

Friday May 31, 2019

Fourth Annual Congress of the ASA 9 a.m.-5:00 p.m.

- ASA Meeting , Voting on Board Members,
- State Representative Introductions and Major Initiative Announcements
- BOD voted to increase its Board to 9 members, we had 7 previously
- Approved Arizona to be a new member of the ASA
- Treasurer's Report
- Committee Updates
- Discussed having a clear position on HR 1182 VA Heroes Act
- Decided not to have an official statement on HR 1183 Medicare Act
- California unification status updates, CALATMA Executive Director briefing
- Developing a unified position on Medicaid, and assisting individual States
- Discussion on Membership development and fund raising

Saturday June 1,2019

ASA Inaugural Conference

- QiGong on the Terrace Grounds David Peters L.Ac., LMBT, MSOM
- Opening Remarks , President David W. Miller, MD, L.Ac.
- Acupuncture & Integrative Health: L.Ac.s within the integrative health movement and whole person care

Leonard A. Wisneski, MD, FACP
Chair, BOD of IHPC

- Acupuncture and the Military: L.Ac.s within the Dept. of VA and DOD

Juli Olson DC, L.Ac.
Veteran's Administration

Chester "Trip" Buckenmaier III, MD
Colonel, US Army (Retired), DVCIPM

- Acupuncture & Insurance: Improving access to Acupuncture with public and private insurers

R. Douglas Metz, DC
EVP & Chief Health Services Officer, American Specialty Health, Inc.

Mark S. Williams DC, MBA, DACBON
Medical Director, Group Benefits, The Hartford Financial Services Group, Inc.

- Acupuncture and Federal Legislation

Ellen Hamilton
Legislative Aide, Office of Congresswoman Judy Chu

Martin Schultz
Legislative Director, Office of Congresswoman Jackie Walorski

- Acupuncture for Underserved Communities: In Search of a Sustainable Model

Mikhail Kogan MD
Assistant Professor of Medicine, Division of Geriatric and Palliative Care at George Washington Univ.
Center for Integrative Medicine Founder and Executive Director , AIM Health Institute

- Acupuncture and Comprehensive Integrative Pain Management: L.Ac.s and the Opioid Epidemic

Bob Twillman, PhD FACLP
Executive Director, Practical Pain Management

- Acupuncture Research: The relationship between acupuncture research and US Legislation

Remy Coeyteaux MD, PhD
Director of Integrative Medicine at Wake Forest School of Medicine

Lisa Conboy, ScD
Harvard Medical School and Research Director

Yong Ming Li, MD, PhD, L.Ac.
President of the American Alliance for Professional Acupuncture and Safety (AAPAS)

Sunday June 2,2019

- QiGong on the Terrace Grounds David Peters L.Ac., LMBT, MSOM
- The Governance of Acupuncture: Reports with Q&A from ACAOM, CCAOM, NCCAOM

Break Out Sessions

- Pearls for Engaging Social Media

Leslie Smith, MD
Director of Integrative Medicine, Southern Illinois Univ.

- An Insider's Guide to Keeping Ahead of Changes in the Insurance World

Mori West
Owner, Acuclaims

- Knowing Key Acupuncture Research

Mel Hopper Koppelman, L.Ac.
Director, Evidence Based Acupuncture

- ASA Student Association Meeting: Our Future

Blake Langley
Chair, ASA Student Committee
President, Naturopathic Medical Student Association (NMSA)

- Capitol Hill Advocacy Training

Kallie Guimond, DOM
ASA Federal Lobbyist

Monday June 3, 2019

- **ASA on the Hill**

Karen Velasquez, Heather McIver, Stephanie Kaplan and I met with our legislators.

Rep. David E. Price (D-NC)
Meeting with Nora Blalock, Senior Legislative Aide

Asks: To Co-sponsor HR 1182 and HR1959 and join the Congressional Integrative Health & Wellness Caucus

Senator Thom Tillis (R-NC)
Meeting with Andrew Nam, Legislative Aide

Senator Richard Burr (R-NC)
Meeting with Rachel Soclof, Senior Legislative Aide

Asks: To consider sponsoring a companion bill to either HR1182 and or HR1959

- **HR 1182: Acupuncture for Our Heroes**

- What the bill does:
 - Mandates availability of acupuncture services throughout entire Veterans Integrated Service Network for these services (at a minimum):
 - Chronic and acute pain
 - Cancer pain
 - Postoperative nausea and vomiting
 - Postsurgical gastroparesis syndrome
 - Opioid-induced constipation
 - Opioid-induced pruritus
 - Chemotherapy-induced neuropathy
 - Aromatase inhibitor-associated joint pain
 - Neck dissection-related pain and dysfunction
 - Stress Management
 - Mental Health Conditions
 - Substance Abuse
 - Symptoms relating to traumatic brain injury and post-traumatic stress
 - Provides a definition of "qualified acupuncturist" that includes L.Ac's that are state licensed or, in cases where states do not license or certify, have met a criteria (accreditation by **NATIONALLY RECOGNIZED** certification authority) established by the Secretary.
 - Establishes an advisory committee on acupuncturist services that includes not fewer than five practicing acupuncturists, of which four must be State Licensed Acupuncturists.
 - Mandates that the position of acupuncturist be paid at a grade of GS-12 or higher.
- Additional information you can use:
 - While many VA centers are offering acupuncture in some capacity, either in-house in a few cases or through community providers, there is no assurance that these services will be guaranteed available. Despite acupuncture's effectiveness for pain, post-traumatic stress disorder and other conditions that frequently plague veterans, our heroes do not have a certainty that they will be able to obtain acupuncture from every VA system. This bill is critical to safeguard the access that exists, and to assure that it continues to be available in a uniform fashion. This bill's primary purpose is to "ensure access to acupuncturist services through the Department of Veterans Affairs," including both urban and rural areas.
 - If we truly want our veterans to have access to safe, cost-effective care that can decrease the need for opioids and improve mental health and work to lower suicide rates, this action is critical.

- Veterans also deserve to have access to qualified providers, and bill 1182 helps to assure them this quality of care.
- Providers of acupuncture also deserve to be paid at a level that is commensurate with their training. The GS 12 level is an appropriate grade for general acupuncturist services, and this bill helps to assure that this is maintained. Recently, the Department of Defense downgraded acupuncturists from GS 12 to GS 8, dropping these at minimum Master's level, professionally regulated, nationally board-certified providers to the level of a technician. This makes work with the DoD unrealistic for these professionals, and endangers troops by decreasing access to qualified providers. HR 1182 preserves this level to help develop and sustain a workforce to treat our veterans.
- HR1182 is also forward thinking in that it establishes a committee inclusive of qualified acupuncturists to help monitor and improve delivery and care systems. This means those providing the service will also be able to contribute to the improvement of the service, and this is most likely to lead to the highest quality care for our veterans.
- This bill is an easy way to help veterans get the care they need for the problems that plague them most. It can help improve quality of life, save healthcare dollars, and increase the workforce dedicated to these American heroes.
- How does this impact the Legislator
 - I am your constituent and I vote
 - AND I treat many of your constituents who also vote
 - INSERT DISTRICT STATS IF YOU HAVE THEM
- Acupuncture is already being used by the VA but Licensed Acupuncturists have been downgraded in the military environment to that of Acupuncture technician, in spite of the higher training in the field compared to MDs who take a 300 course.
 - Discuss Educational Standards for Acupuncture
- **Preserving Patient Access to Compounded Medications Act (HR 1959)**
 - **HOUSE ASKS**
 - Drug compounding is used to prepare personalized prescriptions for patients or for physicians to use for procedures in their offices. (*Good Examples: Stevia for diabetic patients, curcumin as an anti-inflammatory agent for pain*)
 - FDA is removing natural ingredients that have pharmaceutical equivalent.
 - Patients should have all available treatment options: it is their choice, not a government regulatory agency.
 - Interfering in the doctor-patient relationship has been a leading contributor to our healthcare delivery crisis.
 - Current actions by the FDA do not protect Americans, but rather insert governmental decision making into the healthcare arena. This “practice of medicine” by administrators with little healthcare knowledge is misguided and a bad direction for our country.
 - This legislation helps preserve the doctor-patient relationship, and stops regulatory over-reach by a governmental agency whose actions in this case do nothing more than boost pharmaceutical use and interfere in good medical care.
 - Sometimes patients need customized care. For examples:
 - a child with a corn allergy who needs compounded Benadryl will no longer be able to obtain this. There will be no option for them because of the FDA's current actions. They will suffer with allergic reactions unnecessarily because of FDA actions that harm rather than help.
 - People with autoimmune disease that have found tremendous benefit in Low Dose Naltrexone will have to return to suffering and stop living productive lives because they can't access life-recovering medication. Why should doctors who have found solutions for patients that stop suffering and decrease healthcare spending be interrupted by an agency that is acting outside of its mandate and without true regard for patient benefit? This legislation helps preserve critical resources for patient care.