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January 24, 2020

Dear Acupuncturists, Scientists, Physicians, Payers, Patients, and Supporters of Traditional East Asian Medicine:

Three days ago on January 21<sup>st</sup> the Centers for Medicare and Medicaid Services (CMS) announced that they would cover acupuncture for low back pain for up to 20 sessions over 12 months. This is truly a historic moment for the field of acupuncture, wherein a mainstream medical payer is agreeing to support this form of therapy. Indeed not only physicians but also allied auxiliary personnel, including licensed acupuncturists, will be able to receive payment for acupuncture services.

The Society for Acupuncture Research (SAR) was involved, in part, in this decision-making process. Early last year, our board crafted a statement highlighting the best basic and clinical research findings that support the use of acupuncture for the treatment of low back pain. Our document, along with statements from other supporting organizations, were submitted to CMS with the hopes of educating policy makers about the many advances made in acupuncture research over the last three decades. Indeed, some of this evidence has been highlighted at SAR research conferences.

CMS acknowledged that various physiologic effects have been observed with acupuncture treatment. They state:

1. "It is thought that the immediate analgesic effects of acupuncture may be dependent on neural (nerve) innervation."
2. "Acupuncture has also been shown to induce the release of endogenous opioids in various parts of the brain."
3. "Local tissue effects including release of adenosine at the site of needle stimulation have also been observed as have increases in local blood flow."

These mechanistic outcomes are described in conjunction with the multiple randomized controlled trials showing clinical efficacy of acupuncture over sham/placebo treatment for chronic low back pain. We feel that this important data, along with the safety data showing that this type of therapy is well tolerated, may have helped shape the CMS decision process. Greater usage of non-pharmacologic therapies like acupuncture in conjunction with conventional pharmaceutical approaches may be helpful in chronic pain treatment and management. This decision by CMS is particularly relevant for the United States as our population is aging where chronic pain is more prevalent.

We at SAR are very pleased with the CMS interpretation of the research underlying acupuncture's effects. Refreshingly, their document largely lacked the typical dogma of acupuncture being a "glorified placebo," a viewpoint that is clearly not supported by the evidence base.

Acupuncture research has now reached a critical mass, and it is time to disseminate research findings of this therapy to increase its implementation and availability. This may now occur more readily with the CMS decision to support this therapy for chronic low back pain. While basic science research into acupuncture is now more than ever needed, implementation and dissemination science, a major theme of our impactful 2019 conference in Burlington Vermont, and will continue to be a focus of our future conferences.

We at SAR applaud those in CMS for dispassionately considering the wealth of research-based evidence supporting acupuncture effects and taking this historic step to cover acupuncture. We will continue to broaden the frontiers of East Asian Medical research, by providing both impactful meetings and research tools to support the rigorous investigation of acupuncture. We hope you will continue to support our Mission in these efforts.

With kind regards,

Richard E. Harris and Jun Mao  
Co-Presidents of the Society for Acupuncture Research