

**Comment for the National Center for Complementary and Integrative Health (NCCIH)
Meeting on Strategic Priorities**

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Summary: The present moment represents an unprecedented opportunity for NCCIH to demonstrate its leadership in addressing the pain epidemic in the U.S. By prioritizing studies of insurance coverage, cost analyses, and implementation research for complementary and integrative approaches like acupuncture, NCCIH can fulfill its mission while addressing a critical gap in federal pain research capacity.

NCCIH is a key player in one of our nation's most pressing public health challenges: the care of chronic pain. With the recent reduction in force that decimated the Office of Pain Policy and Planning, NCCIH is uniquely positioned to fill a critical research gap. As a health economist, acupuncture researcher, and chronic pain patient, as well as a K01 awardee, I urge NCCIH to make pain research, with particular emphasis on access and insurance coverage for complementary and integrative treatments, a cornerstone of its strategic priorities. Americans deserve safe and effective alternatives to opioids, and NCCIH is well-positioned to generate the research necessary to make these treatments more accessible.

Background

The opioid crisis and ongoing reduction in opioid prescribing nationwide has fundamentally reshaped how we approach pain care, emphasizing an urgent need for safe, effective alternatives to opioids. Complementary and integrative treatments, including those with robust evidence bases like acupuncture, massage therapy, and mind-body interventions, represent a promising pathway for addressing the chronic pain conditions that affect millions of Americans.

Yet a significant barrier to the widespread adoption of complementary and integrative pain care remains: the lack of insurance coverage and insufficient evidence regarding insurance coverage patterns and their impact on patient outcomes, including health care spending.

Proposed Research

NCCIH should prioritize research that examines insurance coverage for complementary and integrative pain care as a fundamental component of its strategic agenda. Current gaps in insurance coverage create substantial barriers, especially for populations who bear disproportionate burdens of chronic pain. For example, most state Medicaid programs do not include acupuncture in their benefits package.

Understanding insurance coverage patterns, identifying disparities in access and outcomes, and performing cost analyses of complementary and integrative pain care are essential for informing policy decisions that could expand access to these treatments.

Research priorities could include longitudinal studies examining how insurance coverage affects utilization patterns and clinical outcomes for acupuncture, massage therapy, and mind-body interventions. We need robust data on the comparative effectiveness and cost-effectiveness of these approaches compared to conventional treatments, particularly for high-prevalence conditions like low back pain, osteoarthritis, and headaches and migraines. Additionally, implementation research examining how to integrate complementary and integrative pain care into health care systems and optimize insurance coverage policies would provide critical insights for scaling these treatments.

Economic Implications

The economic implications are substantial. Chronic pain costs the U.S. hundreds of billions of dollars annually in health care expenditures and lost productivity. Complementary and integrative pain care offer many advantages to pharmacologic treatments and to more expensive and invasive interventional procedures, but the lack of insurance coverage prevents their widespread adoption. NCCIH-funded research could provide the evidence base necessary to convince public and private payers to change their policies regarding complementary and integrative pain care, potentially yielding significant cost savings while improving patient outcomes.

To that end, NCCIH could also collaborate with the Centers for Medicare & Medicaid Services, private payers, and state Medicaid programs to conduct pragmatic research within real-world health care settings. These partnerships will generate the evidence needed to inform coverage decisions while directly benefiting patients and health care systems.

Views expressed by the researchers are their own and do not necessarily represent those of the University of Pennsylvania Health System (Penn Medicine) or the University of Pennsylvania.