



Minnesota Acupuncture Association
7809 Southtown Center
Suite #287
Bloomington, MN 55431

To whom it May Concern,

The MN Acupuncture Association (MAA) would like to extend its gratitude to the legislature and its support of bill HF785. The MAA is Minnesota's professional association representing hundreds of healthcare providers, Licensed Acupuncturists, across the state. The MAA has been tirelessly promoting and advocating for safe, non-pharmacological solutions to pain and pain management for decades in partnership with our state government and allied health professions.

Acupuncture is a safe, effective and evidence-based solution for pain and other health conditions when performed by licensed providers such as Acupuncturists. As you are aware, the opioid epidemic continues to challenge our society and has been further complicated by the ongoing COVID-19 pandemic in the past year. Non-pharmacologic pain management solutions are an increasingly vital aspect of the delivery of modern healthcare. Patients, especially those in at-risk or other demographics are often barred access to services due to insurance coverage or other financial reasoning. Increasing access through legislation like HF785 is a step towards improving those outcomes.

The MAA submits the following resources to further substantiate the use of acupuncture in treatment of pain. Therefore, it is imperative for the health and well-being of all Minnesotans, including your constituents, that access to vital non-pharmacologic pain management solutions like acupuncture be available and HF785 be passed.

The American College of Physicians currently have within their **top recommendations**, for either acute or chronic low back pain, non-pharmacological interventions, including acupuncture (1).

Acupuncture is recognized as one of the most affordable therapies available in the current medical resource pool and considered a low risk treatment option with little to no side effects when performed by trained and licensed acupuncturists, as presented in a published review of 229,230 patients by Witt, et al, in *Forsch Komplementmed* Apr 2009 (2).

In May of 2012 Miller, et al., reported their findings, subsequently published in the *BMC Complementary and Alternative Medicine* June 2012, at the International Research Congress on Integrative Medicine and Health that post-operative joint replacement **patients who received acupuncture demonstrated substantially less self-reported pain**. Further published findings by Vickers, et al, in *JAMA* 2012 and Corbett, et al, in *Osteoarthritis and Cartilage* Sep 2013 (3).

Increasing access to non-pharmacologic pain solutions such as acupuncture and healthcare providers such as licensed acupuncturists will go a long way to resolve the discrepancies often seen between insurance providers and the care that members demand. Often what is not offered, cannot be easily asked for. In the interest of public safety, health and wellness, we look forward to the passing of such monumental and important legislation such as HF785. We thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Nicholas Dougherty". The signature is fluid and cursive, with the first name "Nicholas" being more legible than the last name "Dougherty".

Dr. Nicholas Dougherty DAOM, Dipl Ac (NCCAOM), L.Ac
President, MN Acupuncture Association

1. Qaseem A, Wilt TJ, McLean RM, Forcica MA, for the Clinical Guidelines Committee of the American College of Physicians. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med.* ;166:514–530. doi: 10.7326/M16-2367
2. Witt C, M, Pach D, Brinkhaus B, Wruck K, Tag B, Mank S, Willich S, N: Safety of Acupuncture: Results of a Prospective Observational Study with 229,230 Patients and Introduction of a Medical Information and Consent Form. *Forsch Komplementmed* 2009;16:91-97. doi: 10.1159/000209315
3. Vickers AJ, Cronin AM, Maschino AC, et al. Acupuncture for Chronic Pain: Individual Patient Data Meta-analysis. *Arch Intern Med.* 2012;172(19):1444–1453. doi:10.1001/archinternmed.2012.3654