

**A Grassroots Campaign to Expand Health Insurance Coverage of
Acupuncture in Massachusetts**

Presented to:

The Acupuncture and Oriental Medicine Society of Massachusetts

Presented by:

Danielle Thompson, MPP Candidate, Health Policy
The Heller School for Social Policy and Management
Brandeis University

for HS273F: Policy, Advocacy and Community Organization
Professor Lawrence Bailis, Ph.D.
Spring 2012

Introduction and Background:

Lack of Insurance Coverage for Complementary and Alternative Medicine: A National Issue:

Complementary and Alternative Medicine (CAM), also known as integrative therapies,¹ has gained enormous popularity in the United States. The 2007 National Health Interview Survey revealed that 38 percent of adults and 12 percent of children use integrative therapies² such as acupuncture, reiki, massage therapy and yoga. Despite high consumer demand, most of these treatments are not covered by private or public health insurance plans.³ According to the National Center for Complementary and Alternative Medicine (NCCAM), 83 million adults spend \$33.9 billion out-of-pocket on integrative therapies. These costs comprise 11.2 percent of total out-of-pocket expenditures on health care, surpassing expenditures for conventional treatments by primary care physicians.⁴ This creates disparity in care along economic lines for consumers who cannot afford to pay for these services out-of-pocket and could benefit from them as a form of wellness and disease prevention.

Why Acupuncture in Massachusetts?

While the lack of insurance coverage for integrative therapies is a national issue, it makes the most sense to initiate change at the state level since states have historically served as safe and fertile grounds to experiment with incremental changes in health policy. This paper outlines a plan for a grassroots public policy campaign to expand private health insurance coverage of acupuncture in Massachusetts, a state that has historically been a leader in health reform. I chose acupuncture because it is a popular integrative therapy and is already covered by many insurance companies across the nation. There is also extensive evidence that acupuncture is safe and effective, and can save insurers money in the long term, especially for patients with chronic

disease.⁵ Numerous studies show that acupuncture can effectively treat symptoms from conditions such as migraine,⁶ cancer pain,⁷ fibromyalgia,⁸ and chronic pain in elderly patients⁹ among others. Acupuncture has also been linked to changes in brain activity;¹⁰ however, many policymakers and the general public are not aware of this clinically-based evidence. The scope of the campaign is limited to private insurance because the process of seeking coverage for medical services under Medicare and Medicaid involves a different group of stakeholders. My recommendations are directed toward the Acupuncture and Oriental Medicine Society of Massachusetts (AOMSM), the professional association for acupuncturists in the Commonwealth. (Please see Appendix A for complete definitions of CAM and acupuncture).

The Status Quo: Insurance Coverage for Acupuncture in Massachusetts Today

In Massachusetts, it is up to the discretion of private insurers as to whether or not they cover acupuncture treatments. The three largest insurance companies in the state (Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, and Tufts Health Plan)¹¹ cover acupuncture as a medical benefit if an employer adds it as a rider in a group plan, although very few employers choose to do so since that would increase premiums. Riders are not available for individual plans. All three insurers offer their members a discount of up to 30 percent off of the provider's usual and customary charge for acupuncture regardless of plan type. These discounts only apply to licensed acupuncturists who participate in the plan's provider network.^{12 13 14}

Legislative History of Acupuncture in Massachusetts

There have been two attempts to pass legislation that would mandate insurance coverage for services rendered by licensed acupuncturists in Massachusetts. Both bills died in committee (in 2010 and 2012 respectively) indicating that a new legislative strategy is needed.¹⁵ In her

September 2011 testimony in support of the second bill, H.R. 3519, An Act Relative to Insurance Coverage for Acupuncture, Demie Stathoplos, Executive Director of Pathways for Wellness (the largest acupuncture clinic in Massachusetts) commented that many of the legislators still did not understand the concept of acupuncture. One legislator commented that “it sounds like you are saying acupuncture is “magic- that it helps with pain, immune system, allergies, digestion, everything.”¹⁶ Clearly, policymakers need to be better educated about acupuncture if the acupuncture community expects them to support it.

Another reason why past legislation has been unsuccessful is a lack of cohesion and agreement within the acupuncture community itself.¹⁷ There is a segment of the community that resists change because these providers fear that insurance reimbursement will drive down the amount that clinicians are reimbursed for acupuncture by insurance companies. According to Naomi Alson, Co-Chair of AOMSM’s Insurance Committee, they also do not want to deal with the paperwork burden of billing insurance companies or providing documentation in accordance with “medical necessity” criteria in order to be reimbursed.¹⁸ However, coverage of acupuncture is essential if the profession is to be legitimized in the eyes of consumers and the broader medical community. Acupuncturists are discriminated against by existing policies since many insurers do not recognize them as credentialed health care professionals even though many hold Masters degrees and acupuncturists must complete a minimum of 1,095 hours of instruction in acupuncture related courses at an accredited school in order to be licensed in Massachusetts.¹⁹ Coverage of acupuncture would also make it easier for acupuncturists to attract consumers since their services would be more affordable.

Current Political Climate in Massachusetts

The current political environment in Massachusetts is cautious about any legislation that requires spending without reducing costs. This is especially true in the case of health care. Governor Deval Patrick has made a strong commitment to controlling spending, demonstrated by his filing of health care payment reform legislation in May 2011.²⁰ This has proven to be an obstacle for the passage of acupuncture legislation in Massachusetts. In order for future legislation to be successful, acupuncture advocates need to impress upon the Legislature that this modality is a viable cost-containment tool.

Rationale for Grassroots Campaign

In my Capstone policy brief²¹, I argue that the status quo is unacceptable, but that passage of an insurance mandate for acupuncture is not feasible at this time. My recommendation is for AOMSM to organize a grassroots campaign to educate stakeholders about the value of acupuncture. While the campaign is being organized, AOMSM is to seek federal funding from the Patient Centered Outcomes Research Institute (PCORI) to conduct a comparative effectiveness pilot study in Massachusetts that investigates the efficacy and cost effectiveness of acupuncture for different medical conditions. That way, the acupuncture community will be prepared to lobby the Legislature to pass a mandate as soon as research from the study is available. (See Table 1 in Appendix B for a timeline for implementation for the study). For the purposes of this paper, I only focus on the campaign, not the pilot study. For a framework, I use guidelines from renowned lobbyist Judith Meredith's workbook Real Clout to offer recommendations for designing an effective issue-based campaign. The purpose of this campaign is both to unify the acupuncture community as one voice for reform and to disseminate that

message to other stakeholders. I assume that AOMSM is starting with a budget of \$0.00 since this is most realistic. Please see Table 2 in Appendix B for a suggested timeline for implementation of the campaign.

Structure of the Campaign:

Grassroots campaigns can usually be categorized into one of four arenas: turf, issue, identity and workplace.²² A campaign about acupuncture is naturally issue-based because the focus of the campaign is on the issue itself. The geographic element and interests of individual group members are less of a priority. In most cases, grassroots campaigns take one of two approaches: community development and social action;²³ however, the campaign I propose is a combination of both. Community action is necessary to build communal infrastructure and unite the acupuncture community around a divisive issue. The goal of this “internal development” strategy is to help the community solve problems, generate its own leadership, strengthen social relationships, and function more effectively.²⁴ Once this infrastructure is in place, AOMSM will be ready for the social action component of the campaign which is “designed to alter the actions, behaviors and attitudes of outside groups and institutions.”²⁵ Social action campaigns are adversarial because they urge decision makers to take actions they otherwise would not take. These campaigns also emphasize resistance between conflicting interests.²⁶

Developing a Campaign Message:

Developing a campaign message is the first step to mounting a successful public policy campaign.²⁷ An effective message should address the public policy problem that needs to be fixed, the solution, why the target audience should care about it, and what they can do to help.²⁸ As AOMSM formulates its campaign message, members should keep in mind that interest

groups play an important role in agenda setting, whether on Capitol Hill or Beacon Hill. Most interest group activity consists not of positive promotion, but of negative blocking of proposals that run counter to their interests.²⁹ A campaign to increase insurance coverage of acupuncture is an example of positive promotion or proactive efforts for a new initiative which can be a welcome change from reactive politics that dominate the State House. A message targeting the acupuncture community might look something like this:

Acupuncture is not covered by most health insurance plans in Massachusetts, making it out of reach for thousands of low-to-moderate income residents who could benefit from these services as a form of wellness and prevention. Lack of coverage lowers demand for acupuncture clinics and individual providers and treats acupuncturists like second class health care practitioners. If acupuncture is to be taken seriously as a legitimate profession within the broader health care community, acupuncturists need to come together to pass an insurance mandate. Join the Acupuncturists for Insurance Coverage Coalition and share a patient story, donate your time, or make a donation to get this campaign off the ground.

Building and Sustaining Operational Coalitions:

The second step in developing a campaign is to build and sustain an operational coalition which will be responsible for disseminating its message.³⁰ AOMSM's legislative committee will spearhead this initiative in collaboration with the New England School for Acupuncture (NESA) in Newton, MA, Pathways for Wellness in Boston, and other organizations that share the vision of equal access to acupuncture. Health Care for All, the largest consumer advocacy organization for health issues in Massachusetts is another potential ally.

Before the coalition can work toward creating change, it must convince private donors to contribute to the campaign.³¹ AOMSM can seek donations from its membership. NESA and Pathways for Wellness have their own donor bases that can be tapped as well. The coalition can also seek funding through grants. The Foundation Center (www.foundationcenter.org) is an

excellent resource for identifying appropriate grant makers. Internal resources (i.e. development officers at member organizations) should be maximized when applying for these grants. When crafting fundraising letters, it is important to tweak the message depending on whether acupuncturists or consumers are the recipient. Acupuncturists are likely to care more about increased demand for their services whereas the idea of being responsible for a co-payment instead of the full cost of a service will be attractive to consumers.

Once enough donations have been collected, AOMSM should hire a community organizer. This role is separate from that of a leader. By definition, a leader “directs and guides a group by being out in front of followers” while an organizer’s job is to get other people to take the lead. An organizer cultivates emerging leaders, and provides encouragement, support and training as needed.³² For this campaign, I suggest that these roles are held by different people. The organizer should be an outsider who can objectively work to mobilize the base, while leaders should be selected from within the acupuncture community. While there may be a learning curve for an outsider who is not immediately familiar with acupuncture, the most important qualifications for an organizer are excellent interpersonal skills, a clear sense of mission while retaining the ability to remain impartial, and the ability to establish role relationships with the people with whom they work.³³ The average annual salary for a community organizer in Boston is \$41,000.³⁴ AOMSM and its partners should plan on hiring this person for several years, so consistent fundraising efforts are essential. The best place for the organizer to start is to expand AOMSM’s membership. There are 1,111 licensed acupuncturists in Massachusetts, 1,012 of whom are actively seeing patients,³⁵ yet AOMSM’s newsletter only goes out to approximately 600 acupuncturists.³⁶

The coalition also must recruit affected constituents into its district-based grassroots network.³⁷ AOMSM and its partners should create a mailing list of patients who have personally benefited from acupuncture, are willing to share their stories, and volunteer time and/or money to the campaign. This relates to one of Clout's rules of influencing public policy: "Public policy makers weigh opinion as equal to fact."³⁸ As Massachusetts State Representative Jay Kaufman emphasizes, personal stories and experiences are often more convincing than evidence.³⁹ Policymakers are more likely to be moved by a cancer patient who testifies that acupuncture mitigated the side effects of her chemotherapy treatment, enabling her to continue with her prescribed regimen, than by a study showing that a certain percentage of cancer patients experience "improved outcomes.

AOMSM should look for "untraditional allies" in the business community and trade associations. A steering committee should be formed of the major partners who have a high level of commitment to the campaign. Each organization should be able to contribute something unique in the form of cash, grassroots capacity, and/or political capital. The committee should have a democratic structure to ensure that all stakeholders have input.⁴⁰ John Kingdon points out that "even if an interest group raises an issue, it doesn't necessarily control the debate once the issue is raised."⁴¹ For that reason, it is important that powerful stakeholders such as insurance companies have a seat at the table. Otherwise, Massachusetts risks falling into the same trap as Washington which holds the distinction of being the only state where CAM services are universally covered. Yet, each year acupuncturists and other CAM providers in Washington must fight to keep their law on the books, indicating that the insurance companies were not on board to begin with.⁴²

Key stakeholders who are affected by changes in acupuncture coverage include: acupuncturists, insurance companies, consumers and physicians. The Massachusetts Association of Health Plans listed “mandated benefit reform” as a key component of its 2011-2012 legislative agenda;⁴³ therefore, AOMSM and its partners will need to use cost effectiveness analyses from other states as well as the results of the pilot study discussed above to prove to insurers that coverage of acupuncture will help their bottom line. In July 2011, the Massachusetts Medical Society testified against passage of Senate Bill 1104, An Act to Expand the Scope of Acupuncture to Treat Drug Addiction” on the grounds that the bill went beyond the treatment of addiction to include “pain management and palliative care, and acupuncture anesthesia.” The Society took the position that acupuncture was not safe to treat these conditions.⁴⁴ Educating physicians about the numerous studies that speak to the safety of acupuncture^{45 46 47} is key to successful passage of an insurance mandate.

AOMSM should also capitalize on the support of physicians who already support acupuncture. According to Stathoplos, “many doctors are anxious to have acupuncture covered because their patients are clamoring for it, and because healthcare providers are some of the most frequent users of acupuncture, they know it works, and want to be able to prescribe it.”⁴⁸ These physicians can provide valuable testimony to the Legislature and in campaign materials that are disseminated to the public.

Organizing and Mobilizing Grassroots Activists into Action:

Once the campaign’s message and operational structure are in place, the coalition can mobilize and expand its base. The acupuncture community should take heed of Barack Obama’s warning that “most community organizations and organizers...still practice a ‘consumer

advocacy approach' with a focus on wresting services and resources from the outside powers that be." Obama suggests that organizers should instead "think of harnessing internal productive capacities, both in terms of money and people that already exist in communities."⁴⁹ Accordingly, the coalition's community organizer is to work with each organization's board and staff to identify local coordinators who can assume leadership roles in different regions of the state. These coordinators need to be briefed on the relevant policy issues so that they can go back home and immediately organize local training sessions.⁵⁰ Each coordinator will serve as a liaison between acupuncturists and other relevant stakeholders in their region, communicating this feedback to the coalition headquarters in Boston. Coordinators will also be responsible for mobilizing constituents to contact their state representatives and senators. This ties in with another of Clout's rules of influencing public policy: "Elected decision-makers make different decisions when watched by affected constituents."⁵¹ Coordinators will report to a Grassroots Mobilizing Director⁵² who can either be hired through fundraising efforts or can be a staff member at one of the coalition member organizations who takes this on as an additional duty.

Once these tasks have been completed, the coalition should hire a Media Relations Director⁵³ to oversee the dissemination of the campaign message through a variety of vehicles such as outlines of research reports, fact sheets, talking points, slogans, bumper stickers and sound bites.⁵⁴ Advertisements on the MBTA are a visible way to get the word out. AOMSM already has fact sheets listed on its website,⁵⁵ but they do not include a basic definition of acupuncture which is important for policymakers who are unfamiliar with it. The AOMSM website needs to have a section for consumers so that patients can sign up for legislative alerts and become more involved in advocacy efforts.

Once local efforts are underway and the acupuncture community is unified as one voice for change, state capitol activities such as lobby days and legislative briefing sessions should be planned⁵⁶ in order to pass a new bill mandating insurance coverage of acupuncture in Massachusetts, assuming that the results of the pilot study offer promising support that a statewide insurance mandate will be cost effective. As AOMSM and its partners begin lobbying efforts, advocates should focus on identifying “hero opportunities” for legislators who are looking for ways to “make a difference” in the lives of their constituents by exercising their power and influence.⁵⁷ An example might be a legislator who has a special interest in wellness and preventive health care. Clout’s final rule for influencing public policy comes into play here: “Get the right information to the right person at the right time.”⁵⁸ Determining the right time to lobby for a bill on Beacon Hill can be difficult, but by monitoring public announcements made by legislators and other bills that are being considered, the acupuncture community can find a window for change.

I recommend that this campaign be used as a template for professional associations representing other types of integrative therapies whose practitioners and users seek insurance coverage in Massachusetts and other states. The best way to achieve coverage of integrative therapies is to do so incrementally by lobbying for coverage of one modality at a time. As more patients have access to acupuncture and other types of integrative therapies, we will have a healthier Commonwealth and more productive workforce.

Appendix A

Definitions

Complementary and Alternative Medicine (CAM) is difficult to define because the field is so broad and constantly evolving, but the National Center for Complementary and Alternative Medicine (NCCAM) characterizes it as “a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine.”⁵⁹ For these purposes, conventional (or Western/allopathic) medicine includes medical doctors, doctors of osteopathy, and allied health professionals such as registered nurses, physical therapists, and psychologists. “Complementary medicine” refers to practices such as acupuncture that are often used alongside conventional medicine to relieve pain. In contrast, “alternative medicine” is used as a substitute for conventional medicine. This policy brief refers to the use of acupuncture as a complementary medicine, not an alternative one.

Acupuncture describes a family of procedures that aim to restore and maintain health through the stimulation of specific anatomical points on the body using a variety of techniques. The technique most often studied scientifically involves penetrating the skin with thin, solid, metallic needles that are manipulated by the hands or by electrical stimulation. According to acupuncture and oriental medicine, acupuncture seeks to achieve homeostasis between “yin” and “yang,” two opposing and inseparable forces in the body which when properly aligned, enable the body to be in a healthy, balanced state. An imbalance in these forces can result in a blockage of “qi” (vital energy) along pathways called meridians. A skilled acupuncturist can unblock qi by using acupuncture at certain points along the body that connect with those meridians. The number of meridians is thought to range between fourteen and twenty. These channels connect the body in a matrix of at least 2,000 acupuncture points.⁶⁰

A key component of traditional Chinese medicine, acupuncture is one of the oldest healing practices in the world and has been practiced in Asian countries for thousands of years.⁶¹ The first news of acupuncture hit the U.S. mass media in 1971 when *New York Times* reporter James Reston wrote an article that explained how doctors in China used needles to abate his pain after receiving an appendectomy.⁶² Today, acupuncture is increasingly popular among physicians, dentists, acupuncturists, and other health professionals who use it to relieve or prevent pain and to treat other conditions.

Appendix B

Tables

Table 1: Suggested Timeline for Pilot Study	
Action Item	Deadline
Review PCORI awards from last year	June 2012
Consult with universities and acupuncture clinics to partner with	June - August 2012
PCORI application for funding due	December 2012
Decide on a university partner and clinic	January 2013
PCORI awards announced	May 2013
Recruitment period for pilot study	June 2013 - November 2013
Surveys designed to collect qualitative data	August 2013
Baseline data collected from participants	December 2013
Pilot study in progress	January 2014 - January 2016
Analysis of results	February 2016 - June 2016

Table 2: Suggested Timeline for Grassroots Campaign		
	Action Item	Deadline
Developing a Campaign Message	Recruit allies	June 2012 – October 2012
	Solicit private donors	October 2012 – January 2013
	Dissemination of message	February 2013 – January 2014
Building and Sustaining an Operational Coalition	Look for untraditional allies/form steering committee	January 2014 – June 2015
Organizing/Mobilizing Activists into Action	Identify local coordinators	June 2015
	Lobby legislators	Beginning February 2016

Works Cited

-
- ¹ To eliminate confusion, complementary and alternative medicine will be referred to as “integrative therapies” in this paper.
- ² National Institutes of Health, National Center for Complementary and Alternative Medicine (Dec. 10, 2008). According to a new government survey, 38 percent of adults and 12 percent of children use Complementary and Alternative Medicine. URL: <http://nccam.nih.gov/news/2008/121008.htm>.
- ³ Medicare Coverage Database. “Information for Massachusetts.” URL: <http://www.medicare.gov>.
- ⁴ Aickin, Miekl et al. Researching complementary and alternative treatments -- the gatekeepers are not at home. *BMC Medical Research Methodology* 7(2007): 7-6. *Academic Search Premier*.
- ⁵ Health Management Associates (2008). Integrative therapies pilot project: a holistic approach to chronic pain management in Medicaid: Florida Medicaid experience.
- ⁶ Ying L, Fanrong L, Xuguang Y. (2009). Acupuncture for treating acute attacks of migraine: a randomized controlled trial. *Headache*, 49: 805-815.
- ⁷ Cochrane Summaries: <http://summaries.cochrane.org/CD007753/acupuncture-for-cancer-related-pain-in-adults>
- ⁸ Bernan B, Ezzo J, Hadhazy, V. (Mar. 2009). Is acupuncture effective in the treatment of fibromyalgia? *Journal of Family Practice*, 49(3): 213-218.
- ⁹ MediPass is Florida’s primary care case management program for Medicaid beneficiaries and includes both the Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI) population.
- ¹⁰ Editorial Staff (Feb. 2011). Study: Acupuncture key in pain processing.” *Acupuncture Today*, 12(2). URL: <http://www.acupuncturetoday.com/mpacms/at/article.php?id=32355>.
- ¹¹ U.S. News and World Report (2011). The top 10 insurance companies in Massachusetts.” URL: <http://health.usnews.com/health-plans/massachusetts>.
- ¹² Blue Cross Blue Shield of Massachusetts. Blue links for employers: Value added programs. URL: <http://www.bluecrossma.com/bluelinks-for-employers/member-tools-resources/value-added-programs.html>.
- ¹³ Harvard Pilgrim Health Care. Member savings: Alternative and Complementary Medicine. URL: https://www.harvardpilgrim.org/portal/page?_pageid=213,38419&_dad=portal&_schema=PORTAL.
- ¹⁴ Tufts Health Plan (2012). Acupuncture and massage therapy. URL: http://www.tuftshealthplan.com/members/members.php?sec=member_discounts&content=acupuncture_and_massage_therapy.
- ¹⁵ Massachusetts State Legislature (Feb. 6, 2009). Bill H.4111. An Act Providing for Medical Coverage of Acupuncture. URL: <http://www.malegislature.gov/Bills/186/House/H4111>.
- ¹⁶ Demie Stathoplos (Mar. 28, 2012). Feedback on policy brief.
- ¹⁷ Porter, Kristen and Sommers, Beth (July 2011). “Evolution of the Massachusetts acupuncture bill.” *Acupuncture Today*, 2(7). URL: <http://www.acupuncturetoday.com/mpacms/at/article.php?id=32423>.
- ¹⁸ Naomi F. Alson (May 27, 2012). Interview.
- ¹⁹ Massachusetts Board of Registration in Medicine (2012). Educational requirements for acupuncturists. URL: <http://www.mass.gov/eohhs/provider/licensing/occupational/acupuncture/licensing/requirements.html>
- ²⁰ Patrick, Deval (May 16, 2011). Testimony on behalf of health care cost containment legislation. URL: <http://www.mass.gov/governor/pressoffice/speeches/051611-testimony-on-behalf-of-health-care.html>
- ²¹ Thompson, Danielle (May 27, 2012). Strategies to expand health insurance coverage of acupuncture: Policy alternatives for Massachusetts. Capstone policy brief.
- ²² Staples, Lee (2004). Roots to Power: A Manual for Grassroots Organizing. (Westport, Connecticut: Praeger Publishers), 4
- ²³ Staples, 6
- ²⁴ Staples, 7
- ²⁵ Staples, 9
- ²⁶ Staples, 9
- ²⁷ Clout, Judith and Dunham, Catherine (2004). “Real Clout: Rules and Tools for Winning Public Policy Campaigns” in Staples, Lee’s Roots to Power: A Manual for Grassroots Organizing. (Westport, Connecticut: Praeger Publishers), 238.
- ²⁸ Clout, 238.

-
- ²⁹ Kingdon, John (2010). *Agendas, alternatives and public policies*, 2nd ed. (New York: Addison, Wesley, Longman), p. 49
- ³⁰ Clout, 238.
- ³¹ Clout, 238.
- ³² Staples, p. 28
- ³³ Staples, pp. 29-30.
- ³⁴ Indeed.com. Search for “Community Organizer in Boston”:
<http://www.indeed.com/salary?q1=Community+Organizer&11=boston%2C+massachusetts>.
- ³⁵ Massachusetts Board of Registration in Medicine (3/23/2011). Information provided by Carolyn Taite, Program Coordinator in Licensing Division.
- ³⁶ Acupuncture and Oriental Medicine Society of Massachusetts; Newsletter: <http://www.aomsm.org/Newsletter>.
- ³⁷ Clout, 238.
- ³⁸ Clout, 237.
- ³⁹ Kaufman, Jay (Mar 14, 2012). Class presentation at Brandeis University.
- ⁴⁰ Clout, 241.
- ⁴¹ Kingdon, 50.
- ⁴² Watts, Carolyn A. (2004). The effect of mandating Complementary and Alternative Medicine services on insurance benefits in Washington State. *The Journal of Complementary and Alternative Medicine*, 6(6).
- ⁴³ Massachusetts Association of Health Plans. 2010 annual report. “MAHP’s 17 point proposal, p. 20. URL: <http://www.mahp.com/assets/pdfs/MAHP-Annual-2010-Final.pdf>
- ⁴⁴ Massachusetts Medical Society (July 19, 2011). MMS testimony in opposition to Senate Bill 1104 an Act to Expand the Treatment of Acupuncture to Treat Drug Addiction, before the Joint Committee on Public Health. URL: http://www.massmed.org/AM/Template.cfm?Section=MMS_Testimony&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=57348.
- ⁴⁵ Birch, S. (2004). Clinical research on acupuncture: Part 1. What have reviews of the efficacy and safety of acupuncture told us so far? *The Journal of Alternative and Complementary Medicine*, 10(3), 468-480.
- ⁴⁶ Ernst, E. (2000). Prospective studies of the safety of acupuncture: a systematic review. *The American Journal of Medicine*, 110(6), 481-485.
- ⁴⁷ Cherkin, D. C. (2003). A review of the evidence for the effectiveness, safety, and cost of acupuncture, massage therapy, and spinal manipulation for back pain. *Annals of Internal Medicine*, 138(11), 898-906.
- ⁴⁸ Demie Stathoplos (Mar. 28, 2012). Feedback on policy brief.
- ⁴⁹ Obama, Barack (Apr 5, 2011). Why Organize? Problems and promise in the inner city. *Illinois Issues*, p. 4.
- ⁵⁰ Ibid, 249.
- ⁵¹ Clout, 236
- ⁵² Clout, 242
- ⁵³ Clout, 242
- ⁵⁴ Clout, 242.
- ⁵⁵ Acupuncture and Oriental Medicine Society of Massachusetts; Fact Sheet:
<http://www.aomsm.org/Resources/Documents/H3519%20Fact%20Sheet%204-12.pdf>.
- ⁵⁶ Ibid, 251.
- ⁵⁷ Clout, 234-235.
- ⁵⁸ Clout, 236.
- ⁵⁹ National Institutes of Health, National Center for Complementary and Alternative Medicine (2010). What is Complementary and Alternative Medicine? URL: <http://nccam.nih.gov/health/whatiscom>.
- ⁶⁰ National Center for Complementary and Alternative Medicine (2010). Acupuncture: An introduction. URL: <http://nccam.nih.gov/health/acupuncture/introduction.htm>.
- ⁶¹ Ibid.
- ⁶² Reston, James (Jul. 26, 1971). Now let me tell you about my appendectomy in Peking. *New York Times*. Retrieved via Acupuncture.com: <http://www.acupuncture.com/testimonials/restonexp.htm>.