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Bill Reddy

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- Marilyn Allen: Hello, everybody, and welcome. I'm Marilyn Allen. Thank you for joining us this morning. We have a very special guest today. His name is Bill Reddy. He's a Licensed Acupuncturist. He practices in Virginia, and we're very happy, because he has served on a number of task forces for NCCAOM. He also serves on the Executive Committee of the Integrated Health Policy Consortium. He's the former President of the Acupuncture Society of Virginia. He's also the former President of AAAOM. He's very involved, both nationally and internationally, but he's going to talk to us today and chat with us about the Affordable Care Act, and maybe some other things, if we have time. Hello, Bill, and welcome.
- Bill Reddy: Hi, there, Marilyn. I did want to mention, I was Vice President of the AAAOM, so I don't want to puff up my status.
- Marilyn Allen: Oh, okay. Bill, tell us just a little bit about how you're involved with the Integrated Health Policy Consortium.
- Bill Reddy: Sure, I got involved with them about six or seven years ago, and what impressed me about them, was that they were for the first time in the history of the United States, we were able to get all of the complementary and alternative medical professions in the same room agreeing on their policy priorities. That's very valuable, with at the IHPC, the Integrated Health Policy Consortium, represents over 600,000 practitioners across the nation. We represent acupuncturists, and chiropractors, massage therapists, naturopaths, homeopaths, Certified Professional Midwives, Holistic MDs, Holistic Nurses, and nutritionists. We have a broad spectrum that we represent, and I think, and our whole goal is to remove the barriers to health, and it's that simple, and we're looking to have an integrative health ... An integrative health-
- Marilyn Allen: [inaudible 00:02:16] and any other word. People were talking together and networking with each other.
- Bill Reddy: Well, that's part of it. I'm looking that we should have integrative healthcare in America.
- Marilyn Allen: Absolutely, because ultimately, it will benefit all of the patients.
- Bill Reddy: Yes.

Marilyn Allen: Thank you, thank you. Let's talk a little bit about what you think, how does the Affordable Care Act currently impact the profession of acupuncture in the United States?

Bill Reddy: Okay, so if everything stayed the same at this point, there's a couple things that I can see [inaudible 00:02:52] in seven sections of the Affordable Care Act, as far as the language and influencing these sections. I'm not going to talk about all of them, because I don't want to bore the people that are watching right now, but I do want to talk about the critical aspects. One of which is Section 5101. That's the definition of the Healthcare Workforce. Originally, it was MDs, DOs, and Allied Health Professionals. An allied health professional would be an EMT, or a Psychologist, nurses would be considered allied health professionals. We changed it to all licensed healthcare professionals. With that minor change, it means that we're at the table, in theory, that now acupuncturists can, in fact, be part of the healthcare workforce in America.

The second one is called PCORI. It stands for the Patient-Centered Outcomes Research Institute. What's so powerful about this group, is that instead of looking at does acupuncture work? Instead, it's talking about what the, how we are comparatively to other modalities. In other words, they do comparative effectiveness research, and that's really powerful, because now instead, it's just how can acupuncture work for low back pain, compared to muscle relaxants and anti-inflammatory drugs, and we will excel, and we're going to really be bright. The third one that's really big is called 2706, and that's the Non-Discrimination Provision of the Affordable Care Act. Before the Affordable Care Act came into play in the spring of 2010, I was discriminated against in Virginia. The reason is that if you're an MD doing acupuncture, insurance companies will cover you, but if you are an acupuncturist doing acupuncture, you don't get covered. That's what the Non-Discrimination Bill was about, is about how you cannot discriminate against a practitioner based on the letters after their name, so as long as it's within your scope of practice, the insurance companies are required to cover your services.

Now the tricky part and I should mention this, which is a little harsh, is an MD will get paid \$250 a treatment, and we'll get paid \$15, or \$35 or whatever, so we won't get the parity, but at least we are no longer discriminated against.

Marilyn Allen: Now is this true in every state, that it's not discriminated against, or just certain states that perhaps have been deemed as EHB?

Bill Reddy: That's great, and for the listening audience, EHB is the Essential Health Benefit, and this is a federal legislation, so it affects all 50 states. However, it doesn't mean that it's being enforced and that was something IHPC was involved with, was actually making sure that it is properly enforced.

Marilyn Allen: The consortium that you work with is actually somewhat representing us in Washington, D.C.?

Bill Reddy: We absolutely are and we're working with the Health and Human Services Groups across the nation to make them aware that it exists. They're so busy, they were so buried when the Affordable Care Act first came into play, that they really kind of ignored us, but when they found out that it is mandated, then they started kind of leaning on the insurance company.

Marilyn Allen: Oh, this sounds like good news for the acupuncture profession. Let's talk just a little bit about, there's a lot of rumors talking about repealing the Affordable Care Act. What are the implications if they totally repealed the Act?

Bill Reddy: Okay, so if they just gave it the boot and threw it out, and there's a bunch of pundits that have varying opinions on this. Some say that realistically, it can't be removed in its entirety for two years. That it would take that long to shift it over. There are some folks, and of course President-Elect Trump is saying, that he wants it out within three to four weeks, so he's being either very optimistic or ... I'm searching for another word, but I'm trying to be politically correct here. If it does get the complete boot, then Tom Price whose an Orthopedic Surgeon from Atlanta is going to be placed in HHS directorship. In which case he has a 242 page proposal that would replace the Affordable Care Act.

It has a couple things as far as HSAs, expansion of that, but also, fixed tax credits based on age. Therefore, if you are young between 18 and 35, you get about \$1,200 of tax credit, which isn't much, depending on how much you're paying in premiums per month. Up to \$3,000 if you're 51 or older. Also his plan does include preexisting conditions and chronic illness, and you can't be debited for that in insurance plans. He also, the health insurers that are licensed in one state can also offer plans in other states, so there's this cross-state lines effort that he believes will increase competition and decrease the cost.

Now good news is that it has HSA expansion, so the Health Savings Accounts could, in fact, free up some money, because right now if you think about it, if you are part of the Affordable Care Act, if you have Obamacare, then that's a lot of money every month that you're spending. If you're not spending that much, then what we would have the additional money for, savings accounts that can be used for acupuncturists.

Marilyn Allen: Oh, very interesting. What does President-Elect Trump have in mind, do you think, for replacement or addition to Obamacare?

Bill Reddy: He's spoken, okay. He's said a number of things. He mentioned something about, in one of his speeches, about patient-centered care, which is good, and he also had mentioned a number of times about a complete repeal, although what the pundits are suggesting is that instead of a complete repeal, you can have a budget reconciliation process, and this would basically mean that there's sections that are held and sections that are released. For instance, it would permit the elimination of Medicaid expansion. The Federal Financial Assistance Marketplace coverage, think what else. The individual and employer mandates, which are currently in place. So it would wipe that out, but they would hold

onto is the prohibition on preexisting conditions and essential health benefit requirements, which would be helpful.

Right now, I think it's six states that acupuncture is the essential health benefit. However, if you speak to someone in Maryland, for instance, that has an essential health benefit is acupuncture, they'll tell you that the Benchmark Plan, which is Blue Cross, Blue Shield, they only cover low back pain and nausea due to chemotherapy. Due to that limitation, the insurance coverage isn't as impressive as we thought. We thought that it was a big victory and it's less so.

Marilyn Allen: Would you, in your opinion, would you encourage other states to try and get into essential health benefits and what is that process?

Bill Reddy: It requires a lot of lobbying, and so California, their legislators are already open to acupuncture, because a lot of the legislators go to acupuncturists, and because of that, it was a pretty soft sell in that state. In Virginia, which is more of a Commonwealth, the chances are kind of slim, because it's not based on science. We already have a strong base. It really is political.

Marilyn Allen: Okay, so that means we have to become more political through our associations.

Bill Reddy: Yes, every bit counts, and being connected to your legislators is critical.

Marilyn Allen: Okay. All right, so what are some of your feelings about the future of acupuncture, and Oriental medicine, or traditional medicine in America? Where is this profession and where do you think we need to be going?

Bill Reddy: Well, I think part has to do with legislation, and when we have all 50 states legislated to be licensed as acupuncturists, that that's a step in the right direction. I think it will get there eventually. I also feel that we're really making some expansion in hospitals. I think that the hospital-based practice is big and it's upcoming. If you look at the top five hospitals in the country, based on I think it was the USA Today Report, all five of them have acupuncture in their hospitals, so it's very, very positive. The negative part is that they're usually in outpatient clinics, so we're not exactly integrated in their hospitals.

Let's take Johns Hopkins, for instance. I think there are two or maybe three acupuncturists there. One is in a GI setting and I believe that one is in an oncology setting. The good news is, I think we're moving in that direction. Clearly in Europe, the European Union, even though they have a varying requirements, varying legislation related to acupuncture practice, there's quite a few hospitals that use us. I think that we can eventually get there.

Marilyn Allen: Okay, you have mentioned about the hospitals that do have acupuncture in them. What do you see as the way for acupuncturists to get into a hospital? Is

there any magic formula? In your opinion, what are some things that they need to do? How do they need to prepare themselves to work in a hospital setting?

Bill Reddy:

Those are good questions, and the NCCAOM is, had developed a ... They developed a hospital-based practice guideline that's used for acupuncturists, and it allows them to understand the process that hospitals go through in order to allow them to practice. Then the next step is a guideline that's going towards hospital administrators, and that's still in the works, and I think it's the consortium, which is the Academic Consortium of Alternative Healthcare, that is working on the second part of that, and when that goes out, that will go to hospitals, which will also open doors. There are quite a few hospitals that are very, very interested in having acupuncturists practice there, but they don't know what steps they need to take in order to do that.

For those acupuncturists that are interested in a hospital-based practice, they need to look at the hospital-based practice guideline that the NCCAOM developed, and that tells them the steps that they need to take in order to have that privilege, because there's Hospital Privileging, and that's the term that's used. There isn't any additional training required at this time and there's discussion back and forth about having a certification in order to practice. Some of the concerns are not about clean needle technique, but what about cupping, and how to make sure that the cups are absolutely sterile for the next patient? Some of these things have not really been discussed in our schools and therefore, we don't know where to go with it when we're practicing in a hospital environment. Also, the electronic health records are something that very few acupuncturists are aware of or know how to deal with.

Marilyn Allen:

I would agree with you on the electronic healthcare records. I think one of the questions that an acupuncturist needs to ask a hospital is, "What system do you have and is there training for me?" I think we also need to be able to look at the fact that we need to begin at the encounter and end at the encounter, so we know that we've incorporated everything that happened within the encounter. In the malpractice arena, we find that the notes or the documentation are the actual defense, so talk a little bit about maybe how we could improve our documentation? Just because I'm sure you've seen documentation. You take documentation. Is that something that the profession needs to start looking at?

Bill Reddy:

Well, again, it really comes down to what the hospital administrators are looking for, and of course, the big thing is lawsuits. They're trying to avoid lawsuits at all costs, and that's something that they're formulating, and so as far as I know, they're going to get hospital administrators involved in this next round for the guidelines, and in that way, because they're involved when the final document is complete, they'll be onboard with it, and I think that that could really expand our profession. There are quite a few acupuncturists I know who would prefer not to work in a hospital environment, but for those who do, at least they have the opportunity.

Marilyn Allen: Right, it opens up the doors and it opens it also to many new patients. All right. Let's chat a little bit about the opioid epidemic. What is our government doing to address this issue, and how can the acupuncturists begin to integrate into that whole discussion?

Bill Reddy: Okay, so IHPC is involved and we actually have an opioid task force, that we're looking at these things. I'm the Chair of the Federal Policy Committee, and even though it is federal, I am working closely with West Virginia, the Attorney General's Office, and what we were able to work towards is that they have a five, not really five tier, but they have five non-pharmacologic approaches to opioids, or for chronic pain, that would include acupuncture, chiropractic, massage therapy, physical therapy, and occupational therapy. Those are the five ways they're looking to deal with this. As far as the federal level goes, there was the recent act that was now law, which is the 21st Century Cures Act.

In that Act, which is really an appropriation of funds for NIH, it also included \$1 billion towards the states to deal with the opioid epidemic. Now what I'm doing, I recently wrote an article that I'm trying to get into The New York Times, about how acupuncture is an amazing thing for opioid, the problem of opioids in the United States, and show a lot of science that demonstrates that it is much better both in chronic and acute care, than opioids.

Marilyn Allen: That's wonderful to hear. Is there anything that the profession can do to help to move this forward? Who would they talk to in their own state, for example?

Bill Reddy: Okay. I was dealing with the Attorney General's Office, but I'm not too sure that the reason why they did not decide to do any kind of legislation is because then there can be a lot of resistance. Right now instead what they're working with is more about education. They're educating the physicians and they're educating the public that opioids are not the exact answer. Apparently one out of every four people in West Virginia are addicted to an opioid, which is a huge number, and of course, there's 18,000 per year that are dying in the United States from opioid addiction. It certainly is a big problem, and the solution, like I said, the ASA, which is the American Society of Acupuncturists, is a good resource, because they responded to a number ... Okay.

Let me back up a little bit. So the CDC developed guidelines for the use of opioids. This came out in February of this past year, in 2016. They sent out a draft, and the ASA responded, as well as IHPC and made comments, and also AAPM, which was originally the American Academy of Pain Management, and now they're called the Academy of Integrative Pain Management. What we saw was that they really, they did focus on non-pharmacological approaches, and they actually called out acupuncture in chiropractic care, and they went on and then when it was finally out of the draft and into the final form, that was stripped out of the guideline, which was rather disappointing, but so my point is that ASA is very much involved in the opioid situation and doing what they can.

Marilyn Allen: It would probably be important if someone in the acupuncture profession is interested in this, that they would contact their own state association, can they get a copy of the, is there an opinion paper that ASA wrote, and would it be a good idea for almost every acupuncturist to have a copy of that to look at it?

Bill Reddy: Absolutely, and I'm not too sure where they archive their information, but if you go to ihpc.org, you can find that information of what our response to the guidelines were.

Marilyn Allen: Okay, say your address again, so that we can write it down, please.

Bill Reddy: Sure. It's ihpc.org.

Marilyn Allen: Anybody can login to that and find out and pull the information down?

Bill Reddy: That's correct.

Marilyn Allen: If we begin to educate each one of our patients, because they usually contact their friends, it would certainly make a difference in being able to move this forward. Is there anything else that you would like to tell us about what you're involved in, or things that are going on? Whether it's nationally or internationally, but it sounds to me like you've been quite busy. Thank you for your time.

Bill Reddy: Oh, no problem. I feel like, I felt when I first started acupuncture, that we were on the crest of the wave, and I think it's building and building. I think that we really do have a positive future in America, and I think that things will work out well. I know there's a lot of concern about what's going on with President-Elect Trump and what he's doing, and all we can do is watch and wait at this point, but IHPC is evaluating from the worst case scenario of complete repeal to partial repeal, and how we're going to deal with it.

Marilyn Allen: Acupuncturists have a seat at that table, so that we do have input. Are you the one, who if we have any information or any thoughts, we can contact you?

Bill Reddy: Absolutely, but I'm not the actual acupuncture representative on IHPC. That would be Dr. Kory M. Ward-Cook. She is on the Board and represents NCCAOM, so she is our primary acupuncturist that, even though she's not an acupuncturist, she represents the profession.

Marilyn Allen: If we had a thought about it or something, we could contact Dr. Ward-Cook through NCCAOM?

Bill Reddy: Oh, absolutely.

Marilyn Allen: I would encourage acupuncturists to do that. Is there anything else you'd like to tell us about what's going on?

Bill Reddy: No, that's about it.

Marilyn Allen: Well, thank you very much. I've learned some things this morning, but I also know that it's important for acupuncturists to become involved in their state associations, because it takes membership. One of the first things they always say to you when you go to do a Bill or something is, "How many people do you represent?" We just need numbers, as well as we need contributions, but thank you, Bill, very much. I think it was very informative, and if they have questions, they can write in, they can ask us questions, but go to NCCAOM, give them your opinion and your ideas. At the American Acupuncture Council, we're working very hard to look at the kind of limits that you need to work in hospitals. Sometimes hospitals require higher limits, and we're working on higher limits.

Plus, we're also working with people on their documentation, because documentation is a big issue in hospitals. Other providers read it, so start looking at your own documentation, and see if it does meet the standards. Begin at the beginning of the encounter, and then close at the end of the encounter, because that is your defense, as well as the information shared with other medical providers. Thank you for joining us. I hope that you found this very informational and I look forward to seeing you and talking with you again next month. Hope you have a great month and happy New Year.