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• Global Views

“Obamacare” covers fifty-four million Americans for acupuncture as Essential Healthcare Benefit

Arthur Yin Fan

McLean Center for Complementary and Alternative Medicine, PLC, Vienna, VA 22182, USA

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Correspondence: Arthur Yin Fan; Tel: +1-(703) 499-4428; E-mail: ArthurFan@ChineseMedicineDoctor.US

“Obamacare” is the informal and most-used term for *The Patient Protection and Affordable Care Act*, also known as the *Affordable Care Act (ACA)*, and is a United States federal statute signed into law by President Barack Obama on March 23, 2010. Together with the *Health Care and Education Reconciliation Act*, the ACA represents the most significant regulatory overhaul of the United States healthcare system since the passage of *Medicare and Medicaid* in 1965^[1]. This healthcare reform has already begun, with the open enrollment for the first year of the ACA’s healthcare exchange marketplace ending on March 31, 2014.

“Obamacare” was enacted with the goals of increasing the quality and affordability of health insurance, lowering the uninsured rate by expanding public and private insurance coverage, and reducing the costs of healthcare for individuals and the government^[1]. The ACA introduced a number of mechanisms, such as mandates, subsidies, and insurance exchanges that are meant to increase the coverage and affordability of healthcare. The new healthcare law also requires that insurance companies guarantee coverage for all applicants that fit within new minimum standards and offer the same rates regardless of pre-existing conditions or gender to all applicants. Additional health care reforms are aimed at reducing the cost of healthcare through additional mechanisms such as increasing competition, regulations, and incentives to streamline the delivery of healthcare and move towards a quality-based rather than

quantity-based system. The Congressional Budget Office predicts that improved efficiency within the healthcare system, from the new imposed regulations, will help to lower present and future deficits as well as Medicare spending^[1,2].

The ACA is meant to ensure that health plans offered in the individual and small group markets offer a comprehensive package of items and services, known as Essential Health Benefits (EHB). Insurance companies are prohibited by the ACA from imposing annual or lifetime coverage caps on these essential health benefits. EHB must, at minimum, include adequate coverage in the following categories: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care^[3]. In determining what would qualify as an EHB, the ACA requires that the scope of standard benefits should at least equal that of a “typical employer plan”; however, states have some discretion in determining what the standard coverage will be for healthcare insurance within the minimum standards set forth by the ACA and also in the determining of possible inclusion of any additional services and items that fall under EHB^[4].

Acupuncture is among the oldest healing practices in

the world. In the United States, it is considered one of the major therapies in complementary and alternative medicine (CAM)^[5]. A report from a Consensus Development Conference on Acupuncture held at the National Institutes of Health (NIH) in 1997 stated that acupuncture is being “widely” practiced by thousands of physicians, dentists, acupuncturists, and other practitioners, for relief or prevention of pain as well as for various other health conditions. The findings revealed that individuals in the United States using acupuncture (including former and recent users) increased from 4.2% to 6.3%, representing 8.19 million and 14.01 million users in 2002 and 2007, respectively^[6]. Some commercial insurance plans cover acupuncture treatments, which are included in federal employee healthcare programs. However, Medicare (for retired people), military and veterans’ healthcare do not cover acupuncture.

Based on some statistics of “Obamacare” (see Table 1 below for details), as of the beginning of 2014, there are five states and four territories in the United States that cover acupuncture as EHB. The total of the population with acupuncture coverage, due to Obamacare, will be 54 049 222, which represents 17% of the United States population. The state with most acupuncture coverage is Maryland, in which all Maryland residents may have acupuncture treatments for any condition, and without spending limits (*i.e.*, no limitations on the payment amounts, or number of acupuncture visits). The second most-covered state is California, in which residents may use acupuncture in the treatment of nausea or as a complementary treatment for pain management. And in other three states — New Mexico, Washington and Alaska — as well as four United States territories — American Samoa, Guam, Northern Mariana Islands, and the Virgin Islands, residents can have 12 to 24 acupuncture treatments per year. Nevada does not cover acupuncture as EHB, which may be surprising for some since Nevada was the first state in the United States to obtain legal status for acupuncture and Oriental medicine in 1973. Some other states or territories of the United States do not cover acupuncture as EHB, but have acupuncture as specialty coverage in some insurance plans. Based on the author’s conservative estimate, about 7.5 million American (23.8% of the population in the United States) could get acupuncture coverage at the beginning of 2014.

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Competing interests

The author declares that he has no competing interests.

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Table 1 Acupuncture covered as an Essential Healthcare Benefit in states and territories of USA in 2014

| States or territories | A | B | C | D | F | J | K |
|--|-----------------------------------|---------------------|--|--------------------------------|---|--|--|
| | Population in 2013 ^[6] | Acupuncture Covered | Benefit description (Required if benefit is covered) | Quantitative limit on service? | Limit units required if quantitative limit is "Yes": select the correct limit units | Explanation | Does this benefit have additional limitations or restrictions? |
| Maryland ^[7] | 5 884 563 | Covered | Acupuncture | No | | | No |
| California ^[8] | 38 041 430 | Covered | Outpatient care | No | | Typically only for treatment of nausea or as part of complementary pain management program | No |
| New Mexico ^[9] | 2 085 538 | Covered | Covered | Yes | \$1 500/year | In network diagnostic and treatment services | No |
| Alaska ^[10] | 731 449 | Covered | Acupuncture | Yes | 12 visits/year | In network: subject to applicable copay only | No |
| Washington ^[11] | 6 897 012 | Covered | Covered | Yes | 12 visits/year | Unlimited if for chemical dependency treatment | No |
| American Samoa ^[12] | 69 544 | Covered | Alternative treatments | Yes | 24 treatments/year | | No |
| Guam ^[13] | 182 111 | Covered | Alternative treatments | Yes | 24 treatments/year | | No |
| Northern Mariana Islands ^[14] | 51 170 | Covered | Alternative treatments | Yes | 24 treatments/year | | No |
| Virgin Islands ^[15] | 106 405 | Covered | Alternative treatments | Yes | 24 treatments/year | | No |
| Total: 5 states, and 4 territories | 54 049 222, 17% of USA | | Acupuncture | | | | |

* This form was modified from the descriptions from Center for Medicare & Medicaid Services, The Center for Consumer Information & Insurance Oversight, Data Resources^[7-15]. Columns E, G, H, and I were deleted.

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