

SENATOR CRISCO, REPRESENTATIVE MEGNA, SENATOR KELLY, REPRESENTATIVE SAMPSON, MEMBERS OF THE INSURANCE AND REAL ESTATE COMMITTEE AND FORMER COLLEGUES:

My name is Lee Samowitz, and I come before you in support of HB 5359 AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR SERVICES RENDERED BY ACUPUNCTURIST on behalf of the Connecticut Association for Professional Acupuncture. The proposed bill uses language similar to Connecticut General Statutes Section 38a-534, which required coverage for services performed by chiropractors to be treated for coverage the same way physician. See Exhibit 1. It may seem to be splitting hairs, but under the current rules of the Affordable Care Act you have to distinguish a state mandate from what the federal Health and Humans Services (HHS) considers a "state required benefit" (SRB) that changes the minimal "essential health benefits" floor that all health insurance carriers have to provide, because only the latter triggers state fiscal exposure. I have also attached internet information from CMS, <http://www.cms.gov/CCIIO/Resources/Data-Resources/ehb.html>, a "Guide to Reviewing Essential Health Benefits Benchmark Plans" for Connecticut attached as Exhibit 2, which shows that this proposed bill would not be considered a state mandate for purposes of EHB coverage under the Chapter for State-Required Benefits. It reads: "For purposes of determining EHB, (Essential Health Benefits) we consider state-required benefits (or mandates) to include only requirements that a health plan cover specific care, treatment, or services. **We do not consider provider mandates, which require a health plan to reimburse specific health care professionals who render a covered service within their scope of practice, to be state-required benefits for purposes of EHB coverage**" (emphasis my own). In support of the fact that this proposed bill would not be considered a state mandate for purposes of EHB coverage, I point to the fact that CMS did not include Connecticut General Statutes Section 38a-534 for services performed by chiropractors on the official list for Connecticut for "State-required benefits" attached as Exhibit 3 hereto. The significance of using

SIMILAR language is that not only does it achieve parity between medical providers and fair choice of treatment for patients, but it strongly suggest that under the Affordable Care Act, the federal government would treat acupuncturists in this Bill like chiropractors under Connecticut General Statutes Section 38a-534. If the language for the provider was changed from chiropractors to acupuncturist, we assume it still would similarly not make the official list for Connecticut for “State-required benefits” and not require the state to defray costs.

I also point out a web site entitled “Essential Health Benefits: What Have States Decided for Their Benchmark?” <http://kff.org/health-reform/fact-sheet/quick-take-essential-health-benefits-what-have-states-decided-for-their-benchmark/> (Dec 07, 2011) that states **“a proposed rule issued by HHS indicates that for at least 2014 and 2015, if a benchmark plan that is a small group plan or a state employee plan includes state-mandated benefits, those benefits will be considered essential health benefits and the state will not be required to defray any additional costs”** (emphasis my own). A copy is included in Exhibit 4.

I would ask the Committee to JF this bill in its current context to Public Health. In the meantime, the Supreme Court will be reviewing Obamacare and the EHB and SRB and in the meantime maybe the State can have CMS provide an official opinion. I have just concentrated my time to show that this bill would not have any adverse fiscal aspects with Obamacare. I will leave it to Dr. Jennifer Brett, from the University of Bridgeport and the other qualified acupuncturist here to testify about the medical and cost effectiveness of allowing patients to choose an acupuncturist. I will gladly try to answer any questions the Committee might have and if anyone ask I tell them my understanding of how Obamacare was supposed to work.

EXHIBIT 1

PROPOSED BILL FOR AN ACT CONCERNING COVERAGE FOR SERVICES FOR PATIENTS OF ACUPUNCTURIST

[Model Language after Sec. 38a-534. Coverage for services performed by chiropractors]

Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (6) and (11) of section 38a-469, delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for services rendered by ~~a chiropractor licensed under chapter 372~~ an acupuncturist licensed under chapter 384c to the same extent coverage is provided for services rendered by a physician, if such ~~chiropractic~~ acupuncture services (1) treat a condition covered under such policy, and (2) are within those services a ~~chiropractor~~ acupuncturist is licensed to perform.

Effective date: January 1, 2016

PURPOSE: To provide patients of acupuncturist the same health coverage as other health professionals

Exhibit 2

<http://www.cms.gov/CCIIO/Resources/Data-Resources/ehb.html#reviewbenchmarks>

Guide to Reviewing Essential Health Benefits Benchmark Plans

Essential health benefits (EHB)-benchmark plans are based on 2012 plan designs, and therefore do not necessarily reflect requirements effective for plan years beginning on or after January 1, 2014. Therefore, when designing plans that are substantially equal to the EHB-benchmark plan beginning January 1, 2014, issuers may need to design plan benefits, including coverage and limitations, to comply with these requirements and limitations, including but not limited to, the following:

Annual and Lifetime Dollar Limits

The EHB-benchmark plans displayed may include annual and/or lifetime dollar limits; however, in accordance with 45 CFR 147.126, these limits cannot be applied to the essential health benefits. Annual and lifetime dollar limits can be converted to actuarially equivalent treatment or service limits.

Excluded Benefits

Pursuant to 45 CFR 156.115, the following benefits are excluded from EHB even though an EHB-benchmark plan may cover them: routine non-pediatric dental services, routine non-pediatric eye exam services, long-term/custodial nursing home care benefits, and/or non-medically necessary orthodontia. Please also note that although the EHB-benchmark plan may cover abortion services, pursuant to section 1303(b)(1)(A) of the Affordable Care Act, a QHP issuer is not required to cover these services. Section 156.115(c) provides that no health plan is required to cover abortion services as part of the requirement to cover EHB. Nothing in this provision impedes an issuer's ability to choose to cover abortion services or limits a state's ability to either prohibit or require these services under state law.

Habilitative Services

If the EHB-benchmark plan does not cover any habilitative services and the state does not define those benefits, then pursuant to 45 CFR 156.115(a)(5), the issuer determines which habilitative services to offer as a part of a two year transitional policy.

Coverage Limits

Pursuant to 45 CFR 156.115(a)(2), with the exception of coverage for pediatric services, a plan may not exclude an enrollee from coverage in an entire EHB category, regardless of whether such limits exist in the EHB-benchmark plan. For example, a plan may not exclude dependent children from the category of maternity and newborn coverage

State-Required Benefits

For purposes of determining EHB, we consider state-required benefits (or mandates) to include only requirements that a health plan cover specific care, treatment, or services. **We do not consider provider mandates, which require a health plan to reimburse specific health care professionals who render a covered service within their scope of practice, to be state-required benefits for purposes of EHB coverage.** Similarly, we do not consider state-required benefits to include dependent mandates, which require a health plan to define dependents in a specific manner or to cover dependents under certain circumstances (e.g., newborn coverage, adopted children, domestic partners, and disabled children). Finally, we do not consider state antidiscrimination requirements relating to service delivery method (e.g., telemedicine) as state-required benefits.

Mental Health Parity

The EHB-benchmark plans displayed may not comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). However, as described in 45 CFR 156.115(a)(3), EHB plans must comply with the standards implemented under MHPAEA.

EHB-Benchmark Plan Prescription Drugs by Category and Class

Please note that in some cases a category is listed without a United States Pharmacopeia (USP) class because there are some drugs within the category that have not been assigned to a specific class.

Please also note that where the EHB-benchmark plan does not include coverage in a USP category and/or class, pursuant to 45 CFR 156.122, one drug would have to be offered in that USP category and/or class.

In conjunction with the policy that plans must offer the greater of one drug in every USP category and class or the number of drugs in each USP category and class offered by the EHB benchmark, HHS is considering developing a drug counting service to assist states and issuers with implementation of the proposed prescription drug policy, as described in the following methodology document:

- [EHB Rx Crosswalk Methodology \(PDF - 52 KB\)](#)

Preventive Services

The EHB-benchmark plans displayed may not offer the preventive services described in 45 CFR 147.130. However, as described in 45 CFR 156.115(a)(4), EHB plans must comply with that section.

Exhibit 3

Connecticut - State Required Benefits

Benefit	Name of Required Benefit	Market Applicability	Citation Number
Infertility Treatment	Infertility diagnosis and treatment	Individual, group	§ 38a-536 § 38a-509
Home Health Care Services	Home health care	Individual, group	§ 38a-520 § 38a-493
Emergency Transportation/Ambulance	Ambulance services	Individual, group	§ 38a-525 § 38a-498
Inpatient Hospital Services (e.g., Hospital Stay)	Tumors and leukemia	Individual, group	§ 38a-542 § 38a-504
Delivery and All Inpatient Services for Maternity Care	Maternity minimum stay	Individual, group	§ 38a-530c § 38a-503c
Habilitation Services	Autism spectrum disorder therapies	Individual, group	§ 38a-514b § 38a-488b
Durable Medical Equipment	Ostomy-related supplies	Individual, group	§ 38a-518j § 38a-492
Hearing Aids	Hearing aids for children	Individual, group	§ 38a-516b § 38a-490b
Preventive Care/Screening/Immunization	Prostate cancer screening	Individual, group	§ 38a-518g § 38a-492g
Preventive Care/Screening/Immunization	Colorectal cancer screening	Individual, group	§ 38a-518k § 38a-492k
Preventive Care/Screening/Immunization	Mammography and breast ultrasound	Individual, group	§ 38a-530 § 38a-503
Preventive Care/Screening/Immunization	Preventive pediatric care and blood lead screening	Group	§ 38a-535
Preventive Care/Screening/Immunization	Blood lead screening and risk assessment	Individual	§ 38a-490d
Preventive Care/Screening/Immunization	Neurophysical testing for children diagnosed with cancer	Individual, group	§ 38a-516d § 38a-492l
Accidental Ingestion of a Controlled Drug	Accidental ingestion of a controlled drug	Individual, group	§38a-492 § 38a-518
Bone Marrow Testing	Bone marrow testing	Individual, group	§ 38a-492o § 38a-518o
Bones/Joints	Craniofacial disorders	Individual, group	§ 38a-516c § 38a-490c
Clinical Trials	Experimental treatments	Individual, group	§ 38a-513b § 38a-483c

Connecticut—1

Benefit	Name of Required Benefit	Market	Citation Number
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		Applicability	
Clinical Trials	Cancer clinical trials	Individual, group	§ 38a-542a-g § 38a-504a-g
Developmental Needs of Children & Youth with Cancer	Developmental needs of children & youth with cancer	Individual, group	§38a-492l §38a-516d
Diabetes Care Management	Diabetes testing and treatment	Individual, group	§ 38a-518d § 38a-492d
Diabetes Care Management	Diabetic self- management training	Individual, group	§ 38a-518e § 38a-492e
Prescription Drugs Other	Hypodermic needles and syringes	Individual, group	§ 38a-518a § 38a-492a
Prescription Drugs Other	Lyme disease treatments	Individual, group	§ 38a-518h § 38a-492h
Prescription Drugs Other	Pain management	Individual, group	§ 38a-518i § 38a-492i
Prescription Drugs Other	Prescription contraceptives	Individual, group	§ 38a-530e § 38a-503e
Prescription Drugs Other	Lyme disease treatments	Individual, group	§ 38a-518h § 38a-492h
Prescription Drugs Other	Psychotropic drug availability	Individual, group	§ 38a-476b
Early Intervention Services	Early intervention services (Birth-To-Three Program)	Individual, group	§ 38a-490a § 38a-516a
Inherited Metabolic Disorder - PKU	Low protein modified food products, amino acid modified preparations, and specialized formulas	Individual, group	§ 38a-518c § 38a-492c
Major Dental Care--Adult	Inpatient, outpatient, and one-day dental services	Individual, group	§ 38a-517a § 38a-491a
Mental Health Parity	Mental or nervous conditions	Individual, group	§ 38a-514 § 38a-488a
Network Retail Pharmacy (60-90 Day Supply) Covered	Prescription drug coverage/mail order pharmacies	Individual, group	§ 38a-544 § 38a-510
Off Label Prescription Drugs	Off-label use of cancer drugs	Individual, group	§ 38a-518b § 38a-492b
Post-Mastectomy Care	Mastectomy or lymph node dissection (48 hours)	Individual, group	§ 38a-530d § 38a-503d
Rehabilitative Occupational Therapy	Occupational therapy	Individual, group	§ 38a-524 § 38a-496
Wound Care for Individuals with Epidermolysis Bullosa	Wound care for individuals with epidermolysis bullosa	Individual, group	§ 38a-492n § 38a-518m
Treatment of Medical Complications of Alcoholism	Treatment of medical complications of alcoholism	Group	§ 38a-533

EXHIBIT 4

Quick Take: Essential Health Benefits: What Have States Decided for Their Benchmark?

<http://kff.org/health-reform/fact-sheet/quick-take-essential-health-benefits-what-have-states-decided-for-their-benchmark/> Dec 07, 2012

Beginning on January 1, 2014, the Affordable Care Act (ACA) requires that all non-grandfathered individual and small group health insurance plans sold in a state, including those offered through an Exchange, cover certain essential health benefits (EHBs).

As it stands today, many plans offered in the individual and small group markets lack access to key benefits; the Department of Health and Human Services (HHS) estimates that 62% of health plan enrollees in the individual market do not have coverage for maternity services and almost one-fifth of enrollees lack mental health service coverage. Essential health benefits, at a minimum, will have to include ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, prescription drugs, rehabilitative and habilitative services, laboratory services, preventive and wellness care, chronic disease management, and pediatric dental and vision care. Approximately 68 million people are anticipated to access care covered by the essential health benefit requirement once the ACA is fully implemented.

In a 2011 bulletin and a proposed rule released in November, HHS explained that each state should choose from a range of existing and popular (as measured by enrollment) health insurance plans to serve as an EHB benchmark plan. States can select from the three largest small group health insurance products, the three largest state employee health plan options, the three largest federal employee health plan options, or the largest commercial HMO plan sold in the state. If the state fails to select a benchmark by December 26, 2012, HHS has proposed that the small group health plan with the largest enrollment will be selected by default. The benchmark plan will define the standard set of benefits that must be covered by plans in that state. Insurers in every state will be required to offer plans with benefits “substantially equal” to those found in a state’s benchmark plan. Importantly, the EHB benchmark defines only what benefits must be covered, not what the cost-sharing levels will be. Carriers will develop the cost-sharing features for the products they offer based on the actuarial values for the different metal level plans (bronze, silver, gold, and platinum) spelled out in the ACA.

The ACA specifies that if states require plans to cover services beyond those defined as EHBs by the law, for example certain state-mandated benefits, states must defray the costs of those benefits. However, the proposed rule issued by HHS indicates that for at least 2014 and 2015, if a benchmark plan that is a small group plan or a state employee plan includes state-mandated benefits, those benefits will be considered essential health benefits and the state will not be required to defray any additional costs.

Moving forward, HHS will review and approve states' benchmark recommendations until the December 26, 2012 deadline. With open enrollment in the Exchanges beginning in October 2013, carriers are likely eager for states to finalize their EHB decisions so they can begin analyzing the required benefits and modifying their products to meet the new standards.

Testimonial List for Bill HB5359 ACUPUNCTURE COVERAGE

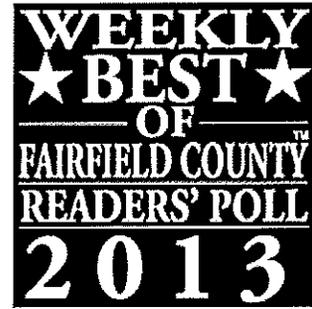
- A. Lee Samowitz
- B. Dr. Jennifer Brett
- C. Ingri Boe-Wiegaard
- D. Patricia Heraghty
- E. Matt Maneggia
- F. Karen Borla
- G. Steve Paine
- H. James Bernhardt
- I. Jeffery Zimmerman
- J. Ken Hoffman
- K. Jean Ledger
- L. Steven Stumpf

Addendum : Studies Content list (abstracts included)

1. The Effect of Acupuncture Utilization on Healthcare Utilization, (complete study on cost effectiveness), Bonafede, Dick, 2008, Rand Corp.
2. Cost Effectiveness Analyses...(review of 17 studies): Kim, Lee, et al, 2012.
3. Acupuncture for Chronic Pain...Meta-Analysis, Vickers, Cronin, et al, 2012.
18,000 patients. (health benefits)
4. Cost Effectiveness of Acupuncture...Lower Back Pain: Taylor, Penny, et al, 2013.
5. Dr. Josephine Briggs, MD, NIH Director of Nat'l Center for CAMedicine, witness before Senate Committee on Veteran Affairs, 2014, (summary).
Also Testimony by Brigadier General Coots and Colonel Galloway (summary).
Complete testimonies available upon request.
6. Cost Effectiveness of Acupuncture...Headaches, Witt, Reinhold, et al, 2008.
7. Longer term clinical and economic benefits...low back pain, Thomas, MacPherson, et al, 2005.
8. Cost effectiveness analysis...chronic headache..., Wonderling, Vickers, et al, 2004.
9. Acupuncture...dysmenorrhea: a randomized study...cost-effectiveness..., Witt, Reinhold, et al, 2008
10. Synopsis of Economic Evaluation in Acupuncture..., Jabbour, Sapko, et al,

Acupuncture in Other States:

11. Washington State: WAC 284-43-205 Every Category of Health Care Providers Parity Statute
12. Acupuncture EHB in Washington State for ACA Health Exchange Insurance Plans
13. EHB: New California Acupuncture Care Essential Health Benefits
14. New Mexico EHB Benchmark Plan – Summary Information
15. Alaska EHB Benchmark Plan
16. Overview of 20 states covering acupuncture



Jennifer Brett, ND, L.Ac.
Naturopathic Physician & Acupuncturist
Director, UB Acupuncture Institute
203-576-4122

To Senator Crisco, Representative Megna, Senator Kelly, Representative Sampson, and Members of the Insurance and Real Estate Committee:

Testimony on Acupuncture Bill HB535

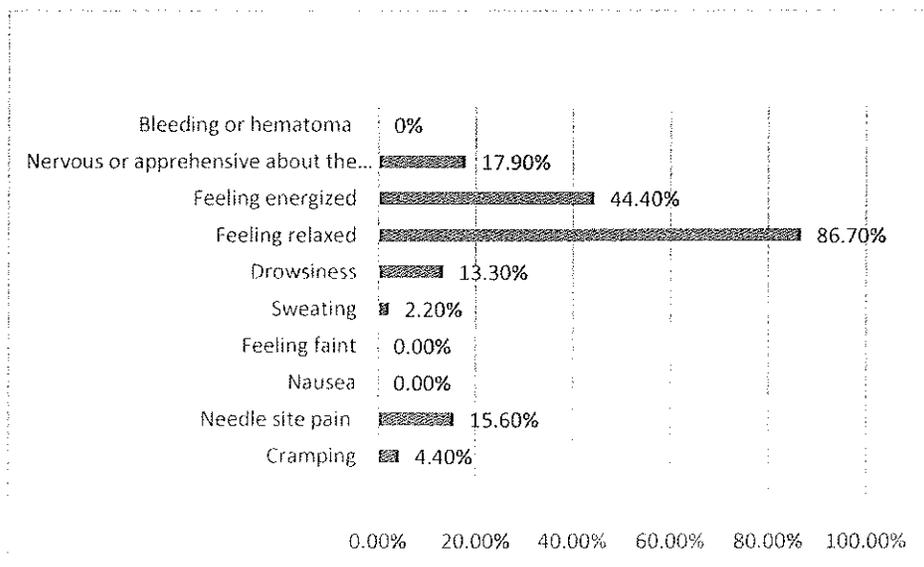
DRAFT STATEMENT FOR CT HEARING FEB 5, 2015

Acupuncture and its associated modalities has been demonstrated to be a cost effective option for managing chronic issues such as back pain, headaches, arthritis and depression. Additionally, acupuncture can be helpful for palliating a number of symptoms or conditions for which there are only limited medical treatments, such as inflammatory bowel diseases and side effects and sequelae of chemotherapy and radiotherapy when such acupuncture is provided by well-trained acupuncturists.

Treating chronic pain without the use of drugs that have either significant side effects or addictive properties is difficult, especially when such medications themselves are linked to additionally morbidities.

Acupuncture has a well-documented high patient satisfaction rate and low adverse event (AE) rate.

In a recent UB patient study, patients reported feeling relaxed, energized, sometimes drowsy and some needle site pain, but no bleeding, faintness or serious side effects after an acupuncture treatment when treated by student interns with, on average, over 1500-hours of training. Satisfaction rates for these same patients were in the 90th percentile.



To Senator Crisco, Representative Megna, Senator Kelly, Representative Sampson, and Members of the Insurance and Real Estate Committee:

Ingri Boe-Wiegaard, (L.Ac.) Testimony on Acupuncture Bill HB5359

Ct. Association for Professional Acupuncture, Pres.

Acupuncture practice- 30 years in CT.

1. CT Society of Acupuncture and Oriental Medicine, CT chapter of the National Guild for Acupuncture, and the CT Assoc. for Professional Acupuncture are fully supporting this bill HB5359.
2. Our goal is to achieve private insurance coverage for Acupuncture services. Patients who use Acupuncture want coverage.
3. According to the National Institute for Health study, 3.1 million adults visited acupuncturists in a year.
4. Acupuncture has been covered in the state of Washington since 1994 (20 yrs). Legislators there approved coverage based on the premise of fairness to all providers and access for patients. British Columbia, Canada, covers it in their health plan. 4 U.S. States now include Acupuncture in their Essential Health Benefits.
5. Studies show that Acupuncture is cost effective compared to regular medical services for many patient groups. Savings amount to \$10,000 - 30,000 per patient. I have provided abstracts of numerous studies in support of this. (in my addendum which has been submitted.)



Senator Crisco
Representative Megna
and members of the Insurance and Real Estate Committee
Legislative Office Building
Hartford, CT 06106

February 5, 2015

Sen. Crisco, Rep. Megna, and members of the Insurance and Real Estate Committee:

The NIH recognizes AOM to be a complete, holistic medical system of theory and practice that is fully credentialed and established within the US medical healthcare system. Its basis lies in a refined diagnostic system to address prevention as well as the treatment of disease and injuries. It is well documented that disease prevention is the most cost effective way to address a multitude of health issues.

AOM has been scrutinized possibly more than any other CAM therapy to date and continues to demonstrate a safety track record that allows for the lowest medical malpractice rates in the nation. Acupuncture is a minimally invasive intervention for many health conditions, producing no serious side effects, with the ability to alleviate symptoms while decreasing dependence or need for prescription drugs. In addition, acupuncture will not produce any negative interactions with concurrent prescription drugs.

The most notable recent review for cost effectiveness was conducted for New Mexico which estimated savings of \$42 billion over a five year period utilizing acupuncture, randomized with five different conditions and a sample size of 500 subjects. Additional research has demonstrated the effectiveness of acupuncture with chronic pain in sustaining relief in 8 to 12 treatments for many pain syndromes (Berman et al. 2004, Witt et al. 2006). A study of 29 patients with severe OA of the knee, each awaiting arthroplasty surgery, were randomly selected to receive a course of acupuncture treatment or to be placed on a wait list beginning 9 weeks later, and of the 29 patients, 7 were able to cancel their scheduled surgeries. Thereby resulting in a cost savings of \$9,000 per patient in hospital related fees (Christenson BV et al 1992). Acupuncture saved just under a million dollars from decreased days of rehabilitative care status post stroke episode in another study of 78 stroke patients, wherein half were randomly selected to receive adjunctive acupuncture treatment. Patients who participated in the protocol which included acupuncture, recovered more quickly with an average stay of 88 days compared to control group of 161 days. This resulted in cost savings of \$26,000 per patient or a grand total of \$936,000 in avoided hospital fees (Johansson K et al 1993).

The utilization of acupuncture has clearly demonstrated improvement in health and wellness while reducing overall healthcare costs. AOM practitioners presently represent our most untapped healthcare resource.

Sincerely,

Patricia Heraghty, LAc., Dipl. Ac., O.T.
Vice President, National Guild of Acupuncture and Oriental Medicine



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ACUPUNCTURE

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To Senator Crisco, Representative Megna, Senator Kelly, Representative Sampson, and Members of the Insurance and Real Estate Committee:

Testimony on Acupuncture Bill HB5359 Matthew Maneggia, LAc.

I have been in practice as a Licensed Acupuncturist in the State of Connecticut since 2007, and have been accepting insurance since 2012.

The issue of parity of providers is that insurance plans presently cover only MDs and DCs on an in-network basis for acupuncture with a major exception, namely, Cigna. Other insurance companies still exclude licensed acupuncturists from the list of in-network providers.

Therefore, other providers such as MDs and DCs join the networks through their respective professions for which insurance coverage is mandated, and then offer acupuncture services to which the members of the health plan are referred.

A good example of the parity problem can be illustrated by the case of a patient who recently started treatment at my office. Unfortunately this is a very typical case. I advised her to request an in-network exception from her insurance provider in which they would cover her at the in-network rate even though we, as Licensed Acupuncturists are locked out of her network. Happily, through a great deal of patience and persistence on her part, including six phone calls over the course of multiple hours, my patient did receive an exception. However, it is comparatively rare to receive this exception. In many cases people spend a significant amount of time and energy fruitlessly. They are either forced to make up the difference in coverage out of pocket, choose to visit a different network provider (MD, DC), or in many cases just give up on seeking acupuncture treatment altogether.

This all-too-familiar scenario applies to all employees with in-network plans that cover acupuncture with exclusion of Cigna. It is a simple matter of fairness and patient choice of access that can be easily remedied by the passage of this bill.



CONNECTICUT SOCIETY OF ACUPUNCTURE AND ORIENTAL MEDICINE

HB 5359 AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR SERVICES RENDERED BY ACUPUNCTURIST

Testimony of Karen Borla, LAc, President, the Connecticut Society of Acupuncture and Oriental Medicine (CSAOM.org)

Insurance and Real Estate Committee Public Hearing February 5, 2015

Dear Senator Crisco, Representative Megna, Senator Kelly, Representative Sampson, and Members of the Insurance and Real Estate Committee:

I'd like to thank the Committee for raising HB 5359. The Connecticut Society of Acupuncture and Oriental Medicine is working to improve the well being of people seeking healthcare in Connecticut

The Connecticut Society of Acupuncture and Oriental Medicine (CSAOM) is in support of HB 5359 AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR SERVICES RENDERED BY ACUPUNCTURIST.

CSAOM has 56 active, professional members who are licensed in Connecticut, and 8 student members. Our members have practices throughout the state and serve thousands of Connecticut residents with this important medicine.

We believe HB 5359 will make acupuncture more readily acceptable to patients who want it, and there are many. Some of them hold back from receiving treatments since that are not covered under their insurance plans. Others are surprised to find out that while they do have acupuncture coverage, they cannot see a licensed acupuncturist and receive in-network benefits. They are instead required to see an M.D. or chiropractor who in most cases does not have the same training as a licensed acupuncturist. This bill would go far to remedy this type of problem in a fair and equitable way through providing parity to licensed acupuncturists.

We wish to underscore the health and cost benefits of acupuncture for our patients. Acupuncture is now being mainstreamed into hospital programs, 40% of self-insured plans, workman's compensation coverage, and VA benefits. We believe insurance companies are increasingly aware of the actuarial studies and numerous independent randomized studies that show the cost benefit of acupuncture compared to conventional medicine.

Recently, 4 states included acupuncture in their Essential Health Benefits (EHB) plans: Washington, California, New Mexico, and Alaska. In addition, Washington State passed a comprehensive providers' parity statute.

Thank you for your consideration of our testimony on behalf of the members of CSAOM.

Sincerely,

CSAOM Board of Directors

Karen Borla, LAc - President

Maggie Barilli, LAc - Vice President

Christopher Chapleau, LAc - Secretary

Joseph Downer, LAc – Treasurer

Regina Walsh, LAc - Immediate Past President

Kathleen Poole, LAc - Director



Steve Paine, OMD, L.Ac.

President, National Guild of Acupuncture & Oriental Medicine
Office & Professional Employees International Union, OPEIU Guild 62, AFL-CIO, CLC
Appointee, Connecticut Worker's Compensation Medical Advisory Panel
Simsmore Square, 536 Hopmeadow St., Simsbury, CT 06070
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www.ngaom.org president@ngaom.org

February 2, 2015

Senator Crisco, Representative Megna
Senator Kelly, Representative Sampson, and
Members of the Insurance and Real Estate Committee
Legislative Office Building
Hartford, CT

RE: HB-5359

Thank you very much for your time today.

My name is Steve Paine, and I am an appointed member of the Connecticut Worker's Compensation Medical Advisory Panel, which advises Chairman Mastropietro on standards and protocols for the treatment of injured Connecticut workers.

I am testifying today in support of HB-5359 as the President of the National Guild of Acupuncture & Oriental Medicine. We are Guild 62 of the Office and Professional Employees International Union and we are affiliated with the National AFL-CIO and with the Connecticut state AFL-CIO. We serve members in Connecticut and 15 other states and the District of Columbia. Our Guild is dedicated to providing the American public with the highest level of acupuncture and oriental medicine care available anywhere in the world. Our mission is to continue to educate practitioners to a level of competence which allows licensed acupuncturists to fully integrate with mainstream medicine.

For the first time in history, pharmaceutical costs exceed medical costs in the Connecticut worker's compensation system. The same trend applies to the major medical insurance





Steve Paine, OMD, L.Ac.

President, National Guild of Acupuncture & Oriental Medicine
Office & Professional Employees International Union, OPEIU Guild 62, AFL-CIO, CLC
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system. Viable alternatives to drugs must be used to manage costs. Acupuncture has a long history of reducing pharmaceutical costs through the biochemical actions of acupuncture which enhance the body's internal capacities to reduce inflammation and pain and to accelerate tissue repair. A licensed acupuncturist was appointed to the Medical Advisory Panel to cooperate with medical colleagues in Connecticut to reduce pharmaceutical costs within the workers compensation system. Acupuncture serves that same function within the major medical insurance system and can reduce costs even further when such coverage is mandated.

Over many years, licensed acupuncturists in Connecticut have demonstrated the ability to reduce healthcare costs by helping patients return to work earlier and recover faster from injuries and illnesses. We have compelling evidence that we significantly reduce a family's healthcare costs by dramatically reducing the use of surgery, prescription drugs and doctor visits.

It makes eminent sense to encourage low-cost, drug-free approaches to reduce the cost of healthcare. Attached to my testimony is a meta-analysis which substantiates these claims in a study authored by Guild member and president emeritus of the American Association of Acupuncture and Oriental Medicine, Michael Jabbour. I have also attached "Resolution 4" from the Connecticut AFL-CIO passed June 14, 2014 endorsing the inclusion of licensed acupuncture in major medical insurance plans.

Sincerely,

Steve Paine

Steve Paine, OMD, (Hong Kong), Licensed Acupuncturist (CT, Hawaii)



RESOLUTION 4

SUPPORTING UNION PRACTITIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE

WHEREAS, the National Guild of Acupuncture and Oriental Medicine OPEIU Guild 62 is dedicated to serving the healthcare needs of union members and their families, and

WHEREAS, NGAOM have demonstrated the ability, without drugs or surgery, to relieve pain and increase treatment of overall health disorders, and

WHEREAS, NGAOM is dedicated to helping injured workers return to work earlier and recover faster from injury, and

WHEREAS, NGAOM seeks the inclusion of licensed acupuncturists as state workers compensation providers,

THEREFORE BE IT RESOLVED that the Connecticut AFL-CIO support legislation which will permit full integration of Connecticut licensed acupuncturists into the medical mainstream as healthcare providers enabling union members and their families access to effective, drug-free, insured treatment for workers compensation and major medical care.

Submitted By: National Guild of Acupuncture and Oriental Medicine OPEIU, Guild 62

Convention Action: APPROVE REJECT

James Bernhardt CPA/PFS

Bernhardt CPA

Certified Public Accountant

191 Post Road W

Westport, CT 06880

To Senator Crisco, Representative Megna,
Senator Kelly, Representative Sampson, and
Members of the Insurance and Real Estate Committee:

Testimony on Acupuncture Bill HB5359

2-5-2015

My name is James Bernhardt CPA/PFS and I am here to testify on Bill HB5359, an Acupuncture Act.

Thank you for your time.

I have reviewed the numerous studies presented in the addendum material handed in today. (16 in number) These are some of the most recent and most well-designed studies of the Cost Effectiveness of Acupuncture compared to regular medical services. The studies do indeed show cost savings in the range of \$10,000-30,000 per patient, depending upon hospital stay costs and surgery, and patient group.

The studies show that patients often avoid the more costly procedures when utilizing Acupuncture initially. Studies on chronic lower back pain, headaches, and menstrual pain are some of the issues included.

As a CPA, I am constantly concerned with cost savings for my clients, whether they are companies or individuals.

James Bernhardt, CPA/PFS

Jeffrey C. Zimmerman L.Ac
120 Post Road West, Suite 101
Westport, Ct. 06880

Feb. 5, 2015

Senator Crisco, Representative Megna,
Senator Kelly, Representative Sampson, and
Members of the Insurance and Real Estate Committee,

I am sending you my **testimony in Support of Bill HB5359.**
an act for Acupuncture Services Insurance Coverage

Acupuncture has been well documented for many years to be an
effective form of treatment, as well as a cost savings for many patients.
It is a cost savings for the insurance companies , because more
expensive procedures are averted by the benefits of acupuncture.

As an acupuncturist, all we seek is parity and fairness in insurance
coverage. **Please pass Bill HB5359**

Sincerely,

Jeffrey C. Zimmerman



To: Senator Crisco, Representative Megna,
Senator Kelly, Representative Sampson,
Members of the Insurance and Real Estate Committee

From: **Kenneth R Hoffman, L.Ac.**, Medical Director, Sophia Natural Health Center

Re: Acupuncture Bill HB5359

My name is Ken Hoffman. I am a licensed Acupuncturist for over 10 years. I am the Medical Director for Sophia Natural Health Center in Brookfield Ct. In the time I have been in practice I have seen over 6,000 patients and run one of the largest Holistic practices in the State. I am also the host of the radio show "The Natural Medicine Connection" on 800AM, WLAD. It is the only local holistic talk show in Fairfield County.

I have had the opportunity to see many people restore their health using the acupuncture treatments we provide. I have seen jobless people get back to work, reversal of heart failure and people with debilitating diseases get their life back.

I have also seen where patients have stopped care because their insurance would not pay for treatments and they could not afford to continue even though they were improving.

I wholly support this acupuncture Bill HB5359 so that I can continue to provide quality healthcare to the citizens of our State. Not only do we provide a unique specialized service that works but we also do this while saving the insurance companies lots of money.

One example of this is a patient of mine who was suffering from a debilitating digestive disease. She was constantly missing work and was completely unproductive. She was on medication that was barely managing the condition. Within a few weeks, I was able to get the condition symptoms under control and within a few months, she was in remission without any medication. She told me that prior to coming to me she was spending approximately \$50,000 per year to manage her condition including 10% of which was an out of pocket expense for her. Since she is now in remission and requires nominal medical care for 5 years, I estimate that I have saved the insurance company about \$250,000. This is a common story in my practice. She was fortunate to have a dual working family that was able to afford the out of pocket expense. Over the years I have seen many more that could not.

The passing of the bill HB5359 providing parity to us as licensed healthcare providers is only fair to patients. It would provide much more patient's access to our care at a significant cost savings to the State.

Thank you,

Ken Hoffman, L.Ac

February 4, 2015

Senator Crisco, Representative Megna
Senator Kelly, Representative Sampson, and
Members of the Insurance and Real Estate Committee
Legislative Office Building
Hartford, CT

RE: HB-5359

I am a 68 year old female who was diagnosed with Parkinson's Disease in 2009.
My insurance covers medicine and office visits after I have paid a copayment amount.

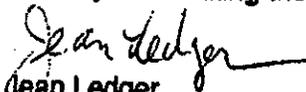
What doesn't get paid and is most beneficial to my treatment plan are most effectively weekly
acupuncture, monthly massages, a healthy diet, supplements and exercise.

I am asking you to consider functional medicine as a viable part of a treatment plan to aid in the
managing of this disease.

Let me give you an example of what happens after an acupuncture treatment. Before treatment
my body will have tremors both hands and feet which I can't control. Internally my body is
always in motion but not as severe as my outward tremors. After a treatment which takes about
one hour I leave feeling more energized, no inward shaking, and balance is improved.
The overall treatment from head to toe is reducing inflammation in my body. As long as there is
inflammation the disease will remain. Acupuncture is not a cure but is the best medicine I have
yet to find in managing my Parkinson's disease.

I am doing everything I can to reduce my symptoms and lead a healthy and fulfilling life.
I only ask that insurance companies begin to help with expenses for treatment.

Thank you for taking the time to read my letter .


Jean Ledger
89 Bushy Hill Rd.
Granby, CT 06035



Steven Stumpf, Ed.D.
National Director of Education
Office & Professional Employees International Union, OPEIU Guild 62, AFL-CIO, CLC
Simsmore Square, 536 Hopmeadow St., Simsbury, CT 06070
Tel: 860.413.4232 860.693.4948 Fax: 860.920.5216

February 3, 2015

Members of the Insurance and Real Estate Committee
Legislative Office Building
Hartford, CT

RE: HB-5359

Dear Members of the Insurance and Real Estate Committee:

I am writing this letter in support of HB-5359 which is presently before the Connecticut General Assembly. This bill will require health insurance coverage for services rendered by an acupuncturist to the same extent coverage is provided for services rendered by a physician.

I am the National Director of Education for the National Guild of Acupuncture & Oriental Medicine. Our Guild 62 is a member of the Office and Professional Employees International Union which is a member of the AFL-CIO. I am not an acupuncturist. I am a health professions researcher who has worked with acupuncture training programs for a decade. My other 30 years in healthcare included training physicians and physician assistants. I have published the only papers to survey the acupuncture workforce. My most recent publication will appear in the peer-reviewed journal EXPLORE in this coming May. That paper reviews acupuncture laws throughout the nation.

Acupuncture is a physiologically based primary health care approach that utilizes a comprehensive medical model internally consistent with specific strategies for dealing with a wide extent of illnesses and health dysfunction. The medical literature includes more than sufficient evidence recognizing the benefits of acupuncture as a useful treatment for many kinds of pain, especially when the injured party seeks treatment and recovery other than surgery and pharmaceuticals.

Our Guild works with the largest professional group, the American Association of Acupuncture and Oriental Medicine, to make sure acupuncturists are trained in mainstream medicine. We work to guarantee that every patient treated by an acupuncturist is treated according to standards expected from any other mainstream provider. Please support this Bill.

I am yours, sincerely,

Steven H. Stumpf, Ed.D.