



Washington East Asian Medicine Association

Analysis: Acupuncture Medicine vs. East Asian Medicine

Association and Statute RCW 18.06 Name Change

We are at a critical juncture for the practice of Acupuncture and East Asian Medicine in the state of Washington as well as within the country. Over the past few months the Washington East Asian Medicine Association (WEAMA) has been gaining insight, doing research nationally and gathering feedback from Washington State East Asian Medicine Practitioners (EAMP's). Based on our research and membership input, the WEAMA Board is proposing a name change for our association and our statute, RCW 18.06.

In a recent WEAMA survey, 91% said they would like for acupuncture to be more integrated into the conventional healthcare system. There are strong forces pushing healthcare in new and exciting directions and it is important that we as professionals take careful consideration of how best to proceed for the profession as well as for the benefit of all who require our services.

Current Professional Environment-National and State

There have been significant changes on the national and state level regarding the practice of acupuncture that is moving the medicine into the mainstream of the US and Washington state health care system.

1. **Veterans' Health Administration (VHA):** The VHA has published a new occupation code and job qualification standard allowing licensed acupuncturists to practice at the VHA medical centers. This policy shift comes at a time of great need for complementary and integrative health (CIH) options for veterans as identified by the advancing research, policies, and legislation that support CIH. The VHA initiatives include fostering an understanding of the distinct profession of licensed acupuncturists, developing an appreciation of the emerging evidence for acupuncture, and creating the cultural shift to support a wider view of CIH services. Historically, acupuncture was provided in the VHA mostly by physician-acupuncturists and chiropractic acupuncturists. The publication of a qualification standard for licensed acupuncturists allows the VHA to increase its provider base and create cost savings for the delivery of acupuncture. This move requires overcoming barriers to the integration of licensed acupuncturists into the VHA system. The goal is to increase the utilization of acupuncture among veterans."

10-23-18

2. **Bureau of Labor:** The U.S. Bureau of Labor Statistics now features “Acupuncturists” with its own classification as a federally-recognized labor category based on measurable data that confirms growth in the industry. This recognition earns Acupuncturists a distinct Standard Occupational Code (SOC) and job classification with U.S. Department of Labor, National Center for Education Statistics, U.S. Department of Defense, National Science Foundation, and U.S. Census Bureau. Acupuncturists in the VA now have a government standard (GS) range of GS 9 -12, depending on the Acupuncturist’s level of education, training, and experience. This allows for an Acupuncturist to have advanced placement within the system, depending on their experience and education; however, all Acupuncturists must be actively NCCAOM National Board-Certified.
3. **Opioid Epidemic:** In 2015, 718 Washingtonians died from opioid overdose, more than from car accidents. The majority of drug overdose deaths — more than six out of ten — involve an opioid. Nationwide, 1 in 4 people who receive prescription opioids for chronic pain in primary care settings struggle with addiction. The legislature on the national and state levels are asking the healthcare industry for a solution to these very serious issues and shortages of care. This has brought on the need for more acupuncturists and they are needed today, not in five years.
4. **Washington State Department of Labor and Industries:** The Acupuncture Pilot Project which began on October 1, 2017, is a pilot project to explore the use of acupuncture for the treatment of low-back pain. Acupuncture providers who enroll in the pilot project may treat workers, within the guidelines of the project.
5. **Health Care Authority (HCA):** Governor Inslee requested that HCA review non-pharmacological alternatives to opioids with a workgroup over summer of 2018. HCA gathered data on acupuncture and other types of treatment for pain management. The intent was to research evidence on effectiveness and potential cost savings to the health care system by allowing complementary and alternative medicine, including acupuncture, to the list of covered services through Apple Health (Medicaid)

Analysis of Terminology

The common theme in all of these national and state efforts is the term acupuncture, not East Asian Medicine. Acupuncture is widely recognized as the medicine that we practice and how insurance companies bill for the majority of our services. It is also how most consumers relate to our medicine and access it in the current health care system through their insurance or private pay.

Over the past 6 months WEAMA has been re-evaluating the term East Asian Medicine which was changed in our laws in 2010 (SB 6280). The original intention of the legislation that passed, changing the name of the profession to East Asian Medicine Practitioners (EAMPs), was to demonstrate that the practice of acupuncture was much broader than inserting needles into patients for therapeutic effect. It was also to move away from the usage of the term “Oriental” that is prohibited in Washington state law.

Sadly, this change has had unintended consequences for our profession. Putting the definition of acupuncture under East Asian medicine has reframed the practice of acupuncture as a technique, not a system of medicine and has caused some confusion. In recent scope of practice discussions with physical therapists and advanced registered nurses, it has been used as a way to try and pull acupuncture out as a separate technique that, according to their analysis, requires less training since it is not practicing your full scope of medicine and training as an EAMP. WEAMA has strongly disagreed with this analysis, but the way our laws are structured could give this impression. WEAMA is proposing to redefine the term acupuncture in our state law as a holistic, integrative medicine to better align with the state and national movement towards mainstreaming the practice of acupuncture. Here is a draft of the new intent section for our RCW update:

“Acupuncture is an evidence based, integrative, healing-oriented medicine that takes into account of the whole person (body, mind, and spirit), including all aspects of lifestyle. It emphasizes the therapeutic relationship and makes use of all appropriate therapies. Acupuncture is a family of procedures involving stimulation of anatomical locations on or in the skin using specific therapeutic techniques. There are a variety of approaches to diagnosis and treatment for acupuncture in the United States that incorporate China medicine and medical traditions from Japan, Korea, and other East Asian countries. The practice of acupuncture requires that individuals practicing any form of acupuncture are subject to high safety standards, proper educational and clinical training with accreditation corresponding to the regulations.”

It has also come to our attention that the Chinese Acupuncture Community finds the term “East Asian” offensive. Although East Asian is not inherently negative, it is associated with a time period when Asians had a subordinate status referred to ‘Sick Man of East Asia’ and ‘Great East Asia Co-prosperity’. ‘Oriental’ and ‘East Asian’ conjure up an era associated with historical discrimination against China and some other Asian countries. They have requested that we remove these pejorative and disparaging words, Oriental and East Asian when used to rename WEAMA. A petition to change the name of the association by the Chinese Acupuncture Community was submitted to WEAMA on September 27, 2018.

Conclusion

WEAMA is proposing to move away from the term East Asian Medicine Practitioner in both our state law, RCW 18.06 and in our association name. We are proposing using the terminology of “Acupuncture Medicine” in our association name and replacing the term “East Asian medicine” with “acupuncture” in our statute RCW 18.06. This would also change the name of our Department of Health East Asian Medicine Advisory Committee to “Acupuncture Medicine Advisory Committee” and will require an update of our WAC regulations as well.

The timing of this proposition is to align the association name change with our legislative proposal in the 2019 session. Eliminating the term “East Asian Medicine” in our association name will help

10-23-18

us to re-brand the profession as acupuncture and acupuncturists with a consistent message as we speak with legislators and on our “Acupuncture Medicine Day” on February 26th in Olympia WA.

WEAMA By-Laws state that our association name may be changed, within the structures of the law and the Articles of Incorporation, by a two-thirds vote of the voting members of the Corporation present at a business meeting. This includes the annual meeting as well as any regular, emergency or special meeting. Proposed changes must first be approved by the Board of Directors by majority vote, prior to the business meeting. We will not have the opportunity to vote again on the proposed name change until our Spring conference.

DRAFT LANGUAGE ONLY

After a months of discussion regarding changing our statute, RCW 18.06 to better define the term acupuncture and removing the term East Asian medicine, researching state and national trends and receiving a petition from the Chinese Acupuncture Community to change the name of the association, the WEAMA Board voted on a name to recommend to the membership at their October 16th meeting to change the name to “Washington Acupuncture Medicine Association (WAMA).”