million Chinese have no medical insurance at all.³ What type of medicine do the 400 million uninsured seek in China? It is easy to speculate that they rely on the far more affordable, traditional Chinese medical approaches.

How can traditional Chinese herbal remedies save money for the American health care system? First, all herbs imported into the U.S. from China or elsewhere must adhere to the Food and Drug Administration's (FDA) good manufacturing practice (GMP) for food ingredients. This means herbs must be unadulterated and may not contain harmful levels of pathogens, heavy metals, undeclared pharmaceutical drugs or other illegal substances. The FDA reports that there was only one case of an adverse reaction from an herbal product in the USA⁴ in the first six months of 2008, whereas the *Journal of the American Medical Association* reported that 80,000 died from Western pharmaceuticals in 2000 alone.⁵ Thus the cost in human life and the financial cost of treating adverse iatrogenic reactions is obviously dramatically less with TCM formulae compared to treatments with Western pharmaceuticals.

One example of the dramatic cost savings available through traditional Chinese herbal remedies is with cancer care. When cancer patients undergo chemotherapy, their white blood cell counts often decline. Some are given Neulasta injections after every treatment, at a cost of \$3,000-\$7,000 per 6 mg. dose (depending on the supplier).⁶ In 2007, Amgen's sales were \$737 million for Neulasta and \$307 million for Neupogen (also produced by Amgen for building white blood cells), totaling \$1.04 billion for this one class of drug.⁷

Compare this to Chinese medicine that, for 900 years, has employed the herbal formula Shih Chuan Da Bu Tang (10 Flavor Tea), a formula in clinical use since 1080AD. Shih Chuan Da Bu Tang has been studied extensively with modern biomedical techniques and shown to build not only white but also red blood cells, preventing the patient from having to skip subsequent chemo treatments due to a low blood count. Shih Chuan Da Bu Tang costs an average of \$40 per week, is non-toxic, can be taken by children and pregnant women, and has no adverse side effects.⁸

This is one among many examples of how AOM *works effectively* and represents dramatic cost-saving potential.⁹ AOM has saved, and continues to save, money for the Chinese population, and it can also save money for Americans. Even now, AOM is saving money and protecting the health of those Americans who already use it.¹⁰ Medical costs would plummet if patients didn't need to spend \$3,000-\$7,000 per Neulasta injection (times the number of chemo sessions during their treatment). This is just one example among many.

2. AOM makes health coverage affordable.

As noted above, AOM makes primary health care more affordable because it provides treatments for many chronic and acute conditions at a fraction of the cost of allopathic treatment. A 1999 carpal tunnel syndrome (CTS) study shows the average cost to treat CTS with Western medicine in California was \$5,000 without surgery and \$21,000 with surgery, averaging \$12,000 per case.¹¹ Using laser acupuncture, the cost would have totaled approximately \$1,000 when treated by a licensed acupuncturist. This type of treatment has an 88-90% success rate for patients having mild to moderate CTS (the majority of cases). Thus the cost savings is about \$11,000 per CTS case. There were 1 million cases of CTS in 1999. If treated with laser acupuncture, **a savings of \$11 billion** for this one condition alone would have been realized. Imagine the additional savings the government and our insurance companies would recoup if AOM were also employed to treat migraines, back pain, cancer treatment side effects, and other conditions the WHO has long recognized to be effectively treated with AOM.¹²

It is noteworthy that the U.S. military has begun to recognize the cost-efficacy of acupuncture in the treatment of both post traumatic stress disorder (PTSD) and low back pain, a condition often experienced by troops who regularly have to carry 45 pound backpacks during their maneuvers. A study at one army clinic treating 132 soldiers a week reported savings of \$2,476 per week (\$128,769 per year) when compared to using pharmaceuticals for pain management.¹³

3. AOM supports the aim for universality.

According to statements by President Obama, when the costs of health care are decreased, more Americans will be able to afford health insurance coverage, and it will also cost the government less to cover its citizens under the proposed universal health care plan. Consider the following: In 2003-4, those 3.5% of Americans (10 million people) who suffer from migraines and other sorts of chronic headaches spent \$4.3 billion on health care services to treat their condition (\$566 per patient). This is an ongoing, yearly expense. Research cited by President Obama in a recent town hall meeting¹⁴ documents that acupuncture is an effective procedure for the long term mitigation of migraines and headaches.¹⁵ If each of America's 20,000 acupuncturists were to treat 500 migraine and headache sufferers a year, thus serving all 10 million patients, would they be able to do so for less than \$4.3 billion? Most likely, yes, since the total income of the acupuncture profession (which represents care for a broad spectrum of conditions) can currently be estimated at less than \$1 billion per year.¹⁶

4. AOM makes it easier to provide portability of coverage.

Inclusion of AOM into HR 646 addresses portability issues, as employees who change companies will be able to continue to access acupuncture and herbal medicine treatments without the disruption normally associated with having to change one's insurance plan that often accompanies a job change.

5. AOM more fully guarantees choice.

Allowing consumers to decide in a free and open marketplace what forms of health care services they choose would uphold a long-standing principle in American economic history—that the marketplace is the ultimate arbiter of what works in the long term and what doesn't. Currently, the majority of Americans are forced to choose from among the most expensive types of health care services in the world and have been denied the less expensive AOM alternative. Most insurance plans currently do not give patients the option to choose AOM. HR 646 redresses this inequity.

6. AOM is the proven way to invest in prevention and wellness.

AOM has been providing an uninterrupted system of prevention and wellness for over 5,000 years. Many Asian Americans, for example, have followed specific cultural traditions regarding diet, exercise, and forms of medical self-care which have made them healthier than other ethnic American groups—thus costing less to the U.S. government in terms of medical care. Medicare costs for Asian Americans are the lowest of any ethnic group in America.¹⁷ A study of Asian Americans in New York reports significantly that “only about half of elderly Asian Americans have health insurance through Medicare, in contrast with 90 percent of the elderly population at large.” Census 2000 revealed that of this group, 24% were living in poverty “versus 18% for the general elderly population.”¹⁸

Other studies reveal that the decreased use of Medicare by Asian-Americans is a national trend not just limited to New York.¹⁹ One would expect this would manifest as higher mortality rates for elderly Asian Americans; however, the converse is true. “We found that death rates for elderly Asian Americans are lower than those for whites, and that socioeconomic differences between subgroups do not translate into like differences in mortality.”²⁰

7. AOM helps to improve patient safety and quality care.

In China, physicians were traditionally acknowledged for their medical skill only when they kept their patients well. This spirit still inspires the care that licensed acupuncturists provide today in the U.S.

Over the last 30 years, the number of states legally recognizing acupuncture has grown to 44, plus the District of Columbia. However, there are still a handful of states where acupuncturists cannot practice, and there is no parity between states concerning health insurance plans. The AOM profession has been researched more than any other form of complementary and alternative medicine (CAM). “Numerous surveys show that, of all the complementary medical systems, acupuncture enjoys the most credibility in the medical community. It (acupuncture) is being acknowledged broadly by the medical profession, seen with the advent of certification licenses for medical doctors, including neurologists, anesthesiologists, and specialists in physical medicine.”²¹

The morbidity and mortality rates for acupuncture and Oriental medicine are exceptionally low. "Practitioners reported no serious adverse events and 43 significant minor adverse events, a rate of 1 per 1,000 treatments."²² Conversely, *The Journal of the American Medical Association* reported that more than 225,000 patients die from iatrogenic death (death directly caused by allopathic doctors) per year.²³

8. AOM helps maintain long-term fiscal sustainability.

Authorizing payments for acupuncture treatments for just carpal tunnel syndrome, migraines, pain among the general population, and post traumatic stress disorder (PTSD) among soldiers alone would result in considerable savings to the nation's health care system.

The arguments above collectively assert a strong budgetary and preventative healthcare rationale available to policymakers today. Acupuncture and Oriental medicine represent a vital opportunity and should be included in national healthcare reform.

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References

1. "According to the 1991 *Chinese Health Statistical Digest*, the number of Western trained doctors soared from 3,800 in 1949 to 1.1 million in 1991; and over the same period, the number of doctors practicing TCM rose from 27,600 to 362,600. The number of hospital beds provided for both systems has also risen. Hospital beds available for TCM increased from a mere 220 in 1949 to 188,200 in 1991, while those for Western medicine rose from 84,400 to 836,360. A three-tiered system - a blend of TCM, Western and integrated medicine - has emerged which offers patients better healthcare choices than any one of the systems alone." <http://www.shen-nong.com/eng/history/modern.html>
2. Source: World Health Statistics 2008, <http://www.who.int/countries/chn/en/>, <http://www.who.int/countries/usa/en/>
3. "China first started its medical service reform in 1992 to abolish a system under which governments covered more than 90 percent of expenses. However, soaring medical costs had plunged many rural and urban Chinese back into poverty. Currently, there were about 400 million people around the country without any medicare coverage, according to Ministry of Health statistics." http://www.chinadaily.com.cn/china/2008-01/08/content_6379593.htm
4. United States Government Accountability Office, GAO-09-250, 2009 Report to Congressional Requesters: *DIETARY SUPPLEMENTS, FDA Should Take Further Actions to Improve Oversight and Consumer Understanding*
5. *JAMA*. 2000; 284: 483-485
6. http://breastcancer.about.com/od/lifeduringtreatment/f/neulasta_cost.htm
7. <http://www.marketwatch.com/story/amgen-net-edges-higher-anemia-arthritis-treatments-sales-rise>
8. Zee-Cheng RK. Shi-quan-da-bu-tang (Ten Significant Tonic Decoction), SQT. A potent Chinese biological response modifier in cancer immunotherapy: potentiation, and detoxification of anticancer drugs. *Methods Find Exp Clin Pharmacol* 1992 Nov; 14(9):725-36
9. Testimony delivered to the U.S. Senate Subcommittee on Health Care Appropriations, June 24, 1993, by Dr. Harvey Kaltsas, president, AAAOM
10. *ibid.*
11. <http://www.sba.gov/advo/panel.html>
12. Naeser MA, Hahn K-A K, Lieberman BE, Branco KF. Carpal tunnel syndrome pain treated with low-level laser and microamps TENS, a controlled study. *Archives of Physical Medicine and Rehabilitation*, 2002; 83:978-988
13. Spira, A. Acupuncture a useful tool for health care in an operational medicine environment. *Mil Med*, 2008;173(7):629
14. <http://www.acupunctoretoday.com/mpacms/at/article.php?id=31983>
15. Medical Expenditure Panel Survey Agency for Healthcare Research and Quality STATISTICAL BRIEF #115 February, 2006, Health service use and expenses for migraines and other headaches, 2002-03 (average annual estimates); Vickers, AJ, et al. (2004) ; *BMJ*, 44 (8): 846-850 Title: *Acupuncture in patients with headache*. Conclusion: Acupuncture provides marked clinical improvement, approximately reducing headaches by 50%, compared with the group that did not receive acupuncture and did not have significant relief from headaches. Jena S, Witt C, Brinkhaus B, Wegscheider K.
16. In 1997, the California Department of Taxation and Revenue calculated that the average licensed California acupuncturist had a net income of \$23,000. (Source: personal correspondence between the California Department of Taxation and Revenue and Randall Barolet, LAc) Multiplying that figure by the approximately 20,000 licensed acupuncturists in the U.S. yields a net income for the acupuncture profession of \$460 million.
17. "Community variation: Disparities in health care quality between Asian and white Medicare beneficiaries," by Drs. Moy and Greenberg and Ms. Borsky, March/April 2008 *Health Affairs* 27(2), 538-549.
18. <http://www.aafny.org/proom/pr/pr20030219.asp>; February 19, 2003 Press release from the Asian American Federation referencing *Asian American Elders in New York City: A Study of Health, Social Needs, Quality of Life and Quality of Care*
19. Moy, Greenberg, Morsky, *op. cit.*
20. Lauderdale, Diane S. Kestenbaum, Bert. *Mortality Rates of Elderly Asian American Populations Based on Medicare and Social Security Data Demography* - 39(3), August 2002, 529-540
21. NCCAM 2007; NIH, 1997; Kaptchuk, 2002
22. MacPherson H. et al. [2001] The York acupuncture safety study: prospective survey of 34,000 treatments by traditional acupuncturists. *British Medical Journal*, 323 [7311]; 486
23. *JAMA*. 2000; 284: 483-485
24. Spira, A. Acupuncture: a useful tool for health care in an operational medicine environment. *Mil Med*, 2008;173(7):629
25. Hollifield M. Sinclair-Lian, Warner T, Hammershlag, R. Acupuncture for post-traumatic stress disorder: A randomized controlled pilot trial. *J Nerv Ment Dis* 2007; 195:504-13; AOM flying high with the air force. *Acupuncture Today*, 2009;10(2)