

**Oregon Board of Medical Examiners
ACUPUNCTURE ADVISORY COMMITTEE MINUTES**

Friday, March 18, 2005, 11:30 AM

1500 SW 1st Ave, Suite 620

Portland, OR 97201

Board Accepted as Revised 4/15/05

Committee Accepted as Revised 9/23/05

MEMBERS PRESENT:

Robert Gross, MD – Chair
Malvin Finkelstein, LAc
Ellen Goldsmith, LAc, LMT
Gene Hong, MD
Debra Mulrooney, LAc
David Watt, MD – Board Liaison

STAFF PRESENT:

Diana Dolstra, Licensing Administrator
Jennifer Lannigan, Licensing Coordinator
Candice Kramer, Acupuncture and Physician Assistant Program Coordinator
Gary Stafford, Chief Investigator

GUESTS PRESENT:

Natalie Arndt, Editor, Oregon Acupuncture Association Newsletter
Gina Chang, LAc, Oregon Acupuncture Association
Ted Kraines, LAc, Oregon Association of Acupuncture and Oriental Medicine

WORKING LUNCH:

Committee welcomes David Watt, MD as new Board Liaison to the Acupuncture Advisory Committee

EXECUTIVE SESSION:

Update on acupuncturists currently under Board investigation – Gary Stafford, Chief Investigator

Review application for unlimited licensure

Determine parameters for mentorship for licensee approved to reactivate and applicant approved for unlimited licensure

PUBLIC SESSION:

Approve minutes of the September 24, 2004, Acupuncture Advisory Committee meeting

Proposed administrative rules changes – First Review

OAR 847-070-0016 – Update language to reflect current NCCAOM certification and exam modules

OAR 847-070-019 and -0045 – Define acceptable documentation of evidence of current competency in acupuncture for an acupuncturist who has not practiced as an acupuncturist for a period of more than 12 months

Discuss standards for charting and chaperones

Legislative update

Representative from AC Committee requested at Ms. Haley's presentation to the Oregon Acupuncture Association (OAA) on April 10, 2005

Discuss adding certification in herbology by the NCCAOM as a requirement for licensure

Discuss Acupuncturist position on the Committee ending June 30, 2005

Approve new licensee consent agenda

Approve Limited License, Specials

Approve Limited License, Visiting Professors

Approve Limited License, Visiting Professor one-year extensions

Approve Oregon licensed acupuncturists as clinical supervisors

Approval of future meeting dates



WORKING LUNCH

The Committee welcomes David Watt, MD, Board Liaison to the Acupuncture Advisory Committee.

Robert Gross, MD, Committee Chair, called the meeting to order at 1:00 pm

EXECUTIVE SESSION:

UPDATE ON ACUPUNCTURISTS CURRENTLY UNDER BOARD INVESTIGATION – GARY STAFFORD, CHIEF INVESTIGATOR

REVIEW APPLICATION FOR UNLIMITED LICENSURE

DETERMINE PARAMETERS FOR MENTORSHIP FOR LICENSEE APPROVED TO REACTIVATE AND APPLICANT APPROVED FOR UNLIMITED LICENSURE

PUBLIC SESSION:

REVIEW APPLICATION FOR UNLIMITED LICENSURE

Client 32045 completed coursework at the National College of Naturopathic Medicine (NCNM) in 6/00 but did not receive his diploma until 11/04. The Committee requested Ms. Haley contact the Dean of NCNM to ask what the student status of Client 32045 at NCNM was from the time he completed his coursework until the time he received his diploma, and if Client 32045 completed an exam or other measure of clinical competency prior to graduation? The Committee decided to conduct a teleconference regarding Client 32045 if the Dean of NCNM is unable to attest to Client 32045's clinical competency at the time of graduation.

NOTE: 4-15-05 The Board requested that the Acupuncture Advisory Committee evaluate the appropriateness of the exam proposed by the National College of Naturopathic Medicine to assess the competency of Client 32045. If the Acupuncture Advisory Committee deems the exam to be a valid assessment tool, the Board requests that the Committee ask that the exam be administered to Client 32045 and the results be forwarded to the Acupuncture Advisory Committee to review.

DETERMINE PARAMETERS FOR MENTORSHIP FOR LICENSEE APPROVED TO REACTIVATE AND APPLICANT APPROVED FOR UNLIMITED LICENSURE

Exhibit A

It was moved and seconded that

THE ACUPUNCTURE ADVISORY COMMITTEE APPROVES THE USE OF THE ACUPUNCTURE MENTORSHIP OUTLINE AND THE BME CLINICAL TRAINEE EVALUATION – ANSWER SHEET, NEEDLING PROFICIENCY, AND INTERVIEWING FORMS AS GUIDELINES FOR THE MENTORSHIP OF CLIENT 01244 AND CLIENT 31323.

Motion carried unanimously.

APPROVE MINUTES OF THE SEPTEMBER 24, 2004, ACUPUNCTURE ADVISORY COMMITTEE MEETING

It was moved and seconded that

THE ACUPUNCTURE ADVISORY COMMITTEE APPROVES THE MINUTES FROM THE SEPTEMBER 24, 2004 ACUPUNCTURE ADVISORY COMMITTEE MEETING.

Motion carried unanimously.

PROPOSED ADMINISTRATIVE RULES OAR 847-070-0016, OAR 847-070-0019, AND OAR 847-070-0045 - FIRST REVIEW

Exhibit B

There was discussion as to why competency becomes an issue after 12 months of being out of practice. Staff pointed out that ORS 677.175 (2) allows the Board to request evidence of competency for a licensee out of practice for more than 12 months, and, by extension, the applicant. This is consistent with the standard used for physician applicants.

Mr. Finkelstein suggested removing all the different modules of the NCCAOM examination and simply say that the applicant must be certified in Acupuncture by NCCAOM, which includes all the new modules, but does not exclude the old examination. This language will not require staff to keep changing the language as the examination changes. Ellen Goldsmith pointed out the NCCAOM requires 15 hours of continuing education per year to maintain certification, not 25, and suggested the number of hours in OAR 847-070-0019 (2) (d) be changed to 15.

It was moved and seconded that

THE ACUPUNCTURE ADVISORY COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS APPROVE OAR 847-070-0016, OAR 847-070-0019, AND OAR 847-070-0045 AS AMENDED.

Motion carried unanimously.

DISCUSS STANDARDS FOR CHARTING AND CHAPERONES

Dr. Watt communicated that the Board requested guidelines from the Committee that would be used to create standards of appropriate behavior in the clinical setting. He further expressed the Board's wishes to clarify expectations for both the practitioner as well as the State in that these guidelines would not only be used as the basis for practitioners' code of ethics, but the standard by which corrective action would be taken in the future.

The Committee requested that staff obtain the ethical standards used by massage therapists and physical therapists and bring this information to the next meeting. This item will be on the agenda of the next meeting.

LEGISLATIVE UPDATE

Exhibit C

Ms. Haley reported on House Bill 2672, Senate Bill 285, Senate Bill 936, and House Bill 2357:

HB 2672 requires the Board to set up a registration system for retail sellers of oriental pharmacopeia other than acupuncturists. The Board had not reviewed this bill or taken a position at the time of reporting, but Ms. Haley thought that the Pharmacy Board may have more expertise for the execution of the proposed registration system.

SB 285 requires that, prior to making appointments to the Pain Management Commission, the Director of Human Services request and consider recommendations of licensed acupuncturists to have a seat on the Commission. Natalie Arndt, LAc explained the requirements for a seat on the Commission to be six hours of continuing education in pain management and viewing the one-hour video. She continued that the acupuncturists would have until 2009 to complete these requirements. The BME would then ask the acupuncturists to indicate on their application if they have satisfied these requirements. Ms. Arndt stated that the OAA actively supports this bill. Ms. Arndt added that this bill passed on the Senate Committee Tuesday, March 15, 2005. Ms. Haley added that the rules were not yet written about the continuing education.

SB 936 and HB 2357 state that the Board will offer provisional licenses to allow out-of-state acupuncturists to demonstrate acupuncture as part of an educational program. Ms. Haley indicated that she felt that the original intent of the bill was not to dispense actual licenses. Ms. Arndt indicated that licensure was not the intent; rather, it was to allow the Board the authority to grant acupuncture demonstrations as part of an educational program.

DISCUSS ADDING CERTIFICATION IN HERBOLOGY BY THE NCCAOM AS A REQUIREMENT FOR LICENSURE

Mr. Finkelstein indicated that NCCAOM Chinese Herbology certification is currently only required in four states. He continued that the question should be asked, if practitioners are using herbs in Oregon and there is certification available in Herbology, then should the Board ask for certification in order to grant licensure. He added that there were a variety of ways that the Board could implement this requirement, if the Board decided to proceed with it. Mr. Finkelstein summed up his thoughts by stating that acupuncture licenses granted in Oregon allow the use of herbs, without requiring training for herb usage. He questioned whether it was appropriate for the Board to have some level of assuredness that acupuncturists are at least competent in their use of herbs.

Dr. Hong indicated that he felt that it was time to have a discussion about the regulation of herbs. He further stated that herbs are gaining in popularity and the need for knowledge about drug interaction and unlabeled herbs is important to ensure the safety of the general public. He continued that this is a large national issue and thought that the Board should take a "wait and see" approach to the situation. He asked if there were documented cases of Oregonians dying due to herb interactions/misuse. Ms. Haley and staff responded that there were none to the Board's knowledge. Dr. Hong asked if there were any attempts to track such things at this time. No one knew of any.

Dr. Watt explained that he felt that it would be a good idea to be able to assess an acupuncturist's credentials, but that this opened the problem of a person wishing to become licensed in acupuncture, but not in Herbology. He further stated that this would expand the Board role beyond licensing into credentialing and may not be the direction that the Board would want to take.

Ted Kraines, LAc, stated that the Oregon Association of Acupuncture and Oriental Medicine (OAAOM) would not be opposed to adopting some sort of Herbology requirement for licensure through the NCCAOM. He continued that an acupuncturist may not be licensed in California without considerable education in Herbology and this is reflected in the California exam. He noted that the OAAOM would like a form of protection for the currently licensed acupuncturists in Oregon who have Herbology within their scope of practice if the Board adopts the new Herbology requirement. He said the OAAOM would support the continued requirement of NCCAOM certification as the means by which public safety would be ensured. Mr. Kraines, LAc, was then informed that maintaining NCCAOM certification in Acupuncture is not required to maintain licensure in Oregon.

Ellen Goldsmith, LAc, Ted Kraines, LAc, and Malvin Finkelstein, LAc, all indicated that the Herbology issue is a much larger issue than it may appear at first glance.

DISCUSS ACUPUNCTURIST POSITION ON THE COMMITTEE ENDING JUNE 30, 2005

It was moved and seconded that

ELLEN GOLDSMITH, LAC, BE NOMINATED FOR A SECOND TERM ON THE ACUPUNCTURE ADVISORY COMMITTEE.

Motion carried unanimously.

REPRESENTATIVE FROM AC COMMITTEE REQUESTED AT MS. HALEY'S PRESENTATION FOR THE OREGON ACUPUNCTURE ASSOCIATION (OAA) ON APRIL 10, 2005

Ellen Goldsmith, LAc, volunteered to accompany Ms. Haley to her presentation for the OAA on April 10, 2005.

APPROVE NEW LICENSEE CONSENT AGENDA

Tracy Annette ANDERSON, LL14718	Beth Dianne MACLANE, LL14805
Aaron Phillip ANNIS, LL14778	Richard Brad McCONNELL, LL14702
Almine BARTON, LL14727	Eliza Worth McEMRYS
Lisa Kay BATTAGLIA, LL14715	Laura MCGRAW
Amy Lynne BROSE-MENDENHALL, LL14799	Monica Anne MILD
Martin Allen BROTHER, LL14806	Nancy MILLER, LL14730
Tamara Lee CLARKE, LL14768	Randa Marjon, MIRBAHA, LL14827
Zachary CORBETT, LL14805	Eric Daniel NEWBERG
Randall Eugene CROWE, LL14714	Thomas William NUZZI, Jr., LL14708
Dara Claire DANIELS, LL14828	Katherine Anne O'NEAL, LL14736
Sundara DELPHINI, LL14710	Deirdre ORCEYRE, LL14808
Daniel James DeSURRA, LL14797	John Edward PAINE, LL14845
Tooba Asad DURRANI	Rebecca Luna PROVORSE, LL14791
Timothy Jon-Keon ENG, LL14779	Philip William QUEELEY, LL14717
Andrew David FRANK, LL14135	Carla Joan RALSTON, LL14783
Paul Vincent GLAVIN, LL14839	James Donald ROBERTS, LL14795
Edward Christo GORAWSKI, LL14773	Raven SARA, LL14711
Carol Kim GRIESMEYER, LL14716	Jonathan Karlsson SCHELL
Brenda Sue HARRIS, LL14796	Lise-Allyne SCOTT, LL14741
Shannon Nicole HARRIS, LL14770	Mona SEARLES, LL14739
Gregory Aaron HARTZELL, LL14841	Lisa Louise SHAVER, LL14756
Ann Marie HOLLAND, LL14757	David Howard SHREVE, LL14798
Justin Lowell ILSLEY, LL14662	Erika Ballen SIEGEL, LL14781
Erik ISAACMAN	Judith Marie SIMONSEN, LL14713
Ann Marie JOHNSON, LL14661	Annabelle Sue SNOW, LL14737
Michael Edgar KELLER, LL14780	Victoria Louise STOCKING, LL14769
Robert Bruce KELLUM, LL14777	Scott Alen STUART, LL14772
Jennifer Eileen KRAMER, LL14782	Gary Heath TALKINGTON, LL14775
Angela Patricia LAMBERT, LL14726	Asa-Lisa THORBERG, LL14692
Joon Hee LEE, LL14687	Xiaowei TIAN
Oliver Dylan LEONETTI	Kimberly Michelle TIPPENS
Karma Jampa Lhundup, LL14776	Johanes Anatoli VAN ES, LL14738
Rebecca Marie Lhundup, LL14838	Tiffany Dawn VIEHMANN, LL14686
Zhenbo LI, LL14673	Deborah Anne WILEY, LL14758
Sarah Kathleen LINVILL	Yufang XUE, LL14674

Misako YAMAMOTO, LL14729
Amelia Louise ZAHM, LL14688

Monica Lynn ZIMMERMAN, LL14771

It was moved and seconded that

THE ACUPUNCTURE ADVISORY COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS APPROVE THE AFOREMENTIONED APPLICANTS FOR UNLIMITED LICENSURE.

Motion carried unanimously.

APPROVE ACUPUNCTURE APPLICANTS GRANTED A LIMITED LICENSE, SPECIAL

Tracy Annette ANDERSON, LL14718
Aaron Phillip ANNIS, LL14778
Almine BARTON, LL14727
Lisa Kay BATTAGLIA, LL14715
Amy Lynne BROSE-MENDENHALL, LL14799
Martin Allen BROTHER, LL14806
Tamara Lee CLARKE, LL14768
Zachary CORBETT, LL14805
Randall Eugene CROWE, LL14714
Dara Claire DANIELS, LL14828
Sundara DELPHINI, LL14710
Daniel James DeSURRA, LL14797
Timothy Jon-Keon ENG, LL14779
Andrew David FRANK, LL14135
Paul Vincent GLAVIN, LL14839
Edward Christo GORAWSKI, LL14773
Carol Kim GRIESMEYER, LL14716
Brenda Sue HARRIS, LL14796
Shannon Nicole HARRIS, LL14770
Gregory Aaron HARTZELL, LL14841
Ann Marie HOLLAND, LL14757
Justin Lowell ILSLEY, LL14662
Ann Marie JOHNSON, LL14661
Michael Edgar KELLER, LL14780
Robert Bruce KELLUM, LL14777
Jennifer Eileen KRAMER, LL14782
Angela Patricia LAMBERT, LL14726
Joon Hee LEE, LL14687
Karma Jampa Lhundup, LL14776

Rebecca Marie Lhundup, LL14838
Zhenbo LI, LL14673
Beth Dianne MACLANE, LL14805
Richard Brad McCONNELL, LL14702
Eliza Worth McEMRYS
Nancy MILLER, LL14730
Randa Marjon, MIRBAHA, LL14827
Thomas William NUZZI, Jr., LL14708
Katherine Anne O'NEAL, LL14736
Deirdre ORCEYRE, LL14808
John Edward PAINE, LL14845
Rebecca Luna PROVORSE, LL14791
Philip William QUEELEY, LL14717
Carla Joan RALSTON, LL14783
James Donald ROBERTS, LL14795
Raven SARA, LL14711
Lise-Allyne SCOTT, LL14741
Mona SEARLES, LL14739
Lisa Louise SHAVER, LL14756
David Howard SHREVE, LL14798
Erika Ballen SIEGEL, LL14781
Judith Marie SIMONSEN, LL14713
Annabelle Sue SNOW, LL14737
Victoria Louise STOCKING, LL14769
Scott Alen STUART, LL14772
Gary Heath TALKINGTON, LL14775
Asa-Lisa THORBERG, LL14692
Kimberly Michelle TIPPENS
Johanes Anatoli VAN ES, LL14738

Tiffany Dawn VIEHMANN, LL14686
Deborah Anne WILEY, LL14758
Yufang XUE, LL14674

Misako YAMAMOTO, LL14729
Amelia Louise ZAHM, LL14688
Monica Lynn ZIMMERMAN, LL14771

It was moved and seconded that

THE ACUPUNCTURE ADVISORY COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS APPROVE THE AFOREMENTIONED APPLICANTS GRANTED A LIMITED LICENSE, SPECIAL.

Motion carried unanimously.

APPROVE LIMITED LICENSE, VISITING PROFESSORS

Zhenbo LI, LL14673
Oregon College of Oriental Medicine

Jialin YANG, PhD, LL14801
Oregon College of Oriental Medicine

Yufang XUE, LL14674
Oregon College of Oriental Medicine

It was moved and seconded that

THE ACUPUNCTURE ADVISORY COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS APPROVE THE AFOREMENTIONED APPLICANTS FOR LIMITED LICENSE, VISITING PROFESSOR.

Motion carried unanimously.

APPROVE LIMITED LICENSE, VISITING PROFESSOR ONE-YEAR EXTENSION

Fang Zhang, LL14854
Oregon College of Oriental Medicine
Current extension dates 3/1/05-3/1/06 - First extension

It was moved and seconded that

THE ACUPUNCTURE ADVISORY COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS APPROVE THE AFOREMENTIONED APPLICANT FOR LIMITED LICENSE, VISITING PROFESSOR ONE-YEAR EXTENSION.

Motion carried unanimously.

APPROVE OREGON LICENSED ACUPUNCTURISTS AS CLINICAL SUPERVISORS

Gwen M. LOVETERE, LAc, MAcOM
Licensed April 14, 1995
Practice location – SW Portland, Oregon

Robert J. QUINN, LAc
Licensed April 16, 1999
Practice location – NE Portland

Elizabeth C. MARCH, LAc
Licensed April 16, 1999
Practice location – NE Portland

Stephen L. SNYDER, LAc
Licensed October 20, 1995
Practice location – SE Portland

It was moved and seconded that

THE ACUPUNCTURE ADVISORY COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS APPROVE THE AFOREMENTIONED ACUPUNCTURISTS AS CLINICAL SUPERVISORS.

Motion carried unanimously.

NOTE: 4-15-05 The Board accepted the aforementioned Committee recommendations.

FUTURE MEETING DATES:

BME:	July 14-15, 2005
AC Committee:	September 23, 2005
BME:	October 13-14, 2005

ADJOURNMENT:

There being no further business to discuss, Dr. Gross adjourned the meeting at 2:50 pm.

ACUPUNCTURE COMMITTEE MEETING MINUTES

Exhibit A

ACUPUNCTURE MENTORSHIP OUTLINE

I, _____, clinical mentor, agree to provide mentorship in the practice of acupuncture to _____, clinical trainee, under the following terms and conditions:

- **Length of Mentorship: One Year.** I will provide mentorship to the clinical trainee for a period of one year. I assume responsibility for the theoretical and practical education of the clinical trainee.
- **Total Contact Hours: 400.** I will provide a minimum of 400 total contact hours of mentorship to the clinical trainee in the one year period. Contact hours are defined as the clock hours that the clinical trainee spends under the direct supervision of the mentor. Off-site supervision is not included.
- **General Health Care Patient Visits.** I will mentor the clinical trainee in the treatment of primarily general health care patient visits. Specialized limited practice, such as smoking withdrawal and/or addictions, may be included in the practice but will not count toward the total required contact hours.
- **Scope of Practice.** I will supervise the following activities, which include but are not limited to: observation, diagnosis, case discussion, question and answer time with mentor, needling, needling with electrical stimulation, cupping, moxabustion, tuina massage, gua sha, herbal prescription, and assembling herbal formulas.
- **Co-sign all Charts.** I will co-sign all charts for patients treated by the clinical trainee under my supervision.
- **Quarterly Reports to the OBME.** I will provide quarterly reports to the OBME, to be documented using the attached “BME Clinical Trainee Evaluation” forms. Each quarter, I will direct the clinical trainee to use the two-page “BME Clinical Trainee Evaluation – Answer Sheet” form to summarize treatment provided to one of the patients seen by the clinical trainee under my supervision in the preceding quarter. I, as mentor, will score the “BME Clinical Trainee Evaluation – Answer Sheet” and will use this score in addition to the “BME Clinical Trainee Evaluation – Interviewing” and “BME Clinical Trainee Evaluation – Needling Proficiency” forms to evaluate the trainee’s clinical competency. I will send these forms to the Board’s *Compliance Officer, Mike Hefley*, at the above address, at the end of each quarter during the year of mentorship.
- **Compensation.** I will not financially compensate the clinical trainee in exchange for clinical services provided by the clinical trainee.

Anticipated Start and End Dates of Mentorship:

Start Date: _____ **End Date:** _____

Signature: _____ **Date of Signature:** _____

Evaluation – Answer Sheet

Trainee _____ Date _____

Patient _____ Evaluator _____

20 points each are possible for questions 1 – 4.

10 points each are possible for questions 5 & 6.

100 points are possible, 75% is required for passing. Total: _____

1. Oriental Medical Diagnosis with rationalizations:

2. Oriental Medical Treatment Plans (short and long term). Include a.) recommended acupuncture points and b.) describe how you would deliver moxabustion therapy to this patient.

3. Give examples of initial PAR Q conferences and follow up PARQ conferences for each treatment modality that requires them.

4. Western Medical Referral(s)

5. Give an example of how to properly correct an entry in a medical chart note:

6. Give an example of proper chart note signing:

ACUPUNCTURE COMMITTEE MEETING MINUTES

Exhibit B

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 070 - BOARD OF MEDICAL EXAMINERS

PROPOSED RULES CHANGES – APRIL 2005

FIRST REVIEW BY THE BOARD

Qualifications

847-070-0016

(1) Effective November 21, 2001, an applicant for licensure as an acupuncturist in the State of Oregon must have the following qualifications:

(a) Have graduated from an acupuncture program that satisfies the standards of the Accreditation Commission for Acupuncture and Oriental Medicine (A.C.A.O.M.), or its successor organization, or an equivalent accreditation body that are in effect at the time of the applicant's graduation. An acupuncture program may be established as having satisfied those standards by demonstration of one of the following:

(A) Accreditation, or candidacy for accreditation by ACAOM at the time of graduation from the acupuncture program; or

(B) Approval by a foreign government's Ministry of Education, or Ministry of Health, or equivalent foreign government agency at the time of graduation from the acupuncture program. Each applicant must submit their documents to a foreign credential equivalency service, which is approved by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) for the purpose of establishing equivalency to the ACAOM accreditation standard.

Acupuncture programs that wish to be considered equivalent to an ACAOM accredited program must also meet the curricular requirements of ACAOM in effect at the time of graduation.

(b) Documentation of certification in acupuncture by the National Certification Commission for Acupuncture and Oriental Medicine (N.C.C.A.O.M.). An applicant shall be deemed certified by the N.C.C.A.O.M. **in Acupuncture** if the applicant has passed the ~~[practical, written, and clean needle portions of the]~~ N.C.C.A.O.M. Acupuncture Certification Examination, or has been certified through the N.C.C.A.O.M. Credentials Documentation Examination and passed the practical portion **(Point Location Module)** of the N.C.C.A.O.M. Acupuncture Certification Examination. An applicant must have passed the N.C.C.A.O.M. practical examination ~~{(Practical Examination of Point Location Skills)}~~ **, which is the point location portion of the Acupuncture Certification Examination** on or after April 22, 1991 in order to be eligible for Oregon licensure; or

(c) An applicant who does not meet the criteria in OAR 847-070-0016(1) must have the following qualifications:

(A) Have five years of licensed clinical acupuncture practice in the United States prior to July 1, 1998. This practice must include a minimum of 500 acupuncture patient visits per year. Documentation shall include:

(i) Two affidavits from office partners, clinic supervisors, accountants, or others approved by the Board, who have personal knowledge of the years of practice and number of patient visits per year; and

(ii) Notarized copies of samples of appointment books, patient charts and financial records, or other documentation as required by the Board; and

(B) An applicant must have practiced as a licensed acupuncturist in the U.S. during five of the last seven years prior to application for Oregon licensure. Licensed practice includes clinical practice, clinical supervision, teaching, research, and other work as approved by the Board within the field of acupuncture and oriental medicine. Documentation of this practice will be required and is subject to Board approval; and

(C) Documentation of successful completion of the A.C.A.O.M. western medicine requirements in effect on July 1, 1998; and

(D) Documentation of current certification in acupuncture by the N.C.C.A.O.M. An applicant shall be deemed certified **in Acupuncture** by the N.C.C.A.O.M. if the applicant has passed the ~~[written and clean needle portions]~~ of the N.C.C.A.O.M. Acupuncture Certification Examination, or has been certified through the N.C.C.A.O.M. Credentials Documentation Examination; or

(d) An individual whose acupuncture training and diploma were obtained in a foreign country and who cannot document the requirements of subsection (1) of this rule because the required documentation is now unobtainable, may be considered eligible for licensure if it is established to the satisfaction of the Board that the applicant has equivalent skills and training and can document one year of training or supervised practice under a licensed acupuncturist in the United States; and

(e) In addition to meeting the requirements in (1) and (2), or (3), or (4), all applicants for licensure must have the following qualifications:

(A) A letter verifying licensure in good standing from the state or states of all prior and current medically related licensure; and

(B) Have good moral character as those traits would relate to the applicant's ability of properly engaging in the practice of acupuncture; and

(C) Have the ability to communicate in the English language well enough to be understood by patients and physicians. This requirement is met if the applicant passes the N.C.C.A.O.M. written acupuncture examination in English, or if in a foreign language, must also have passed an English language proficiency examination, such as TOEFL (Test of English as a Foreign Language), or TSE (Test of Spoken English). An applicant must obtain a TOEFL score of 500 or more for the written TOEFL exam and 173 or more for the computer based TOEFL exam, or a TSE score of 200 or more prior to July 1995, and a score of 50 or more after July 1995. An applicant who is certified through the N.C.C.A.O.M. Credentials Documentation Examination must also have passed an English proficiency examination; and

~~[(d) After the applicant has met all other requirements for licensure, the applicant may be required to appear before the Acupuncture Committee for a personal interview regarding information received during the processing of the application. The interview shall be conducted during a regular meeting of the committee.]~~

~~(e) If there is reasonable cause to question the qualifications of the applicant, or if the applicant has not practiced as an acupuncturist for a period of 12 or more consecutive months prior to application for Oregon licensure, the Board in its discretion may require the applicant to provide documentation or other evidence of his/her current competency in acupuncture.]~~

OAR 847-070-0019

Interview and Examination

(1) In addition to all other requirements for licensure, an applicant may be required to appear before the Acupuncture Committee for a personal interview regarding information received in the application process. The interview shall be conducted during a regular meeting of the committee.

(2) If there is reasonable cause to question the qualifications of an applicant, or if an applicant has not practiced as an acupuncturist for a period of twelve (12) or more consecutive months prior to application for Oregon licensure, the Board in its discretion may require the applicant to do one or more of the following:

(a) Pass the N.C.C.A.O.M. Acupuncture certification examination.

(b) Pass an evaluation which may be written, oral, practical, or any combination thereof.

(c) Provide documentation of current N.C.C.A.O.M. Acupuncture certification.

(d) Document 15 hours of continuing education acceptable to the Board for every year the applicant has ceased practice prior to application for Oregon licensure. Continuing education that meet N.C.C.A.O.M.'s recertification requirements would qualify as Board approved continuing education.

(e) As a condition of licensure, practice under a Board approved mentor for a specified period of time.

847-070-0045

Inactive Registration, and Reactivation from Inactive to Active

(1) Any acupuncturist licensed in this state and registered under ORS 677.770 who changes location to some other state or country shall be listed by the Board as inactive.

(2) If the acupuncturist wishes to resume active status, the acupuncturist shall file an affidavit with the Board describing activities during the period of inactive status.

(3) If, in the judgment of the Board, the conduct of the acupuncturist has been such, during the period of inactive registration, that the acupuncturist would have been denied a license if applying for an initial license, the Board may deny active registration.

(4) If a licensed acupuncturist in this state ceases to practice for a period of 12 or more

consecutive months, the Board in its discretion may require the acupuncturist to [~~provide documentation or other evidence of his/her current competency in acupuncture.~~] **do one or more**

of the following:

(a) Pass the N.C.C.A.O.M. Acupuncture certification examination.

(b) Pass an evaluation which may be written, oral, practical, or any combination thereof.

(c) Provide documentation of current N.C.C.A.O.M. Acupuncture certification.

(d) Document 15 hours of continuing education acceptable to the Board for every year the applicant has ceased practice prior to application for Oregon licensure. Continuing education that meet N.C.C.A.O.M.'s recertification requirements would qualify as Board approved continuing education.

(e) As a condition of licensure, practice under a Board approved mentor for a specified period of time.

ACUPUNCTURE COMMITTEE MEETING MINUTES

Exhibit C

73rd OREGON LEGISLATIVE ASSEMBLY--2005 Regular Session

House Bill 2672

Sponsored by Representative LIM

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure as introduced.

Requires retail sellers of Oriental pharmacopoeia to label products with content and weight information and to register with Board of Medical Examiners. Authorizes board to establish fees and registration requirements and to enforce civil penalties. Punishes violation of registration requirement by maximum imprisonment of 30 days, \$1,250 fine, or both.

A BILL FOR AN ACT

Relating to Oriental pharmacopoeia.

Be It Enacted by the People of the State of Oregon:

SECTION 1. { + As used in sections 2, 3 and 4 of this 2005 Act:

(1) 'Label' means written, printed or graphic material attached or applied to an article, any of the article's packaging or, in the case of bulk sale, a separate document accompanying the article.

(2) 'Oriental pharmacopoeia' means herbs and other dietary supplements described in traditional Oriental texts commonly used in accredited schools of Oriental medicine. + }

SECTION 2. { + A retail seller of Oriental pharmacopoeia who is not licensed as an acupuncturist under ORS 677.759 may not sell these substances unless each article is accompanied by a label that contains:

(1) The contents of the article, with each substance listed by its common name;

(2) The total weight of the article; and

(3) Any other information required by federal and state law or regulation. + }

SECTION 3. { + A person may not sell at retail Oriental pharmacopoeia unless the person is registered with the Board of Medical Examiners. + }

SECTION 4. { + The Board of Medical Examiners may adopt necessary and proper rules to implement sections 2 and 3 of this 2005 Act, including but not limited to:

(1) Policies and procedures for the issuance, denial, suspension, revocation and renewal of registration of retail sellers of Oriental pharmacopoeia, including application and

renewal fees.

(2) Fines for violation of section 2 of this 2005 Act or rules adopted under this section. + }

SECTION 5. { + The Board of Medical Examiners may discipline in accordance with ORS 677.200 a person registered under section 3 of this 2005 Act who violates section 2 of this 2005 Act or the rules adopted by the board under section 4 of this 2005 Act. + }

SECTION 6. { + Violation of section 3 of this 2005 Act is a Class C misdemeanor. + }

Senate Bill 285

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with pre-session filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Senator Joan Dukes)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure as introduced.

Requires Director of Human Services to consider recommendations from acupuncturists and pharmacists prior to making appointments to Pain Management Commission. Requires acupuncturists and pharmacists to complete one pain management education program.

A BILL FOR AN ACT

Relating to Pain Management Commission; amending ORS 409.520, 409.560 and 689.285.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 409.520 is amended to read:

409.520. (1) The Pain Management Commission shall consist of 19 members as follows:

(a) Seventeen members shall be appointed by the Director of Human Services. Prior to making appointments, the director shall request and consider recommendations from individuals and public and private agencies and organizations with experience or a demonstrated interest in pain management issues, including but not limited to:

(A) Physicians licensed under ORS chapter 677 or organizations representing physicians;

(B) Nurses licensed under ORS chapter 678 or organizations representing nurses;

(C) Psychologists licensed under ORS 675.010 to 675.150 or organizations representing psychologists;

(D) Physician assistants licensed under ORS 677.495 to 677.545 or organizations representing physician assistants;

(E) Chiropractic physicians licensed under ORS chapter 684 or organizations representing chiropractic physicians;

(F) Naturopaths licensed under ORS chapter 685 or organizations representing naturopaths;

(G) Clinical social workers licensed under ORS 675.510 to 675.600 or organizations representing clinical social workers;

{ + (H) Acupuncturists licensed under ORS 677.759;

(I) Pharmacists licensed under ORS chapter 689; + }

{ - (H) - } { + (J) + } Palliative care professionals or organizations representing palliative care professionals;

{ - (I) - } { + (K) + } Mental health professionals or organizations representing mental health professionals;

{ - (J) - } { + (L) + } Health care consumers or organizations representing health care consumers;
{ - (K) - } { + (M) + } Hospitals and health plans or organizations representing hospitals and health plans;
{ - (L) - } { + (N) + } Patients or advocacy groups representing patients; and
{ - (M) - } { + (O) + } Members of the public.

(b) Two members shall be members of a legislative committee with jurisdiction over human services issues, one appointed by the President of the Senate and one appointed by the Speaker of the House of Representatives. Both members shall be nonvoting, ex officio members of the commission.

(2) The term of office of each member is four years, but a member serves at the pleasure of the appointing authority. Before the expiration of the term of a member, the appointing authority shall appoint a successor whose term begins on July 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the appointing authority shall make an appointment to become immediately effective for the unexpired term.

SECTION 2. ORS 409.560 is amended to read:

409.560. (1) A physician assistant licensed under ORS chapter 677, a nurse licensed under ORS chapter 678, a psychologist licensed under ORS 675.010 to 675.150, a chiropractic physician licensed under ORS chapter 684 { + , + } { - or - } a naturopath licensed under ORS chapter 685 { + , an acupuncturist licensed under ORS 677.759 or a pharmacist licensed under ORS chapter 689 + } must complete one pain management education program { - established - } { + described + } under ORS 409.510.

(2) The Board of Medical Examiners, in consultation with the Pain Management Commission, shall identify by rule physicians licensed under ORS chapter 677 who, on an ongoing basis, treat patients in chronic or terminal pain and who must complete one pain management education program established under ORS 409.510. The board may identify by rule circumstances under which the requirement under this section may be waived.

SECTION 3. ORS 689.285 is amended to read:

689.285. (1) The Legislative Assembly finds and declares that:

(a) The continuous introduction of new medical agents and the changing concepts of the delivery of health care services in the practice of pharmacy make it essential that a pharmacist undertake a continuing education program in order to maintain professional competency and improve professional skills;

(b) The state has a basic obligation to regulate and control the profession of pharmacy in order to protect the public health and welfare of its citizens; and

(c) It is the purpose of this chapter to protect the health and welfare of Oregon citizens and to ensure uniform qualifications and continued competency of licensed pharmacists by requiring participation in a continuing pharmacy education program as a condition for renewal of licenses to practice pharmacy.

(2) All pharmacists licensed in the State of Oregon on and after October 3, 1979, shall satisfactorily complete courses of study and satisfactorily continue their education by other means as determined by the State Board of Pharmacy in subjects relating to the practice of the profession of pharmacy in order to be

eligible for renewal of licenses.

(3) In accordance with applicable provisions of ORS chapter 183, the board shall make reasonable rules:

(a) Prescribing the procedure and criteria for approval of continuing pharmacy education programs, including the number of hours of courses of study necessary to constitute a continuing pharmacy education unit and the number of continuing pharmacy education units required annually for renewal of a pharmacist license.

(b) Prescribing the scope of the examinations given by the board including grading procedures.

(c) Prescribing the content of the form to be submitted to the board certifying completion of an approved continuing pharmacy education program.

(d) Necessary to carry out the provisions of this chapter.

{ + (e) Prescribing the completion of:

(A) A pain management education program approved by the board and developed in conjunction with the Pain Management Commission established under ORS 409.500; or

(B) An equivalent pain management education program, as determined by the board. + }

(4) In adopting rules pursuant to subsection (3) of this section, the board shall consider:

(a) The need for formal regularly scheduled pharmacy education programs.

(b) Alternate methods of study including home-study courses, seminars or other such programs for those persons who, upon written application to the board and for good cause shown, demonstrate their inability to attend regularly scheduled formal classroom programs.

(c) The necessity for examinations or other evaluation methods used to ensure satisfactory completion of the continuing pharmacy education program.

(5) The board may contract for the providing of educational programs to fulfill the requirements of this chapter. The board is further authorized to treat funds set aside for the purpose of continuing education as state funds for the purpose of accepting any funds made available under federal law on a matching basis for the promulgation and maintenance of programs of continuing education. In no instance shall the board require a greater number of hours of study than it provides or approves in the State of Oregon and which are available on the same basis to all licensed pharmacists.

(6) The board may levy an additional fee of up to \$10 for each license renewal to carry out the provisions of this chapter.

Senate Bill 936

Sponsored by COMMITTEE ON JUDICIARY

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure as introduced.

Authorizes Board of Medical Examiners to issue to qualified applicants provisional or temporary license to practice acupuncture. Allows board to regulate activities of holder of provisional or temporary license.

A BILL FOR AN ACT

Relating to licenses to practice acupuncture.

Be It Enacted by the People of the State of Oregon:

SECTION 1. { + Section 2 of this 2005 Act is added to and made a part of ORS 677.757 to 677.770. + }

SECTION 2. { + Notwithstanding ORS 677.759, the Board of Medical Examiners may issue:

(1) A provisional license to practice acupuncture if the applicant meets the qualifications for a provisional license established by the board by rule. The rules adopted by the board shall include, but are not limited to, the period for which a provisional license is valid and the types of restrictions on the scope of activities permitted by a provisional license that may be imposed by the board. A person who has been granted a provisional license shall apply for a license to practice acupuncture as required by ORS 677.759 as soon as possible after having obtained a provisional license. The board may not renew a provisional license if the holder is not attempting to obtain a license to practice acupuncture under ORS 677.759 at the time the person seeks renewal.

(2) A temporary license to practice acupuncture for the purpose of demonstrating the practice of acupuncture as part of a limited duration educational program, lecture or event if the applicant meets the qualifications for a temporary license established by the board by rule.

(3) The board shall supervise the activities of a holder of a provisional or temporary license to practice acupuncture and may impose restrictions on the scope of activities permitted under the provisional or temporary license issued to the holder as the board finds necessary. +

House Bill 2357

Sponsored by Representative HASS (at the request of Oregon
Acupuncture Association)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure as introduced.

Authorizes Board of Medical Examiners to issue to qualified applicants temporary license to practice acupuncture. Allows board to regulate activities permitted by holder of temporary license.

A BILL FOR AN ACT

Relating to temporary license to practice acupuncture.

Be It Enacted by the People of the State of Oregon:

SECTION 1. { + Section 2 of this 2005 Act is added to and made a part of ORS 677.757 to 677.770. + }

SECTION 2. { + (1) Notwithstanding ORS 677.759, the Board of Medical Examiners may issue a temporary license to an applicant for the purpose of demonstrating the practice of acupuncture as part of a limited duration educational program, lecture or event if the applicant meets the qualifications for a temporary license established by the board by rule.

(2) The board may supervise the activities of a holder of a temporary license and impose restrictions on the scope of activities permitted by a temporary license holder as the board finds necessary. + }