AHM Coalition Town Hall

Federal Education Policy and the Future of Acupuncture and Herbal Medicine

March 18, 2026

Important Notice
The responses provided to questions by audience members attending the 18 March 2026 Town Hall are for general educational and informational purposes only and are not considered to be official statements from any of the organizational members of the AHM Coalition. They do **not** constitute legal, tax, accounting, financial, or individualized business advice. Individuals and institutions should consult qualified professionals (such as attorneys, accountants, financial planners, or tax advisors) for guidance regarding their specific circumstances.

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Q: How can we build a successful and sustainable practice?

Answer: Building a sustainable practice starts with sequencing your growth and staying anchored to patient outcomes. Begin with a structure that keeps overhead manageable so you can focus on delivering excellent care rather than on rapid expansion. As your patient base grows, you can gradually reinvest in tools, services, and support staff in response to demonstrated demand, rather than taking on unnecessary risk. At the core, prioritize being consistently present and engaged with your patients. When patients feel seen, supported, and understood—and experience tangible improvements such as reduced pain or better function—trust deepens and adherence improves. Over time, strong patient outcomes support retention, word-of-mouth referrals, and practice stability.

This information is for educational purposes and is not business, legal, or financial advice.

Q: How are the professional degree designations decided upon, and who makes those decisions?

Answer: ACAHM is responsible for determining degree designations within its scope as the specialized accreditor for the field. These decisions are informed by established accreditation standards and a public comment process that allows input from multiple constituencies. For additional detail on processes and criteria, please see ACAHM's resources at www.acahm.org/resources. This explanation is provided for general informational purposes only and does not constitute legal advice.

Q: How can the profession increase its credibility, align more closely with the status of physicians, and improve practitioner incomes?

Answer: Advancing credibility and professional status involves strengthening educational standards, demonstrating consistent patient outcomes, and positioning practitioners as highly trained healthcare providers. Maintaining rigorous, high-quality education—while working to avoid unnecessary costs—can help elevate the profession without creating additional barriers to entry. How services are priced and delivered also influences perceived value. Some practice models emphasize accessibility, while others emphasize higher pricing that reflects advanced training and responsibility. Ongoing dialogue within the profession is needed to balance access, sustainability, and professional identity. These comments are general and are not individualized financial or pricing advice.

Q: How can the profession find common ground between different educational standards while also advancing toward recognition as physicians under state medical boards?

Answer: Finding common ground begins with a shared baseline of high-quality, patient-centered care that all programs and practitioners can endorse. From there, the profession can support tiered or progressive educational pathways that maintain strong core standards while allowing advanced training or specializations for those who choose to pursue them. Efforts to expand recognition within state regulatory and licensing frameworks require consistency, rigor, and clearly demonstrated outcomes. That includes aligning education, clinical competencies, and professional standards with broader healthcare expectations and communicating the value practitioners bring to patient care. This overview is informational and is not legal advice.

Q: Just to clarify, tuition needs to be under $100k, that's the threshold?

Answer: The approximately $100,000 threshold discussed in this context reflects a proposed graduate-level lifetime limit for certain Title IV federal student loans, while a higher limit of about $200,000 has been proposed for designated professional programs. Program tuition and fees are influenced by many factors, including faculty, facilities, clinical operations, and administrative costs, and may or may not align exactly with loan limits. It is also important to note that lifetime loan limits take into account prior federal borrowing, such as undergraduate loans. From a profession-wide perspective, limiting access to federal aid may affect who can realistically enter the field and how institutions structure programs. Individuals should review their specific situation with their financial aid office or a qualified financial advisor; this explanation is not personal financial advice.

Q: Would ASA with/without NCBAHM consider creating an APTA–FSBPT structure for working with regulators?

Answer: Deeper collaboration among national organizations is one of the reasons the AHM Coalition was established. Members are exploring how best to coordinate with regulators and other stakeholders, including whether a more formalized structure—analogous in some ways to models in other professions—would be helpful. Any eventual structure will need to reflect the unique history, scope, and resources of our field. This discussion is organizational in nature and does not constitute legal advice.

Q: I have been told that the cap on financial aid begins July 2026. Can you address that?

Answer: Under the RISE negotiated rulemaking, the proposed loan caps (including the $100,000 and $200,000 lifetime limits) are tied to a statutory effective date of July 1, 2026. As currently understood, these limits would apply to new borrowing—funds disbursed on or after that date—rather than to loans already disbursed. For current students, there may be transition provisions or implementation nuances that depend on final regulations and institutional policies. Because details can change as regulations are finalized, students should consult their institution's financial aid office or a qualified financial professional for guidance about their own circumstances. This response is informational only and not individualized financial advice.

Q: What are the reasons Licensed Acupuncturists earn less than other healthcare professionals?

Answer: There are many factors that appear to contribute to income differences between Licensed Acupuncturists and some other healthcare professionals. These include limited and inconsistent insurance integration, relatively low reimbursement levels for acupuncture CPT codes, and visit limits that may not reflect the full scope of care provided. Many acupuncturists also operate as small business owners in largely cash-based practices, which can constrain growth and stability. In addition, public perception often frames acupuncture as "alternative" rather than as an integral part of health care, and some stakeholders perceive there to be insufficient high-quality evidence across all the conditions for which acupuncture is used. Addressing these issues requires coordinated work on positioning, integration into value-based care efforts, research, and practice models—rather than any single financial tactic. This discussion is about profession-level dynamics and is not personal financial advice.

Q: Will our profession be reaching out to the Naturopathic Physicians who also are losing Professional Degree status?

Answer: Collaboration with other professions facing similar policy changes, including naturopathic physicians, is an important avenue for shared advocacy. Many practitioners already co-locate or collaborate clinically, and those existing relationships can help inform broader policy conversations. The AHM organizations are actively exploring opportunities to coordinate with aligned professions where interests and goals overlap. These efforts are organizational and advocacy-focused, and do not provide legal or financial advice to individuals.

Q: Can you explain why someone would choose an S-Corp and how it changes the amount of taxes they have to pay?

Answer: Some small healthcare practices consider different business structures—such as operating as a sole proprietor, LLC, or electing S-corporation status—for reasons that can include tax treatment, liability protection, and practice management preferences. In very general terms, these structures can differ in how income flows to the owner's tax return and how payroll or self-employment taxes are applied. However, the specific tax impact depends heavily on individual circumstances, income level, and compliance with requirements such as paying a "reasonable salary." Because these are complex legal and tax questions, practitioners should consult a qualified accountant or tax advisor and, where appropriate, review IRS resources before choosing a structure. This response is for general information only and is not tax, legal, or financial advice.

Q: What are the maximize targeted action steps each of us can take?

Answer: Some of the most impactful actions individuals can take include:

- Joining your state association to strengthen its representation and capacity.
- Staying informed through association communications and town halls.
- Participating in coordinated grassroots advocacy efforts that are developed in collaboration with national organizations such as the ASA and AHM Coalition.
- Sharing accurate information with patients, colleagues, and local stakeholders about the value and training of acupuncturists.

These are profession-supporting steps and are not legal advice; for any activity that raises legal questions (such as lobbying or political engagement), please rely on your association's guidance and qualified counsel.

Q: Why are we trying to reduce our worth to accommodate and fit in?

Answer: Changing public perception about the value of our medicine is a high priority. One goal of current efforts is to expand the range of practice settings, including integrative team environments and private practices—so that practitioners can choose models that fit their skills and professional goals, even if some settings use a narrower portion of our scope. At the same time, we are working to help the public better understand our education, knowledge, skills, and abilities so they can make more informed choices about their care. This work is about elevating visibility and understanding, not about diminishing the profession's worth. These comments focus on messaging and professional positioning, not on individual pricing or financial advice.

Q: WHY are we focused on "being low cost"?

Answer: Discussions about cost often arise from a desire to increase access and integration into existing healthcare systems, many of which are highly cost-conscious.

However, focusing too heavily on being the “low-cost” option can unintentionally undervalue the depth of training, and the outcomes acupuncture can deliver. A more constructive approach is to clearly communicate the clinical value and safety of our services to patients, payers, and policymakers, while also acknowledging the need for affordability and equity. This is a strategic positioning question at the profession level and is not individualized financial guidance.

Q: We provide so much value! Why are we making ourselves worth less than getting our nails done?

Answer: There can be a mismatch between the clinical value practitioners provide and how that value is reflected in pricing and public perception. Contributors include a desire to remain accessible, variable confidence in communicating the value of care, inconsistent standards across the profession, and limited integration into mainstream systems. The answer is not simply to raise fees; it is to combine clear communication about outcomes, strong professional standards, and thoughtful practice models so that patients and payers understand acupuncture as healthcare, not a discretionary luxury. These remarks are about professional positioning and do not constitute specific pricing or financial advice

PSLF, Loans, and Financial-Structure Questions

Q: Private loans won't be eligible for loan forgiveness, not a great option!

Answer: Private student loans typically have different terms than federal loans and are generally not eligible for federal loan-forgiveness programs. They may also carry higher interest rates or more restrictive repayment options, depending on the lender and borrower profile. Because borrowing decisions are highly individual, students and graduates should review options with their institution’s financial aid office and, when needed, a qualified financial professional. This response is for general information only and is not personal financial or legal advice.

Q: How can we work to have acupuncture recognized as a qualifying profession under the PSLF program alongside other medical fields?

Answer: Under the current Public Service Loan Forgiveness (PSLF) framework, eligibility is based primarily on the borrower's employment setting and loan type, rather than the profession alone. Acupuncturists may qualify if they work full-time for eligible government or non-profit employers and hold qualifying federal loans while making qualifying payments. From a profession-wide standpoint, increasing roles for acupuncturists in hospitals, FQHCs, VA facilities, and other non-profit clinics can expand PSLF-relevant opportunities. Advocacy efforts can also focus on integrating acupuncture into more public and non-profit healthcare settings and educating policymakers about its value. This explanation is general and does not constitute individualized financial, tax, or legal advice.

Q: Would working as independent contractor by creating LLC be beneficial or not?

Answer: Working as an independent contractor through an entity such as an LLC can offer potential advantages, including added flexibility in how you structure your practice and separate business and personal assets, as well as different tax reporting options. At the same time, it can mean taking on more responsibility for bookkeeping, taxes, insurance, retirement planning, and managing income variability. Whether this path is beneficial depends on each practitioner's circumstances, goals, and risk tolerance. Because business-entity and tax questions are complex, practitioners should make these decisions in consultation with qualified legal and tax professionals. This response is for general educational purposes only and is not legal or tax advice.

Q: Would a scholarship fund be a tax-deductible avenue?

Answer: Creating scholarship funds can be one way for institutions, associations, or donors to support student access and reduce financial barriers. Whether contributions to a particular fund are tax-deductible depends on factors such as the legal structure of the sponsoring organization, how the fund is set up, and applicable federal and state tax rules. Any group considering establishing a scholarship fund should consult qualified tax and legal professionals to ensure compliance and to understand potential implications for donors and recipients. This response is informational and does not provide tax or legal advice.

Education Quality, Training Models, and Residencies

Q: Any way we can lean on apprenticeship models to decentralize clinical experience work?

Answer: Apprenticeship-style training models can appear attractive as a way to expand clinical experience, but they have presented significant challenges in our field. Historically, the NCBAHM apprenticeship route was discontinued in part because applicants from that pathway had lower board-exam pass rates, raising concerns about consistency and preparedness. Only a limited number of states accepted apprenticeship routes for licensure, which also restricted graduates' mobility. Any future reconsideration of apprenticeship elements would need to address competency, patient safety, standardization, and regulatory acceptance. This overview is about educational and regulatory considerations and is not legal advice.

Q: Any concerns about the quality of the practitioners coming out of minimized programs?

Answer: Yes, there are real concerns about practitioner readiness and patient safety when programs are substantially shortened or minimized. Reduced time in didactic and clinical training can limit practitioners' ability to assess patients comprehensively, apply treatments safely, and respond appropriately to complications. The key question is not only program length, but whether graduates consistently demonstrate competence in real-world clinical settings. Ensuring rigorous standards, sufficient supervised clinical experience, and clear competency benchmarks is essential so that all practitioners—regardless of program format—can deliver safe, effective care. These comments address educational quality and do not substitute for any regulatory or legal determination.

Q: Is there room in US to generate paying residency programs?

Answer: Paid residency-type programs for acupuncturists are being explored in a limited number of settings. Early models suggest that residencies could strengthen the transition from school to practice by offering structured mentorship, higher-volume clinical exposure, and clearer pathways into employment. However, establishing and sustaining these programs is challenging without support from large institutions, payer participation, or external funding. At present there is active discussion but no widely implemented national model, and further piloting and evaluation will be needed. This is an educational and workforce-development discussion, not a promise of specific employment or financial outcomes.

Equity, Bias, and Macro-Level Challenges

Q: Is it possible that some of the challenges we face has to do with a political anti-Chinese sentiment?

Answer: It is possible that broader social and political dynamics—including periods of anti-Chinese and anti-Asian sentiment—have influenced how acupuncture and herbal medicine are perceived, given the medicine's historical roots. At the same time, many of the structural challenges the profession faces relate to variability in education and training standards, integration into mainstream healthcare systems, insurance coverage and reimbursement policies, and public understanding of clinical value and outcomes. Cultural bias or misunderstanding can interact with these factors, but durable progress will depend on strengthening standards, improving integration, and clearly demonstrating value within healthcare systems. This response offers a broad perspective and is not a legal or policy opinion.

Q: So only wealthy people will be able to become acupuncturists? More colleges will be closing or merging?

Answer: The concern that rising education costs and program consolidation could limit the profession to those with greater financial resources is understandable, but that outcome is not inevitable. Higher costs and fewer schools can create barriers to entry and may affect diversity in the student body. At the same time, program consolidation and higher standards can reflect efforts to strengthen quality and long-term sustainability. To keep pathways open, the profession and institutions can focus on expanding scholarships and grants, designing efficient educational pathways that avoid unnecessary expense, improving early career earnings through better integration into healthcare systems, and supporting thoughtful workforce planning. These are profession-level strategies and do not constitute individualized financial advice.

Q: Are we missing the core issue behind these regulations—unsustainable student loan burdens?

Answer: Concerns about unsustainable student loan burdens and challenging early-career earnings are not being overlooked; they are central to current discussions. Both the Council of Colleges and ACAHM are examining how to maintain or improve educational quality while making programs more efficient and reducing unnecessary costs for students. Within the constraints of state and federal regulations, the profession is exploring options such as curricular refinement, alternative delivery models, and expanded support for career development. The goal is to protect the integrity of training while lowering the risk that graduates carry unmanageable debt relative to their earning potential. This discussion is system-level and not personal financial advice.

Governance, Advocacy, and Process

Q: Will comments be encouraged and welcomed by clients as well as practitioners and students?

Answer: Yes. We welcome thoughtful input from patients, practitioners, students, educational institutions, and other stakeholders. Future communications will outline specific channels—for example, surveys, listening sessions, or public-comment processes—so that feedback can be collected and used to inform organizational priorities and advocacy strategies. Participation in these channels is voluntary and informational and does not constitute legal or regulatory representation.

Q: Will these issues be raised at the national conference upcoming?

Answer: These issues will not be a formal agenda topic at the upcoming national conference because the program was set months in advance and all sessions are already allocated. Informal conversations may occur among attendees, but there is limited flexibility to add official sessions at this stage. To ensure focused discussion, a follow-up Town Hall is scheduled for April 29, where updated information can be shared and questions can be addressed more fully. Colleges and other institutions will also have their own processes for evaluating and responding to these changes. This explanation is informational and not a substitute for institutional or legal guidance.

Q: If a school fails the second test and loses Title IV does the school also lose accreditation?

Answer: Loss of Title IV eligibility and loss of accreditation are related but distinct processes. The U.S. Department of Education determines whether an institution retains access to Title IV federal student aid based on its regulations and criteria. If a program or institution were to lose Title IV eligibility, ACAHM would then review how that change affects accreditation status, following its established policies and procedures. Outcomes would depend on the specifics of the situation. This explanation is general and does not constitute legal advice to any institution or individual.

Q: How to promote more insurance companies to cover acupuncture or expand their coverage from 20 to 40 visits a year?

Answer: Encouraging insurers to expand coverage and visit limits for acupuncture typically requires a combination of strategies, such as presenting outcomes data, demonstrating cost-effectiveness, and partnering with employers or health systems that request expanded benefits. Because this is a complex and payer-specific area, the ASA Insurance Committee is well positioned to provide a more detailed overview of effective approaches, examples from other states, and the role of practitioners and associations in these efforts. We plan to dedicate the future AHM Town Hall to this topic so that the Committee can offer a thorough, profession-level perspective. These discussions are about policy and advocacy, not individual insurance or financial advice.

Q: Has anyone considered pushing for a National Integrative Medicine Act?

Answer: The concept of a National Integrative Medicine Act, or similar federal framework, has been discussed in various forms and could offer benefits such as greater recognition of integrative therapies, stronger collective advocacy, and more coordinated approaches to patient-centered care. However, such an initiative would face significant complexity: different professions have distinct scopes of practice, educational standards, and regulatory frameworks, and aligning these under a single federal umbrella would require extensive collaboration and sustained political support. For now, many organizations are focusing on targeted legislative and regulatory efforts that build on existing policies while continuing to explore broader integrative-care frameworks. This overview is informational and not a policy or legal recommendation.

Q: Can the No Pain Act be extended or expanded to include acupuncture and other integrative therapies?

Answer: The No Pain Act, which supports separate Medicare payments for certain non-opioid pain treatments in defined settings, helps signal federal interest in broader pain-management strategies. One realistic pathway for acupuncture is to build on frameworks like this by advocating for explicit inclusion of acupuncture and related services where clinically appropriate. That work intersects closely with efforts such as H.R. 1667 to secure Medicare provider status for acupuncturists; without provider recognition, policy changes may not fully translate into coverage or access. Leveraging and extending existing legislation, while simultaneously advancing provider status, is a strategic way to increase integration and sustainability for the profession. This is general policy analysis and does not constitute legal or legislative advice.

Q: Would the US Veterans Administration be helpful as a partner organization?

Answer: The U.S. Department of Veterans Affairs (VA) is already an important partner in advancing acupuncture within federally supported healthcare. NCBAHM certification is required for VA acupuncturist positions, which reinforces national standards and professional credibility. The VA has been a leader in integrating acupuncture into pain management and whole-health initiatives, especially in response to the opioid crisis, and its investment in scheduling and care-coordination systems helps support access to these services. Continued collaboration with the VA provides a strong proof-of-concept for integration and can inform efforts to expand access in other federal and public programs. This description is informational and not employment or legal advice.

Q: Are you including the AAMA in any of your conversations?

Answer: The ASA has recently reached out to the AAMA to connect and explore opportunities for collaboration. Engaging physician acupuncture organizations is an important way to strengthen communication across related professions and to identify shared priorities. These conversations are focused on professional coordination and do not constitute legal or financial partnerships or advice.

Q: I'm wondering if there will be a discussion around allowing students to take the board examinations when they are in school?

Answer: Based on current policy, there are no plans to allow students to take national board examinations before graduation. NCBAHM reviewed this idea and decided to maintain the requirement that students complete their full program before testing, citing concerns about educational quality, patient safety, the risk of premature or unlicensed practice, and alignment with state licensing requirements. Instead, NCBAHM has focused on improving the transition after graduation by offering year-round exams, shortening application processing times, and providing prompt score reporting to states. These policies address certification and public protection and do not constitute legal guidance to individuals or schools.

Q: Will there be any exploration on how to reduce educational costs instead of just thinking about the borrowing limits?

Answer: Individual institutions are responsible for setting tuition and related fees, taking into account their educational models, clinical operations, and regulatory requirements. Within that framework, there is active discussion across the field about how to deliver high-quality education more efficiently and to minimize unnecessary costs for students. Any specific changes to tuition or program design will be determined by individual institutions. It is important to note that ACAHM has no role in setting tuition rates or fees at any institution or program that it accredits. This response is informational and does not provide financial or legal advice to schools or students.

Q: Can you describe or characterize the nature of change as a list of challenges we haven't seen before?

Answer: The current changes represent an unusually complex convergence of challenges in higher education and healthcare workforce development. They include new federal accountability metrics, shifting demographics and declining enrollment in many programs, and ongoing impacts from the rapid expansion of distance and hybrid education. For practice-based professions like acupuncture, these pressures intersect with clinical training requirements, reimbursement dynamics, and evolving public expectations. It is therefore essential for the profession to examine all available options within regulatory constraints to protect educational quality, student access, and long-term sustainability. This overview is descriptive and not a legal or policy directive.

Q: What are carve outs?

Answer: In this context, a “carve-out” refers to an explicit exception or special treatment within an otherwise broad policy or rule. For example, some stakeholders have asked whether certain professions could be treated differently under the Department of Education’s proposed earnings metrics. The Department has indicated a preference for uniform metrics rather than profession-specific carve-outs, in part due to concerns about consistency and potential legal challenges. This explanation is general and should not be taken as legal advice about any particular regulation or institution.

Q: If the DOE openly states that they don't care what the downstream effects, what is the purpose of their process?

Answer: The stated goal of the current negotiated rulemaking process at the Department of Education is to strengthen accountability for programs that rely on federal student aid and to manage overall federal spending. However, a one-size-fits-all metric can have unintended consequences for smaller, practice-based professions whose graduates often work as small business owners or independent contractors rather than in traditional W-2 employment. Our profession has emphasized its historically low default rates and distinct licensure pathways to illustrate that existing metrics may not fully capture our outcomes. At the same time, agencies are cautious about granting profession-specific exceptions due to concerns about consistency and equity. This is a policy analysis and not a legal interpretation.

Q: How are schools and their accrediting bodies and their overarching investment companies contributing?

Answer: Schools are actively working to navigate this period of uncertainty, recognizing that they are the primary pathway through which new professionals enter the field. Each institution is assessing its own circumstances, monitoring regulatory developments, and allocating resources to support students and programs as effectively as possible. Accrediting bodies and professional organizations are coordinating with schools to share information, provide guidance within their respective roles, and participate in broader coalitions with other affected professions. Specific operational or financial strategies will vary by institution and ownership structure. This response is informational and does not offer legal, financial, or investment advice.

Q: Have you engaged with all of the state organizations?

Answer: The ASA maintains ongoing communication with our member state associations and have multiple channels—such as regular meetings, listservs, and direct contact with leadership—for sharing information and receiving input. We actively encourage state organizations to bring forward questions, ideas, and concerns, and we work to facilitate dialogue among states facing similar issues. While engagement structures differ from state to state, the goal is a continuous two-way exchange rather than one-way directives. These interactions are organizational and do not substitute for state-specific legal or regulatory advice.

Q: I'm in Nebraska and our state association isn't active...

Answer: The Nebraska Acupuncture and Oriental Medicine Association is not currently a voting member of the ASA. For practitioners in states without an ASA member association, one option is to join an ASA-member association in another state in order to connect with national advocacy and resources. It is also possible to belong to more than one state association, which may be useful for practitioners who work in multiple states or in regions with many nearby jurisdictions. Membership decisions are voluntary and should take into account each practitioner’s needs and circumstances; this response is informational and not financial advice.

Q: Will there be a unification of all four national organizations to one larger group?

Answer: Conversations about closer alignment and collaboration among the major national organizations—such as ASA, ACAHM, CCAHM, and NCBAHM—are ongoing. Potential benefits include more coordinated advocacy, clearer messaging, and reduced duplication of efforts, while potential challenges include differing missions, governance structures, and regulatory roles. At this stage, the focus is on strengthening cooperation and communication, with any structural changes requiring careful deliberation and stakeholder input. This description is organizational in nature and does not constitute legal advice.

Q: What have ACAHM and CCAHM learnt from closing acupuncture schools?

Answer: School closures in our field have resulted from a combination of factors, including demographic shifts that have reduced the number of people entering higher education, financial pressures on small institutions, and the rapid changes in education delivery models accelerated by the pandemic. ACAHM and CCAHM have observed that programs are more likely to remain viable when they have sufficient enrollment, strong clinical partnerships, sound financial planning, and the ability to adapt to evolving student needs while meeting accreditation standards. These experiences are informing ongoing work on guidance, monitoring, and support, with the aim of protecting students and maintaining program quality. This discussion is informational and not a commentary on any specific institution’s legal or financial status.

Q: I really hope to hear how you plan to increase gainful employment for acupuncture graduates?

Answer: Concerns about gainful employment outcomes and the relationship between educational debt and early-career earnings are taken very seriously. ACAHM, CCAHM, and other national organizations are examining how program design, clinical training, and career-readiness support can better prepare graduates for sustainable work in a variety of practice settings. Examples of strategies under discussion include strengthening practice-management and interprofessional-collaboration content in curricula, expanding clinical placements in integrated settings, supporting emerging residency models, and improving data collection on graduate outcomes to guide policy and student decision-making. These efforts are focused on system-level improvements and do not constitute individualized career, financial, or legal advice.

Q: How do DDS, DVM, DC etc. do their business accounting?

Answer: Different health professions—such as dentistry, chiropractic, and veterinary medicine—use a range of practice and accounting models, from solo practices to large group organizations and corporate ownership. Common themes include the need for robust bookkeeping, compliance with healthcare-specific regulations, and professional guidance on tax and payroll matters. While there may be lessons we can learn from these models, specific accounting practices must be tailored to each profession's scope, payer mix, and regulatory environment. Practitioners should work with qualified accountants and advisors familiar with healthcare to design systems appropriate to their own practices. This response is general information, not accounting, tax, or legal advice.

Q: I wonder how many of us who took out the loans for acupuncture are still in horrible debt?

Answer: Many practitioners have expressed concern about the long-term impact of student loan debt on their ability to build stable practices and personal financial security. While comprehensive national data specific to acupuncture are limited, the broader higher-education trends show that high debt levels can affect career choices, practice models, and well-being. Profession-level responses include advocating for fair regulatory metrics, exploring ways to reduce educational costs, improving early-career support, and highlighting existing tools such as income-driven repayment and forgiveness programs for those who qualify. Individual practitioners should review their specific loan options with loan servicers, financial aid offices, or qualified financial professionals. This response is informational and not personal financial advice.