



Legislative Activity Report and Meeting Updates April 8 – July 13, 2009

Note: This chronology is organized by date. Dated dates are referenced in **RED**.

April 8, 2009 Meetings (on Capitol Hill)

As part of our strategy to see HR 646 passed in the 111th Congress, we conducted a **block of meetings with key Congressional staff**.

Below is a synopsis of the conversations that took place.

**Dana
Thomas** **Congresswoman Jan Schakowsky**

D-IL 9th

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As an **existing cosponsor of the bill**, we wanted to connect with the staff and (1 notified them of our current role representing AAAOM and 2 gain their advice and buy in on moving the bill forward).

Dana stressed that we need to get in soon to the Energy and Commerce staff and focus on how AOM and this bill should be included in a comprehensive health reform package.

She also suggested that Sam contact Leslie in the district

**Erika
Conway**

Congressman Maurice Hinchey

D-NY 22nd

Poughkeepsie/Newburgh/

Binghamton/Ithaca

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office to facilitate Claudette Baker meeting with the Congresswoman while she is in the district (health fair).

She also mentioned that we have a friend in Sen. Snow's office.

Erika was thrilled to learn that this bill was going to have a professional Washington team working for its passage. She mentioned how it had not gone forward in large part because there were so many groups, but no one leading the charge here.

She reiterated the Congressman's support for acupuncture and mentioned that she is trying to get up to speed on the issue since she is new to the topic.

She was happy to hear that we were going to see Senators Harkin and Hatch and also suggested Senator Mikulski (who was already on our list to approach about being a senate sponsor).

She stressed that we need to generate interest by the members by **getting lots of constituent letters in to**

offices. (both practitioners and patients).

**Alisia
Essig**

Congressman Jason Chaffetz

R-UT 3rd

West Valley City/Orem/Provo/Richfield

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We had a great discussion about football and health. Alisia didn't know much about acupuncture but was thrilled to learn more and promised to bring this bill to Cong. Chaffetz's attention.

She felt that **if Senator Hatch sponsors the Senate bill that it will almost guarantee Cong. Chaffetz's endorsement.**

**Danielle
Grote**

Congressman Elijah Cummings

D-MD 7th

**Baltimore/Woodlawn/Catonsville/Ellicott
City/Columbia**

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She was not very familiar with the topic, but was pleased to learn that Cong. Cummings had been exposed to the issue during our Government Reform hearings. She was **particularly interested in drug addiction treatment** (which is a big deal in Baltimore) and the **cost savings/public health opportunities**. She mentioned talking to the workforce subcommittee staff, Steven Lynch, which we agreed to do.

She also mentioned that it would be good if Brian Berman, et al from the U MD Center and Charlotte Kerr, et al from Tai Sophia reached back out to him and talked about the good stuff that has happened in Baltimore.

Danielle wondered if CBO had scored the bill yet. We

agreed to follow up with Erika and find out if this had been discussed.

**Casey
Brink**

Congressman John Mica

R-FL 7th

**St. Augustine/Palm Coast/Ormond
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Land/Deltona/Altamonte Springs/Casselberry**

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Casey is new to the topic, but did know that the military has been using acupuncture. He was pleased to hear that Cong. Mica had already had some exposure through Government Reform hearings and knew that he would find the benefits to seniors of great interest.

Cost savings was discussed and of great interest.

**Vrunda
Rathod**

Congresswoman Diane Watson

D-CA 33rd

**Culver City/Ladera Heights/View
Park/Windsor Hills/Unincorporated LA
county**

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Vrunda had been called to a meeting at the request of Cong. Watson and thus was not able to have the meeting. Both of us have active relationships in this office and had a great discussion with Tony (who was having a terrible Gout flair up in his hand.) We walked him and the scheduler (who Sam knows well) through the bill.

We left the folder with Tony to give to Vrunda (who is the brand new health LA). I had an email from her this morning again apologizing and confirming she had the folder to review.

Ericka Orloff

Congressman Bart Stupak

D-MI 1st

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Ericka had just returned to a staff trip to Taiwan and had personally experienced Oriental medicine and an acupuncture treatment for a sinus headache. She was very supportive and while she did not think that there were many acupuncturists in Cong. Stupak's district, she promised to talk to him about the bill.

Ray Thorn **Congressman Chris Van Hollen**

D-MD 8th

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Ray was ill unexpectedly, so Ken Cummings took his meeting. Ken talked about his views on how to get the bill to move. **He suggested that we meet with all three of the Chairmen of the Committees of jurisdiction (Energy and Commerce, Ways and Means and Government Reform) and then to have members of the Committees who are champions for the bill to ask that it move or that a vehicle to move it be located.** We asked that Ray upon his return work to have Cong. Van Hollen be one of those champions since he is the champion for federal employees.

Jeni Healy **Congressman Sam Johnson**

We had a very good meeting

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with Jeni, in which we walked through the cost savings issues as well as the bigger discussion of options and choices in health. **She promised to bring the bill to Cong. Johnson's attention.**

May 4, 2009

Memo from AAAOM Congressional meetings.

*We had seven Congressional staff meetings this week, with a focus this week on the Republicans who serve on the Committee's of jurisdiction. **Many conservative Republicans do not favor mandates of any kind in insurance program and we have to overcome their concerns provide answers to their questions to gain bipartisan support.***

- **David Mork of Cong. Roskam's office.** David is the Legislative Director and noted that he is a 'place holder' for the new Health Legislative Assistant that has been hired, but not yet in the office. We are to contact Kevin the new staffer in two weeks. (Kevin is coming over from the Ways and Means staff). David admitted to having no real knowledge. He stressed the need for them to have constituents identified (Claudette may also be a key contact point for the office since she is in the area.) We talked a lot about cost savings which interested David and while he stated he didn't know much, he liked what he heard.

- **Cara in Cong. Blackburn's office.** Cara and Sam have a strong working relationship already and this was a great very friendly meeting. **She specifically wanted to know if the DOD at Ft. Campbell was using acupuncture since about 80% of Ft. Campbell is in their district.** We had a good dialogue that Cara brought up about the

importance of wellness being a part of the education system (Cong. Blackburn believes that Home Economics classes should return to schools so that kids can learn how to plan, budget and cook nutritious meals and learn about wellness along the way.) Cara mentioned having broken her ankle and wondered about whether acupuncture would have helped that. **The importance of constituent interest/connections** was again brought up by staff.

- **JP Paluskiewicz in Cong. Burgess's office.** JP did not have any real background. He wanted to know how big a deal this was for the member's constituents. He had a very flat affect. Didn't seem really interested. Had specific technical questions about whether the language on Medicare was Part B. (we need to insert actual bill in packet.)

- **Monica Volante in Cong. Pitts office.** She mentioned that Cong. Pitts loves Dan Burton. Talked a lot about HSAs and Cong. Deal. Also was interested in Cong. Pallone's position. Talked about the Values Action activity of Cong. Pitts. Sam is to talk directly to Pitts.

- **Tessie Abraham of Cong. Terry's office.** Sam opened the meeting talking about all the times he is on the plane with Cong. Terry (who has signed footballs and pictures of his family all over the office). His wife's name is also Robin and he and Sam are good friends. Cong. Terry is not one to typically support Mandates, so **we need to provide more information about cost savings and get feedback from the insurance companies that already cover acupuncture.** She said that it made sense for Medicare. Tessie also mentioned that her family originally comes from India and that part of her family focus on Ayurveda. She told a story of an uncle who helped another uncle with a medical condition while in India by following the teachings and using herbs. She will be a great staffer to develop the relationship with.

- **Mary Valentino O'Keefe in Congressman Burton's office.** This was a great meeting as even **Mark Walker the Chief of Staff** stopped in to talk and to be supportive. We talked about cost savings and insurance issues. Her one valid point (knowing how supportive Cong. Burton is of CAM, while also be a no-mandates member) was, if we support this will massage therapists be next in line to get added to Medicare. She noted a recent issue with personal athletic trainers wanted to be covered because they apparently somewhere in Indiana fill the gaps in services for PTs.

- **Paul Edatell, Cong. Shadegg's office.** This was a great meeting. Paul and Sam as it turned out have many common friends in the ALEC world and spent some time focusing on mutual connections. (Which builds the foundation for a great relationship). They also talked about their mutual love of Jack Kemp - who passed away the next day. **Arizona is home to one of the major NIH-funded CAM university centers and Medicare is a big deal since there are so many retirees in Arizona.** The issue of mandates came up again.

Follow-Up:

- **We need to find out about Ft. Campbell.**
- **We need to identify constituents for each office.**
- **We will send follow up email this week.**

We need to **identify and reach out to insurance companies who provide acupuncture to find out the actual increase in costs (and cost savings).** I have a former Burton staffer who is at BCBS so I'll call him. **However, if AAAOM has any actuarial data or other data on actual costs that would be helpful. We might also reach out to American Specialty Health Plans.**

All in all the meetings were very positive. Each office wants to be kept in the loop and Cong. Hinchey's office is thrilled to have a team in Washington working on this bill. We need to **(1) focus on getting a Senate bill, (2) get in with the Committee Chairs and staff so we can position this bill to either move along as a standalone bill or be included or folded into the health reform package.**

We need to **get constituent letters into all offices in the House and Senate** and ask for support of this bill. Having personal stories included on how acupuncture helped a specific medical condition, saved money, etc. will be good.

June 8, 2009 Update

- **NFWL's CEO** joins us for several meetings. Staff learned that they had state legislators supporting a piece of legislation.
- At each meeting we cover **the cost savings potential**, the significant body of **research**, the **value added** to a community for Oriental Medical doctors provide with 26,000 more primary care doctors available, personal stories, and talk about how this is what patients want.
- At each meeting we are told that **constituent communication is vital.** We need both practitioners and patients to be sending letters, faxes and making phone calls. As the health care reform discussion is heating up, making sure we get a dozen or more phone calls to every Senator's office who serves on Finance and HELP can ramp up the interest of staff and the member by showing their constituents really care about this.

- **Senator Blanche Lincoln: Ashley Ridlon, the Health LA for Lincoln asked that Mark Chaney take the meeting.** Robin and Sam were in the meeting and had Beth on speakerphone. Mark wanted to know how available acupuncture was in rural Arkansas. Beth was able to pull up online the state's acupuncture board and share with him the various locations around the state that acupuncturist were practicing. She discussed NFWL members in Arkansas and how acupuncture will save money in health care reform.
- **Senator John Cornyn:** We met with **Emily Dillard**. She mentioned that for tactical reasons Senator Cornyn is not cosponsoring legislation at this time, but that he likely would support behind the scenes the bill. She was very interested in the cost savings potential. She talked about a study done by an employer whose employees used Health Savings Accounts. In order to insure that their employers knew what to expect and to encourage colonoscopies, they researched all the doctors in a region and found that the price varied from \$600 to 7000.
- We discussed how acupuncture and Oriental medicine should be included in the health care reform activities.
- **Senator Pat Roberts: Kate Anderson** wanted to know where Senator Harkin stood on the bill. She was very interested in how insurance companies are covering acupuncture. The natural question that wasn't asked, but we need to know the answer to is if Oriental medical doctors are covered. She also stated that the Senator's main concern is improving rural health care. Kate mentioned that she was 'with us'.
- **Senator Ron Wyden:** We met with Grant on behalf of **Eva Dugoff, the Health LA**. He talked about how the 'public' plan that may be offered in health care reform would be patterned after what is available to members of Congress. He did not know much about acupuncture but seemed very interested. He did know there is a great constituent interest.

Legislation of Potential Interest

In addition to HR 646, there will be **other pieces of legislation** that are introduced that may be of interest to AAAOM. From time to time, we will bring these to your attention.

- **S1001 the Health Promotion FIRST Act** was introduced in late May by Senators Lugar and Bingaman and bears looking at by AAAOM and the community. The goal of this bill is to provide for increased research, coordination, and expansion of health promotion programs through DHHS (NIH). Given the focus that integrative and Oriental medicine places on health promotion, this legislation if passed may be an important opportunity to fulfilling one of the WHCCAMP recommendations on health promotion. (White House Committee on Complementary and Alternative Medicine Policy)
- **HR 1927, Assuring and Improving Cancer Treatment Education and Cancer Symptom Management Act of 2009** was introduced by Rep. Israel and Tiberi and has

19 cosponsors. It includes a reference to alternative medicine in symptom management.

- **HR 745 The Pancreatic Cancer Research and Education Act** introduced by Rep. Eschoo and four other members provides for a pancreatic cancer initiative was introduced in January and includes NCCAM. There are 149 cosponsors at present so this bill bears watching. Given the history of the poor management by NCI and NCCAM of the pancreatic enzyme study, this will be an important issue to follow. (NCCAM and NCI stood silent when research irregularities were reported during the study - reported by the doctor who conducted the alternative (enzyme) approach, eventually, the Columbia Principal investigator was found to have violated human subject regulations and the other irregularities in his management of the study. What has resulted is the first ever head to head evaluation of an alternative cancer approach and a conventional approach has ended with no viable data, except that the two longest surviving patients in the study were Gonzalez patients who most stringently followed the protocol.)

June 17, 2009

HHS issues press release- Sebelius Discusses Health Reform With Democratic Leadership Council

http://www.businesswire.com/portal/site/home/permalink/?ndmViewId=news_view&newsId=20090617005852&newsLang=en

Sebelius' remarks:

“Today, health care costs consume **18 percent of our GDP**. If we continue on our same path, health care costs will consume 34 percent of our GDP by the year 2040 and the number of uninsured Americans will rise from 46 million to 72 million. The status quo is unsustainable and unacceptable.

The high cost of care is hurting all of us - whether you have insurance or not. A new study from Families USA found that insured families pay a **hidden health tax of more than \$1,000 every year**. The hidden tax is the amount businesses and families with insurance have to pay to help cover the cost of treating uninsured Americans.

Small businesses and their employees are dropping coverage. Fifteen years ago, 61 percent of small businesses offered insurance to their employees. Today, only 38 percent offer insurance.

Health insurance premiums for families who are covered through a job at a small business increased 85 percent since 2000 and more small businesses are thinking about dropping health insurance benefits.

And 46 million Americans are uninsured and millions more have insurance, but it doesn't pay for the care they need.

These statistics are more than just numbers on a page. They tell the story of a system that is denying Americans the care, the quality and choices they deserve.

Every day in America, families are forced to choose a different doctor because their health plan was changed because their employer can no longer afford the old plan.

Every day in America, families see their health plan benefits erode because they can't keep up with higher premiums, co-pays and deductibles.

Every day in America, people decide to skip a doctor's visit and the medication and treatment that they know they need because they can't afford the payment.

Every day in America, families are confronted with losing their health insurance all together because their employer can no longer afford to offer any health insurance benefits.

We pay more and have poorer health results than any other country. Doing nothing is no longer an option. The American people are calling for reform and we will deliver.

Today, committees in the House and Senate are working aggressively on reform legislation. There has been unprecedented cooperation and consultation. Insurers, hospitals, doctors, patients, business groups and labor have all been at the table. We know that reform, done properly will benefit all Americans. And we want to ensure all parties continue to work together, because everyone has something to gain.

Now I know that it in Washington, it is easy to be distracted by the daily back and forth. There will be no shortage of rumors and status reports and pundits willing to declare victory or defeat at a moment's notice.

But the President and his team will not be distracted by the chatter. Instead, we will focus on delivering reform that reduces costs for families, businesses and government; protects people's choice of doctors, hospitals and health plans; and assures affordable, quality health care for all Americans.

And we will be guided by one basic principle: fix what's broken and build on what works.

We know that health care costs are out of control. Health care costs doubled from 1996 to 2006. If this rapid health cost growth persists, the Congressional Budget Office estimates that by 2025, 25 per cent of our economic output will be tied up in the health system. So reform must reduce the long-term growth of health care costs.

Today, the high cost of care is crippling businesses, who are struggling to provide care to their employees and stay competitive. It is driving budget deficits and weakening our economy. And as the President has said, you can't fix the economy without fixing health care.

It is time for reform that gets costs under control.

And we know that higher quality, lower cost care is available, to some Americans in some parts of the country. The President likes to talk about the New Yorker article comparing McAllen, Texas to El Paso, Texas, but this is NOT an isolated case. We are rationing quality in many parts of the country, and need to use the payment system and transparency to drive quality care in every location.

We need to expedite the adoption and use of critical health information technology. Our country is the home of incredible innovations that have changed the way we do business. But too many doctors and hospitals still rely on pen and paper. It isn't efficient, it drives costs up and it allows for too many medical errors. It's time for doctor's offices and hospitals to enter the 21st century.

And it is time for reform that makes investments in prevention and wellness. We know that it is cheaper to prevent a disease than treat a disease and we know that prevention initiatives can help Americans lead longer, happier, healthier lives. We can control costs and save lives if we work to keep more Americans out of the hospital in the first place.

We can do all of this without saddling our children with new debt.

The President is committed to reforms that will fix the status quo without adding to the deficit. He has made tough decisions and put proposals on the table that will help strengthen our health system and finance critical reforms.

The President's 2010 budget identified \$635 billion in savings and revenue to dedicate to health reform over the next ten years. The savings are common sense practices, taking what we know works in the Medicare and Medicaid programs, and rewarding health systems for driving quality care. They will help reduce overpayments to health plans and drug companies while encouraging strategies to lower hospital readmissions.

A few days ago, the President announced new reforms that will generate an additional \$313 billion for health reform and help move us closer to a health system that puts quality before quantity.

These proposals will not reduce Medicare benefits. Seniors will still receive the benefits they enjoy today. But they will they will ensure that the Medicare program is financially stronger for the 45 million seniors and individuals with disabilities it currently serves and for future generations.

The President's new proposals will reduce the costs of prescription drugs and strengthen the Medicare prescription drug program. We will ask the prescription drug companies to pay their fair share so that everyone's costs will decrease.

We will provide stronger incentives for hospitals and physicians to work together and truly coordinate the care they provide.

And the President's proposals will help put a stop to wasteful spending and to rampant fraud and abuse. At a time when 46 million Americans are uninsured, when more and more individuals are counting on Medicare and Medicaid, and all of us are being asked to pay more for their health care, we should have zero tolerance for waste and those who try to cheat the system.

Combined with the President's budget, this complete package of proposals will help support the health reform we so desperately need and extend the solvency of Medicare's Hospital Insurance Trust Fund by seven years.

And to be clear, over two-thirds of the revenue proposed to fund expanded access to all Americans is already in the medical system, too often paying for strategies which don't work, or overpaying for medicines and equipment.

We know that there are a number of options for funding health reform. Members of Congress, stakeholders, and I suspect, many people in this room have good ideas about how we can finance this critical work.

In the days ahead, we will work with Congress and address other proposals for funding health reform. We are open to good ideas.

But we are not open to deficit spending. Health reform will be paid for and it will be deficit neutral over ten years.

Health reform will also protect patient choice. Our reforms will not force the millions of Americans who like the health care they have now to make any changes. But it will give millions of Americans the choices they don't have today.

In today's market, many Americans cannot choose an affordable insurance plan. Only 33 percent of rural workers are given a choice in health plans through their work, compared with 43 percent of urban workers. In states like my home state of Kansas, one insurance company has a monopoly in much of the state.

We believe reform must create an insurance exchange - a marketplace - that will give Americans the opportunity to compare benefits and prices and choose the plan that works for them. This new marketplace uses market strategies: competition, rather than regulation, to cut health care costs.

And when the American people are shopping for insurance in this new marketplace, they deserve the chance to choose a public health insurance option. A public option is an essential component if we want to create the kind of competition that will bring premiums down and make care affordable. It will keep insurance companies honest and help cut waste out of the system.

Perhaps most importantly, it has been done before.

In 30 states across the country, state employees can choose between a public health insurance option and private insurance companies. The side-by-side competition has not destroyed the private market, nor has it become a single payer system.

The competition fostered by the new health insurance exchange will also improve the quality of care we receive.

Our country is home to some of the finest, most advanced medical technology in the world. But today, healthcare associated infections - infections caught in a hospital or other settings -- are one of the leading causes of death in our nation. Close to 100,000 Americans die each year as a result of what happens to them in the hospital; not what brought them to the hospital in the first place. These medical errors are responsible for more deaths than car accidents, breast cancer, or AIDS.

Tremendous disparities continue to persist. Minorities and low income Americans are more likely to be sick and less likely to get the care they need.

And key statistics measuring patient safety have declined each year for the past six years.

This is not acceptable for the world's wealthiest nation. We cannot accept a health system that leaves some Americans with the greatest care the world has ever known and millions more without the basic care they need.

It is time to reform our health care payment system to focus on the quality of care, not the quantity. The American people deserve the care that works best, not the care that just costs the most.

Now we know that these reforms will not be cheap, but they will cost far less than doing nothing. If the president's proposals are adopted, over two-thirds of the cost of providing coverage and preventive care for almost 50 million additional Americans will be paid for with savings from an aggressive focus on waste and abuse, encouraging the most cost-effective, high quality outcomes for patients, and eliminating ineffective and overly expensive treatment strategies.

But without reform, without change and action now, the federal deficit will rise and Americans that receive insurance from their employers, will see a larger portion of their salary go to health benefits, not take-home pay.

And we know that the benefits of reform are significant.

The President's Council of Economic Advisers' found that real reform that slows the growth rate of health care costs by 1.5 percent would help cut the federal deficit, boost our economy, save jobs and put more money in the American people's pockets.

For a typical family of four, real income would be about \$2,600 more in 2020 than it otherwise would have been, and \$10,000 more in 2030, but only if we make health reform a reality.

The message is clear: health reform can give us a stronger economy, a better health care system and boost families' bottom line. But if we keep doing more of the same, we will all pay a heavy price.

And don't believe those who think reform is impossible. In America today, there are already examples of hospitals and providers who are using new technology, cutting costs and improving the quality of care. Just last week, I was in Omaha, Nebraska at one of the nation's first paperless hospitals and saw first-hand how health information technology can help doctors and patients.

I've spoken to Community Health Center leaders from around the country about how they are caring for patients in need.

I traveled to Massachusetts to meet with experts and discuss how the Commonwealth's reforms have helped insure more people and the importance of cutting health care costs.

And I have heard good and constructive ideas from Democrats and Republicans who know reform cannot wait. Today, the Bipartisan Policy Center issued a

new report that reflects bipartisan recommendations for health care reform. The Democrats and Republicans who helped produce the report, including Senate Majority Leaders Howard Baker, Tom Daschle and Bob Dole, agreed that health care costs are rising at an unsustainable rate. Their report also recognizes the need for strong insurance reforms and the importance of employers doing their part. And they agreed that its time for reform that ensures affordable coverage for all Americans.

No one report has all the answers, but this report and my travels around the country have shown me that there are no shortage of encouraging examples and good ideas about how we can improve care and cut costs in places across this country.

Our challenge now is to take these best practices and spread them across the entire country.

I know that achieving this goal and enacting health reform this will not be easy. As President Obama often says, if it were easy, it would have been done by now. But today, there is incredible support for reform. Groups that were once sworn enemies continue to sit at the table and work towards a solution. Patients and doctors, business and labor, Democrats and Republicans all know that reform cannot wait.

Of course, in Washington, there will always be plenty of people rushing to tell us what we can't do. But I know that we will prove the nay-sayers wrong. The day we pass meaningful reform of our health care system, is months, not years away and I look forward to celebrating with you when we pass reform and give the American people the choices and care they need and deserve.”

June 25, 2009

Kent Conrad indicates that “Finance Panel Has Options To Bring Health Reform Bill Under \$1 Trillion”

“Although Conrad was quiet on details, a note circulating among lobbyists on Thursday outlined several polices that would get the committee to its \$1 trillion mark. These include:

- * Tax exclusion capped at FEHBP + 10% indexed to CPI.
- * No small business tax credit.
- * Delayed Medicaid expansion to 2013.
- * Subsidies pegged to 73 percent of actuarial value standard.

- * Subsidies up to 300 percent of poverty.
- * Medicaid expansion to all people to 133 percent of poverty, with an option to allow people between 100-133 percent of poverty to go into the exchange.
- * 12.5 percent of income cap on premium costs for subsidy recipients.
- * Firewall between employer plans and the exchange.
- * A mandate that is effective 2013.
- * Play or pay placeholder as the free rider policy.

Wednesday, Conrad told reporters that capping the tax exclusion for benefits worth more than 110 percent of the Federal Employees Benefits Plan (FEHBP) -- or 6,800 for singles and \$17,240 for couples- - would raise \$300 billion. The “free rider” option would raise an additional \$300 billion, he said.

The “free rider” provision would not force employers to offer coverage, but would require businesses to compensate for workers who are either enrolled in Medicaid or receive subsidies through the health insurance exchange, according to a document released last week.”

(Source: Inside Washington Publishers)

June 26, 2009

Beth Clay indicates that preliminary draft of Senate Healthcare Reform Bill includes language that favors loan forgiveness for CAM providers:

“I have not had a chance to get through the entire 650 pages of first Senate Health Care Reform Bill but did skim it to find that Sen. Harkin, Sanders, and Mikulski have included some references to integrative health care and dietary supplements. These are far from perfect and in the bigger context of a bill not sure that they will benefit the community, but I wanted to make sure you have them. The House Bill is not scripted like this at all. It focuses on insurance almost completely. The item in Red passed as a Sanders Amendment yesterday. While acupuncturists are not specifically mentioned, they will be recognized under the integrative terminology.”

June 30, 2009

- Senator Sanders’ amendment on CAM professionals has passed today and will now be inserted into the current version of the Senate HELP bill. It reads: “On page 445, line 21, insert **“licensed complementary and alternative medicine providers and integrative health practitioners,”** before **“and public”**.”

This sits within TITLE IV—HEALTH CARE WORKFORCE (p.421), Subtitle B—Innovations in the Health Care Workforce (p430).

Harvey Kaltsas met with Senator Chuck Grassley, a key person through whom all healthcare reform must pass. Deborah reports on Grassley's comments on CBO cost-effectiveness logic:

- The **biggest stumbling block to our inclusion** in the new health insurance reform legislation would be its **Congressional Budget Office (CBO) score**. All legislation must be evaluated by the CBO and its costs estimated by them. If costs are estimated to be high, then a rule allows a point of order to be raised requiring that measure be passed by 60 votes, which can be a high hurdle to overcome for any bill.
- Senator Grassley had once sponsored legislation for Nurse Practitioners to receive reimbursement; since they only receive 85% of what MDs charge, this would be a big savings for the government. However the CBO scored the measure as costing an extra \$90 million to the government and would not entertain reasoning that this \$90 million would actually save \$15 million +/- that would otherwise be spent on MDs. CBO operates on a "Woodwork" assumption that when you include a new provider, their work doesn't displace work done by other more expensive practitioners, but instead new patients come out of the woodwork to visit this new class of practitioner, thus raising costs overall. Senator Grassley's advice to us: Somehow do the near impossible and get CBO to issue an accurate score for including acupuncture.
- This is no small task, since CBO is by design insulated from political pressure. I spoke at length with **Terry Dean whose husband is President of the National Governor's Association** and who had served in the Carter Administration to help set up the CBO. She said that it's the nerds in the basement of CBO who run things and you have to get them to shift their way of looking at things. Since knowledge is power in DC, and since the CBO's numbers are all powerful, the CBO hides knowledge of its process of evaluating legislation even from the Congress itself, only giving out the final score but refusing to reveal the process by which the score was arrived at.

Robin Read indicates her relationship to **comptroller David Walker**.

Regarding CBO's "coming out of the woodwork assumption," the savings in the NM study were preponderantly for patients with angina who otherwise would be taking pharmaceuticals and going to the hospital for surgery or who were already involved in pharmaceutical and hospital care, post CVA hemiplegia patients whose recovery times were shortened with acupuncture, and patients with knee problems who would avoid surgery - not a class of patients who would be coming out of the woodwork only when acupuncture became covered by Medicare. These patients were already involved in MD or unavoidably about to be seeking MD care, as would be patients receiving acupuncture to palliate post-chemo nausea, thus invalidating the CBO "woodwork" assumption,

At the breakfast for **Senator Grassley** I spoke at length with the **American Chiropractic Association's head lobbyist Rick Miller** and the **American Association of Naturopathic**

Physician's Executive Director (and NFWL Board member) Karen Howard about the **CBO issue**. Karen Howard says that there is a well respected Keystone Group in Colorado that does alternative cost analyses which would be persuasive to Congress. Their fee is about \$100,000 and neither the ACA or AANP have funds to contribute to such a study.

Rick Miller understood that HR 646 would be of benefit to many of ACA's members, and both he and Karen Howard were in support of it. Moreover, Rick Miller reported on a recent meeting he had with **Senator Tom Harkin**. (Since Palmer College of Chiropractic is in Iowa, Sen. Harkin has close relations with the DC's.) Senator Harkin has committed to introduce an **amendment to the Senate Health Care Insurance Reform legislation which would prohibit all insurers - federal and private - from excluding any class of health care providers who are licensed in 26 or more states (we obviously meet that requirement) when the insurance policies cover a particular therapy the licensees are authorized to provide**. This is important to us, for obvious reasons. The amendment has a good chance of becoming law. Senator Harkin is hoping Senator Orrin Hatch (R-Utah) will co-sponsor this amendment to assure its passage. We need to get Utah acupuncturists to send letters to Sen. Hatch urging him to do so, and I'll ask Sam to request that of Sen. Hatch as well.

Both Sam and I think Senator Harkin is one of the finest human beings we know. He's working to get an \$80 billion appropriation over the next 10 years for preventive health care to be put into this health insurance reform bill. We could become part of that.

By the way, Senator Grassley pointed out something that every other politician we met echoed: **what is going through Congress right now is only an *insurance* reform bill, not a *health care* reform bill**. My take: Senator Harkin's efforts are really the only ones aimed at creating true healthcare reform which would have an impact on the type of care being delivered.

After meeting with Senator Grassley, Sam, Beth, Robin and I met with **Taylor Booth, research assistant for Senator Martinez (R-FL)**. He was very accommodating. Most important to him was that the FL Keys do not have enough primary care providers and are in urgent need. I explained to him that Florida's 2300 licensed acupuncturists are primary care providers, and if HR 646 passed, there would be more and we could assist in addressing the needs of residents in the Keys. Sam made the argument that supporting HR 646 would be a lasting legacy for Senator Martinez, and Robin stressed that the women legislators in America are really behind this bill since their #1 concern is healthcare. In many meetings through the day we spoke about how America's 25,000 acupuncturists could help fill the dire need for more general practitioners. This is an important point for us to make.

Next we met with **Mary O'?**, staffer for **Cong. Dan Burton (R-IN)** who led us to the Congressional Caucus room where we had a jolly time with Cong. Burton. Beth used to be his aide and Sam and the Congressman are old friends who share a deep and obvious affection for each other. Cong. Burton is already an enthusiastic sponsor with very positive personal experiences of acupuncture, and he promised to go out of his way to encourage several other colleagues to co-sponsor the bill. This is very important, for reasons to be spelled out later.

We also met with **Cong. Ileana Ros-Lehtinen (R-FL)**, who said she'd meet later to talk about co-sponsoring and getting other co-sponsors, **Cong. John Mica (R-FL)** who gave Sam and Robin a wave because he was too busy to break away, and **Cong. Loretta Sanchez (D-CA-47)** who loves Robin. She mistakenly assumes and thinks that she is already a very committed co-sponsor and who said she'd worked to get other co-sponsors. She correctly says this is a very important issue to her many Asian constituents. I'm asking Robin or Beth to follow up with her to co-sponsor HR 646.

After meeting with Cong. Sanchez, we had a long, deep, and spirited discussion with **Andrew J. Shin, the Chinese-American Health Policy Fellow for Chairman Frank Pallone Jr.'s Subcommittee on Health of the Energy and Commerce Committee.**

Andrew Shin is very bright, caring, and honest, and he spoke with us in very frank terms about the strong unlikelihood that acupuncture would be included in the health reform legislation coming out of Cong. Pallone's Health Subcommittee. He was very pessimistic, because he did not see the Congressman spending the political capital to include something in his reform bill which would carry with it a high CBO score. He bemoaned the fact **that CBO will only score their committee's preventive health measures as increased costs and not as offsetting future costs.**

He further pointed out that the committee will be submitting its draft in the next two weeks so there was little time to change it, and it didn't include acupuncture or assume to roll HR 646 into the process (as the Senators we've talked to would prefer).

That's when I got huffy and declared that we were not particularly doing this for the acupuncture but instead to prevent the country from going broke on health care costs down the road. I told him that **the Chinese spend 4.6% of their GNP on health care and we spend 16-17%, a number we can't sustain.** I also said that Chinese medicine has been around 5000 years and will be around in 20 years when the US goes broke and has to turn of necessity to more cost-effective approaches like TCM. So don't think you're doing the acupuncture profession a favor; you'll be doing the American public the favor by including acupuncture in the health insurance reform measures.

At that point Mr. Shin related that when he initially got the job of tackling this legislation he spoke to his M.D. Ph.D. mentor and professor from, I believe, Harvard whose first response was "Does this bill cover traditional Chinese medicine?" So Mr. Shin was and is sympathetic. He started talking inside baseball with us and clarified that in the next 10 days members of the committee will be asked what modifications they would like to make. He said members have their priorities and want to see certain things in the bill.

He further said that if **Janice Schakowsky (D-IL-9)** were to request including acupuncture in the bill as a high priority of hers, then that would carry enormous weight with the committee). He also said that if **Doris Matsui (D-CA)**, who is on both the Energy and Commerce and the Rules Committees, were to state that including acupuncturists in the bill were a top priority, that would also likely make it happen. Since Sacramento is Cong. Matsui's home base, it would be VERY helpful for AAAOM's office staff, local acupuncturists, and their patients to

make an impassioned plea for her to co-sponsor HR 646 and to ask for its provisions to be part of the Health Subcommittees bill.

Finally he said that it is the conservative Republicans who most endanger the greater bill's prospects and that if Cong. **Nathan Deal (R-GA)** and/or **Cong. Joe Barton (R-TX)** were to co-sponsor HR 646 and get behind it, along with other conservative Republicans, that would make a world of difference, since the political capital the Dems have at risk is defending features of the bill against the conservative Republicans.

So it is clearly helpful that Sam has close ties with republicans. Now we must move on both fronts - and immediately - to get this work done in the next ten days to two weeks.

If we don't succeed, all is not lost. We still have another year and a half to move HR 646 forward on it own, but it would be much better to subsume it into the current legislative push. And for those keeping score, the bill now has 24 co-sponsors, in addition to Cong. Hinchey. Three are Republicans and there are 22 Dems. Twenty-five total is progress!

July 13, 2009

HR 646

Lloyd Doggett of Texas is the latest cosponsor of HR646. **Elijah Cummings, Jesse Jackson, Jr., Dale Kildee, Carolyn Maloney, Dana Rohrabacher, and Jose Serrano all came on in June. We are up to 25 co-sponsors with Cong. Hinchey.** This shows that our meetings, the letters, and the personal communications that you, I and Robin have in social environs is helping.

Government Health News

President Obama has nominated Francis Collins to be the NIH Director.

Francis S. Collins, M.D., Ph.D., a physician-geneticist noted for his landmark discoveries of disease genes and his leadership of the Human Genome Project, served as Director of the National Human Genome Research Institute (NHGRI) at the National Institutes of Health from 1993-2008. With Dr. Collins at the helm, the Human Genome Project consistently met projected milestones ahead of schedule and under budget. This remarkable international project culminated in April 2003 with the completion of a finished sequence of the human DNA instruction book. In addition to his achievements as the NHGRI Director, Dr. Collins' own research laboratory has discovered a number of important genes, including those responsible for cystic fibrosis, neurofibromatosis, Huntington's disease, a familial endocrine cancer syndrome, and most recently, genes for adult onset (type 2) diabetes and the gene that causes Hutchinson-Gilford progeria syndrome. Dr. Collins has a longstanding interest in the interface between science and faith, and has written about this in *The Language of God: A Scientist Presents Evidence for Belief* (Free Press, 2006), which spent many weeks on the New York Times bestseller list. He has just completed a new book on personalized medicine,

The Language of Life: DNA and the Revolution in Personalized Medicine (HarperCollins, to be published in early 2010). Collins received a B.S. in Chemistry from the University of Virginia, a Ph.D. in Physical Chemistry from Yale University, and an M.D. with Honors from the University of North Carolina. Prior to coming to NIH in 1993, he spent nine years on the faculty of the University of Michigan, where he was an investigator of the Howard Hughes Medical Institute. He has been elected to the Institute of Medicine and the National Academy of Sciences, and was awarded the Presidential Medal of Freedom in November 2007.

The President is announcing today the nomination of Dr. Regina Benjamin as Surgeon General

President Obama has chosen a well-known Alabama family physician, Dr. Regina Benjamin, to be the next surgeon general, the Associated Press reports.

The AP quotes an unidentified administration official as saying Obama will announce the nomination later today. The official spoke to the AP on condition of anonymity so as not to upstage the official announcement.

Benjamin was the first black woman to head a state medical society, received the Nelson Mandela Award for Health and Human Rights and last fall received a MacArthur Foundation “genius grant,” the AP says.

She also made headlines in the wake of Hurricane Katrina in rebuilding her rural health clinic that serves 4,400 patients.

Health Care Reform

Time magazine has an interesting article of potential interest in the bigger picture of health care. The Baltimore Sun article that follows talks about mandates in Maryland and includes mention of acupuncture.

July 13, 2009

How Health-Care Reform Could Hurt Doctor-Owned Hospitals

By Kate Pickert and Ken Stier

Even as Congress struggles with how to pay for health-care reform, the White House keeps doing it its best to accentuate the positive. Last week, Vice President Joe Biden hosted the country's three largest hospital trade groups as they announced they will accept \$155 billion in Medicare and Medicaid cuts over the next 10 years. It's all part of an inspiring storyline, the idea that everyone is doing their part to make this most ambitious undertaking a reality. But no one actually thinks that the hospitals — or for that matter other key players like pharmaceutical manufacturers or doctors — are giving up something for nothing. On the contrary, any health-reform package passed by Congress will likely deal a major blow to an

upstart competitor of many hospitals. ([Read "Cutting Health-Care Costs by Putting Doctors on a Budget."](#))

Buried in the 850-page House health-reform draft is a provision that could in effect ban further construction of doctor-owned, for-profit specialty hospitals and prohibit existing ones from expanding. (The provision would prevent new facilities from receiving any Medicare payments and would limit changes to current facilities.) Senators Charles Grassley and Max Baucus, who lead the body's powerful Finance Committee, have been vocal critics of the doctor-owned specialty-hospital model and the industry expects similar language to be included in any upcoming Senate health-reform bill as well. Doctor-owned specialty hospitals would "wither on the vine," says Molly Sandvig, executive director of the industry lobbying group Physician Hospitals of America. "Any business that can't grow or adjust to the market won't be around too long."

Specialty hospitals that focus on providing care for children or cancer patients have long existed, but the target of the House legislation is something else entirely — for-profit health-care facilities owned by doctors that perform some of the most lucrative medical procedures in fields like orthopedics and cardiology. There are now some 220 such facilities operating mostly in the South and Midwest — up from 110 in 2001 — generating some \$40 billion in annual revenue. According to Sandvig, more than 80 additional facilities are currently under development. ([Read "Spotlight: A Public-Insurance Option."](#))

While these places are known as specialty hospitals, most do not resemble acute-care, all-purpose community health-care institutions. For one thing, they tend to sell themselves on the promise of comfort, if not luxury, with at least a few offering wine with gourmet meals and on-campus hotels for friends and family. More importantly, about half don't have any kind of emergency department and of those that do, more than half have only one bed available, according to a 2008 report from the inspector general of the Department of Health and Human Services. Even more troubling to critics is the fact that, despite being physician-owned, only about 30% have a doctor on site at all times, and about two-thirds actually tell staff to call 911 in case of an emergency, according to the same report.

This has created a dangerous situation, according to critics. The inspector general's report came about after a 44-year-old spinal-surgery patient at a doctor-owned specialty hospital in Texas — the state with the highest number of such facilities — developed breathing problems and died, despite being taken by ambulance to a larger community hospital. The staff had called 911 after noticing the man's respiratory function was poor, but there was no doctor present to help. And just last month, a female patient at the physician-owned Colorado Orthopaedic and Surgical Hospital died after she became unresponsive following surgery and was transferred to a community hospital. The facility has suspended all outpatient surgeries and the state health department has ordered the hospital to change its protocol in order to have a board-certified emergency doctor on site at all times.

As disturbing as those incidents are, the more widespread concern about the newfangled hospitals is money. Although there is not ample hard data yet available to prove that specialty hospitals take a large bite out of community hospitals' bottom lines, a quick scan of the list of the common procedures performed at the highly focused institutions suggests just that.

Orthopedic and cardiac care bring in some of the highest margin reimbursements from insurers, money community hospitals use to cover the cost of low-margin or money-losing services like burn units, neonatal care and treating the uninsured. When healthier, fully insured patients migrate away from community hospitals to specialty facilities, their reimbursements go with them. Overall profit margins at specialty hospitals, sometimes as high as 30%, dwarf those of community hospitals. Plus, specialty hospitals don't typically treat many Medicaid patients, which bring in some of the lowest reimbursements available.

"When these specialty hospitals come in, they take out the better reimbursed cases, the easier ones with less complications, and they're able to benefit financially by skimming the cream," says Rick Pollack, executive vice president of the American Hospital Association.

Perhaps an even more pressing problem in the context of health reform is the risk of over utilization of services. According to a 2006 report from the federal Medicare Payment Advisory Commission, just the presence of a doctor-owned heart hospital in a community increases the rate of cardiac surgery by 6% among Medicare beneficiaries. The upshot, according to a House staffer involved in health reform, is that "people are getting things they probably don't need." Plus, says the staffer, "the community hospitals go to war, bulk up their own specialty centers and all of a sudden you see these ads around town that 'You should get your heart checked.'" ([Read "How Not to Get Sick."](#))

For their part, doctor-owned specialty hospitals say they're providing more access to better quality care — and in some respects, this may be true. Patient satisfaction rates at such facilities are generally high and it's logical that a facility dedicated to just one or a few specialties could operate more efficiently. "Rather than compete in the marketplace they want to legislate us out of business," says Dr. John Harvey, president and CEO of the Oklahoma Heart Hospital.

But it's the built-in conflict of interest that causes some patient advocates to bristle. In effect, they contend, doctors double dip — earning money from procedures as well as the overall operation of the hospital, of which they are shareholders. That provides plenty of incentive for physicians, who typically also work part-time at the local community nonprofit hospital, to recommend their easy-to-treat patients go across town to have procedures done at the private hospital where the doctors are investors. The House bill would address this issue by closing a loophole that has allowed doctors to send patients to hospitals they had a stake in, so long as that hospital served a rural population, or the stake was in a "whole hospital," not just a wing or department; the Congressional Budget Office predicts closing this loophole would mean fewer overall procedures, saving \$1 billion in Medicare costs over ten years.

The controversy over physician-owned hospitals isn't actually new. Representative Pete Stark, a Democrat from California, began a crusade against doctor conflicts of interest more than two decades ago, and successfully got legislation passed in 1989 that prohibited doctors from, among other things, having a financial stake in labs that performed tests for their patients. The Stark Law, as it became known, has been strengthened over the years to include more facilities and apply to Medicare and Medicaid payments. But the loophole allowing for doctor-owned specialty hospitals has remained open despite repeated attempts to close it. Now that the country is grappling with how to reform the entire health-care system, Congress has another

chance to decide whether the costs of this kind of proprietary specialized care are simply too high to bear.

[See photos of the Cleveland Clinic's smarter approach to health care.](#)

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Best medicine: competition

Government meddling, such as Md.'s coverage mandates, only raises costs

By Marc Kilmer

July 12, 2009

Health insurance is a hot topic these days. President Barack Obama has big plans to reform it, though his ideas are a bit fuzzy. Congressional negotiators are trying to craft legislation to change it. All these efforts are premised on the notion that we need more government regulation and mandates to solve our health insurance problems. But considering that health care is already highly regulated and heavily funded by the federal and state governments, we should ask if further political involvement would reduce our health care problems or add to them.

All Americans, even those with good health insurance, know that the health insurance marketplace does not work well. Premiums are high, coverage seems arbitrary, and few understand exactly what all the health insurance forms mean. So when there are proposals to drastically reform the system - or establish a government-run insurance company as an alternative - it sounds appealing. It's got to be better than what we have, right?

What's worrisome about increased government intervention in health care is that many of the problems in the health insurance marketplace today can be traced, in large part, to other government interventions in health care. Many regulations have dubious benefits for consumers, but they drive up prices and force consumers to buy policies that cover a wide variety of services they may neither want nor need.

For example, even if you do not plan to have children, the state of Maryland mandates that all insurance plans that it regulates must provide coverage for in vitro fertilization. Likewise, Maryland requires that insurers cover contraceptives and Chlamydia testing. Many people question the scientific merits of chiropractics and acupuncture, yet Maryland requires that the insurance plans it regulates cover those practices.

These mandates are great for fertility specialists, acupuncturists and chiropractors, but they're difficult for people who want affordable health insurance that covers their needs.

Maryland politicians have imposed 66 mandates on health insurance policies. As a result, many insurers stay out of the state-regulated markets, limiting insurance choices for

individuals and small businesses. That is why more than 90 percent of health insurance policies sold to individuals or small businesses in Maryland are by two companies. Even Maryland's liberal politicians recognized the problems caused by these mandates and have taken a commendable if insufficient step by allowing a limited mandate-lite insurance policy to be sold in the state.

Annapolis defends these mandates by claiming that they protect the public from insurance companies, but in reality they are doing much more to protect the health care providers who offer the mandated services. The mandates are just another way businesses try to game the political process to fatten their bottom line.

Unfortunately, any government-run insurance program would operate in much the same way. Decisions about what this plan should cover or what its rates should be would be influenced by those with the most money at stake in the process. When politicians make decisions about health care procedures, no one should be surprised that politics will play a large role in those decisions.

Before creating an expensive government health insurance program, President Obama and Congress should consider enhancing consumers' freedom in the health insurance marketplace. If Congress were to allow Americans to purchase health insurance across state lines, Marylanders could avoid the mandate and force insurers to compete more heavily on both price and coverage.

We don't need more government involvement in health insurance. Current government involvement already adds to our dissatisfaction with the current system. President Obama and Congress should take a step back, refrain from adding to our ballooning national debt, and instead give consumers the power to purchase health insurance that meets their needs, not the needs of special interest groups and politicians.

Marc Kilmer is a senior fellow at the Maryland Public Policy Institute. His e-mail is mkilmer@verizon.net.
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Legislation of Potential Interest

H. R. 3109 a bill to improve access to health care services in rural, frontier, and urban underserved areas in the United States by addressing the supply of health professionals and the distribution of health professionals to areas of need was introduced June 26 by Mr. TEAGUE (for himself, Mr. GENE GREEN of Texas, Mr. SPACE, and Mr. GONZALEZ). It has been referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Veterans' Affairs, Education and Labor, Armed Services, and Natural Resources, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

This bill offers a definition of health care professional that includes integrative health professionals:

(2) HEALTH PROFESSIONALS- The term `health professionals' includes--

(A) dentists, dental hygienists, primary care providers, specialty physicians, nurses, nurse practitioners, physician assistants, psychologists and other behavioral and mental health professionals, social workers, physical therapists, public health professionals, clinical pharmacists, allied health professionals, chiropractors, community health workers, school nurses, certified nurse midwives, podiatrists, **licensed complementary and alternative medicine providers, and integrative health practitioners;**

(B) national representatives of health professionals;

(C) representatives of schools of medicine, osteopathy, nursing, allied health, educational programs for public health professionals, behavioral and mental health professionals (as so defined), social workers, physical therapists, oral health care industry dentistry and dental hygiene, and physician assistants;

(D) representatives of public and private teaching hospitals, and ambulatory health facilities, including Federal medical facilities; and

(E) any other health professional the Comptroller General of the United States determines appropriate.

There is an interesting provision on a 'chronic care manager' that bears further investigation.

Acupuncture and Oriental Medicine in the News

Today in Health History

Acupuncture Comes West

Acupuncture, the ancient Chinese treatment of using fine needles and inserting them just under the top layer of skin, has gained a measure of acceptance in the United States today. Although the approximately 5,000-year-old technique was mentioned in some American medical textbooks in the 19th century, it wasn't until the early 1970s that acupuncture became a popular topic. Many physicians believe that acupuncture relieves pain because it causes an increase in the level of circulating endorphins that are produced naturally and tend to kill pain and have a calming effect. On July 12, 1972, the Acupuncture Center of New York, the first of its kind in this country, opened its doors.

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Acupuncture, Exercise May Ease Polycystic Ovarian Syndrome

THURSDAY, July 9 (HealthDay News) -- Acupuncture and exercise may bring some relief to the one in 10 women of childbearing age who suffer from a common endocrine disease called polycystic ovarian syndrome (PCOS).

Women with the condition have elevated levels of androgen hormones -- including testosterone -- and often develop ovarian cysts, irregular menstrual cycles and infertility. A key feature of the disease is an increase in the high muscle sympathetic nerve activity. This regular constricting of blood vessels, which normally occurs during the body's fight or flight response to danger, can increase a woman's chances of developing diabetes and high blood pressure or having a heart attack or stroke.

The study, appearing online in a recent issue of the *American Journal of Physiology-Regulatory, Integrative and Comparative Physiology*, looked at 20 women who received either regular low-frequency electro-acupuncture on body parts commonly thought to be linked to the ovaries, took part in thrice-weekly moderate exercise or received no treatment at all over a 16-week period.

When comparing the sympathetic nerve activity before and after the study, researchers found noticeably decreased activity in the acupuncture and exercise groups compared with the control group. In the acupuncture group, the team also found significantly lower testosterone levels. High levels of this "male" hormone predict and have been thought to trigger chronic sympathetic nerve activity in women.

Those who received acupuncture also had regular menstrual cycles, while the exercise and control groups showed no change.

"The findings that low-frequency electro-acupuncture and exercise decrease sympathetic nerve activity in women with PCOS indicates a possible alternative non-pharmacologic approach to reduce cardiovascular risk in these patients," researcher Elisabet Stener-Victorin of the University of Gothenburg, Sweden, said in a news release.

The authors noted that the study's small sample size was one of several limitations, and it may require more research into the issue before a definite conclusion could be drawn.

More information

The Polycystic Ovarian Syndrome Association has more about [PCOS](#).

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Meetings

Congressional

- Sam and Beth took Harvey to a number of meetings on June 24 of which Harvey had done an eloquent job of detailing in a previous memo. Sam and Beth also met with **Dr. Justina Troot in Sen. Bingaman's** office. She was already on board in being supportive of our goal as she has an acupuncturist in her medical practice. She and Sam have had positive dealings in the past and this helped build the camaraderie. It was discussed how the doctors should be very supportive because if they have an acupuncturist in their practice, the practice receives a cut of the fees earned by the

- practitioner. So, having Medicare reimbursement means more patients, and more profits for the practice.
- **Brad, the legislative director for Congressman Bill Young** was unexpectedly out of the office. We instead met with a young staffer who promised to take the information back to Brad and the Congressman. Sam is going to follow up directly with Cong. Young who is a good friend. Cong. Young plays a key role as the former Chairman of the Appropriations Committee and a key Florida legislator.
 - Fewer meetings have been scheduled in part due to July 4 holiday - Congress was out of session for ten days and many health staff took time off as well. Due to the health reform and appropriations hearing schedules, getting on calendars has been challenging.

Letter delivery

Beth has been delivering the letters, and hand delivering a letter requesting a meeting with Sam and the Health Legislative Assistant. This week will be in part a follow up and scheduling week on the letters.

The “Status Quo” is Not an Option

- We face large and growing structural deficits largely due to known demographic trends and rising health care costs.
- GAO’s simulations show that balancing the budget in 2040 could require actions as large as
 - Cutting total federal spending by 60 percent or
 - Raising federal taxes to 2 times today's level

(This report was presented before the TARP, Bank bailouts, auto-bailouts and the Obama Administration's spending programs.)

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