

OREGON MEDICAL BOARD

ACUPUNCTURE ADVISORY COMMITTEE

Teleconference Meeting – March 19, 2008

**1500 SW First Avenue, Suite 620
Portland, OR 97201**

The Acupuncture Advisory Committee of the Oregon Medical Board (OMB or “Board”) held a regular bi-annual meeting Wednesday, March 19, 2008. The meeting was called to order by Malvin Finkelstein, LAc, Chair, at 3:30 p.m.

MEMBERS PRESENT

Malvin Finkelstein, LAc, Chair
Sarojini S. Budden, MD, Board Liaison
Gene G. Hong, MD
Diane Miller, MD

MEMBERS ABSENT

Ellen Goldsmith, LAc, LMT
Debra L. Mulrooney, LAc

STAFF PRESENT

Diana Dolstra, Licensing Department Manager
Michele Provinsal, Acupuncture Licensing Specialist
Randy Day, Complaint Resource Officer

Agenda

EXECUTIVE SESSION:

Update on Acupuncturists Currently Under Board Investigation
– Randy Day, Complaint Resource Officer

Review Application for Reactivation of Client 01529

Non-Accredited Schools

PUBLIC SESSION:

Approve Acupuncture Advisory Committee Minutes of the September 21, 2007 Meeting

Approval of Limited License, Visiting Professor

Approval of Acupuncturists as Clinical Supervisors

Approval of Visiting Acupuncturists

Review Application for Reactivation of License AC00249

First Review of Administrative Rules:

 OAR 847-070-0005 Definitions

 OAR 847-070-0016 Qualifications

Proposed Legislation for Acupuncture Aides

Re-Entry Standards

Mentorships – Past Actions by Board

Staff Approval of Out of Practice Acupuncturists

Acceptable Use Policy

Approval of Future Meeting Dates

Public Comment Session

Malvin Finkelstein, LAc, Chair, called the meeting to order at 3:30 p.m.

Members present voted unanimously to pass the following motions and recommendations unless otherwise noted.

EXECUTIVE SESSION:

Update on Acupuncturists Currently Under Board Investigation

 – Randy Day, Complaint Resource Officer

Review Application for Reactivation of Client 01529

Non-Accredited Schools

PUBLIC SESSION:

Review Application for Reactivation of Client 01529

Executive Session

Public Session

It was moved and seconded that:

The Acupuncture Advisory Committee recommends the Oregon Medical Board approve the reactivation of the license of Client 01529.

Non-Accredited Schools

*EXHIBIT A
Executive Session*

Public Session

It was moved and seconded that:

The Acupuncture Advisory Committee recommends the Oregon Medical Board amend OAR 847-070-0016(3)(a) by removing “prior to July 1, 1998,” and revise OAR 847-070-0016(3)(c) by replacing “on July 1, 1988” with “at the time of graduation” (see Exhibit A).

ACTION PLAN: Staff to explore possibility of a temporary rule adoption.

NOTE 4/11/08: The Board approved the temporary rule adoption for OAR 847-070-0016, reflecting the amendments to the rule as noted in the Committee motion above (see Exhibit A). The Board’s approval also acts as a First Review of the rule amendment for permanent adoption.

Approve Acupuncture Advisory Committee Minutes of the September 21, 2007 Meeting

It was moved and seconded that:

The Acupuncture Advisory Committee recommends the Oregon Medical Board approve the minutes of the September 21, 2007 meeting.

Approval of Limited License, Visiting Professor

ZHANG, Jun, LL17420

11/1/07-10/31/08

It was moved and seconded that:

The Acupuncture Advisory Committee recommends the Oregon Medical Board approve the above Limited License Visiting Professor.

Approval of Acupuncturists as Clinical Supervisors

ASHFORD, SHELLY PATRICE AC01091	COOPER, FORREST BARTON AC00532	PFAFFENBERGER, ANGELA HELGA AC01032
SPERO, JESSICA ANNA AC00723	WAGMAN, GARY MICHAEL AC00714	

It was moved and seconded that:

The Acupuncture Advisory Committee recommends the Oregon Medical Board approve the above acupuncturists as Clinical Supervisors.

Approval of Visiting Acupuncturists

Visiting Acupuncturist	Robert Flaws , LAc, Colorado License #129
Program Description	Oregon College of Oriental Medicine Doctoral Degree Program
Dates	April 13-16, 2007
Name of Responsible Oregon Acupuncturist	Zhaoxue Lu, D.Med. & Ph.D. (P.R. China), LAc, AC00794

Visiting Acupuncturist	Li Jin , LAc, Washington License #AC00000609
Program Description	Oregon College of Oriental Medicine Doctoral Degree Program
Dates	April 22-23, 2007
Name of Responsible Oregon Acupuncturist	Zhaoxue Lu, D.Med. & Ph.D. (P.R. China), LAc, AC00794

Visiting Acupuncturist	Misha Ruth Cohen , LAc, California License #AC1491
Program Description	Oregon College of Oriental Medicine Doctoral Degree Program
Dates	December 7-10, 2007
Name of Responsible Oregon Acupuncturist	Zhaoxue Lu, D.Med. & Ph.D. (P.R. China), LAc, AC00794

Visiting Acupuncturist	Xingdong Ma , LAc, Washington License #AC00000614
Program Description	Oregon College of Oriental Medicine Doctoral Degree Program
Dates	January 4-7, 2008
Name of Responsible Oregon Acupuncturist	Zhaoxue Lu, D.Med. & Ph.D. (P.R. China), LAc, AC00794

Visiting Acupuncturist	Mingqing Zhu , LAc, California License #AC3993
Program Description	Oregon College of Oriental Medicine Doctoral Degree Program
Dates	January 4-7, 2008
Name of Responsible Oregon Acupuncturist	Zhaoxue Lu, D.Med. & Ph.D. (P.R. China), LAc, AC00794

Visiting Acupuncturist	Dr. Kerong Xie , LAc, Washington License #AC00000792
Program Description	Oregon College of Oriental Medicine Doctoral Degree Program
Dates	February 8-11, 2008
Name of Responsible Oregon Acupuncturist	Zhaoxue Lu, D.Med. & Ph.D. (P.R. China), LAc, AC00794

Visiting Acupuncturist	Dr. Wei Chieh Young, LAc, California License #AC781
Program Description	Oregon College of Oriental Medicine Doctoral Degree Program
Dates	March 14-17, 2008
Name of Responsible Oregon Acupuncturist	Zhaoxue Lu, D.Med. & Ph.D. (P.R. China), LAc, AC00794

It was moved and seconded that:

The Acupuncture Advisory Committee recommends the Oregon Medical Board approve the above as visiting acupuncturists.

Review Application for Reactivation of License AC00249

Licensee has been out of practice for 10 years and has submitted required documentation of CEU hours. Licensee has reinstated her Washington license and has recertified with the NCCAOM.

It was moved and seconded that:

The Acupuncture Advisory Committee recommends the Oregon Medical Board require licensee AC00249 be evaluated for clinical competency by a designee of the OMB.

NOTE 4/11/08: The Board amended the aforementioned Committee recommendation as follows: The clinical competency of licensee AC00249 shall be evaluated by a consultant chosen by the OMB.

**First Review of Administrative Rules:
OAR 847-070-0005 Definitions
OAR 847-070-0016 Qualifications**

EXHIBIT B

It was moved and seconded that:

The Acupuncture Advisory Committee recommends the Oregon Medical Board approve the first review of the above mentioned administrative rules to establish attempt limits for the NCCAOM acupuncture certification exams.

Proposed Legislation for Acupuncture Aides

EXHIBIT C

The Oregon Acupuncture Association is in the initial stages of drafting legislation regarding acupuncture aides and is seeking input from the OMB.

ACTION PLAN: Staff to forward comments from today's meeting to Gonzo Flores, LAc.
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The Committee reviewed and discussed the Board requested information regarding re-entry standards from 26 other states.

Committee members expressed that a maximum of 5 years was a reasonable amount of time to be out of practice in the acupuncture profession. They further expressed that if Board members felt that a limit of four years out of practice is more appropriate, Committee members would support that decision.

It was moved and seconded that:

The Acupuncture Advisory Committee recommends the Oregon Medical Board amend OAR 847-070-0019(2) and 847-070-0045(4) to change the allowable length of time out of practice from 12 months to five years and adhere to the NCCAOM requirements for continuing education units.

NOTE 4/11/08: The Board amended the aforementioned Committee recommendation as follows: The Oregon Medical Board shall amend OAR 847-070-0019(2) and 847-070-0045(4) to change the allowable length of time out of practice from 12 months to 24 months and adhere to the NCCAOM requirements for continuing education units. After a 24 month break from active practice, an acupuncturist wishing to practice in Oregon shall complete a 20-hour, one-on-one mentorship with a clinical supervisor. The clinical supervisor shall report the successful completion of the mentorship to the OMB.

Mentorships – Past Actions by Board*EXHIBIT E*

Committee members reviewed and discussed the summary of past Board decisions regarding mentorships. It was noted that the practice of requiring 400 mentorship hours may be too high, as acupuncture training programs require 660 clinical hours. Malvin Finkelstein, LAc, proposed that acupuncturists who have been out of practice for longer than five years (or four years depending upon the Board's decision regarding re-entry standards) obtain 40 hours of clinical mentorship for each year over five (four) years.

It was moved and seconded that:

The Acupuncture Advisory Committee recommends the Oregon Medical Board accept the proposal that for each year out of practice past five years (or four years if the Board deems that as the standard) acupuncturists would be required to obtain 40 hours of clinical mentorship.

NOTE 4/11/08: The Board amended the aforementioned Committee recommendation as follows: After a 24 month break from active practice, an acupuncturist wishing to practice in Oregon shall complete a 20-hour, one-on-one mentorship with a clinical supervisor. The clinical supervisor shall report the successful completion of the mentorship to the OMB.

Staff Approval of Out of Practice Acupuncturists

Staff requested input from the Committee outlining how long an applicant can be out of practice before their file is presented to the Committee and Board. The Committee agreed that as long as the applicant has documented the appropriate number of CEU hours, and in the absence of any other concerning items, staff should bring applicants for review who have been out of practice for more than five years (or four years depending upon Board's decision concerning re-entry standards). If there are other concerns about the application, Committee and Board review would be appropriate.

NOTE 4/11/08: The Board recommended that the Committee and Board review files of applicants that have been out of practice for 24 months or longer.

Acceptable Use Policy

Committee members were asked to review the OMB Acceptable Use of Electronic Information Systems Policy and sign a statement acknowledging that they had read and understood the policy.

Approval of Future Meeting Dates

September 19, 2008, 12:00 p.m.

Public Comment Session

There were no members of the public present.

The meeting was adjourned at 4:30 p.m.

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 070 – OREGON MEDICAL BOARD

TEMPORARY RULE ADOPTION – APRIL 11, 2008

Proposed rules changes delete reference to the year July 1, 1998 in the requirement that applicants for licensure by the alternate pathway must document five years of practice prior to July 1, 1998, and that these applicants also meet the curriculum's western medicine standards in place on July 1, 1998. Proposed language change is to require applicants to meet western medicine standards in place at the time of their graduation.

847-070-0016

Qualifications

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

(1) 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.

(2) 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 N.C.C.A.O.M. Acupuncture Certification Examinations, or has been certified through the N.C.C.A.O.M. Credentials Documentation Examination; or

(3) An applicant who does not meet the criteria in OAR 847-070-0016(1) and (2) must have the following qualifications:

(a) 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:

(A) 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

(B) 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) Successful completion of the A.C.A.O.M. western medicine requirements in effect [~~on July 1, 1998~~] **at the time of graduation**; and

(d) 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 N.C.C.A.O.M.

Acupuncture Certification Examinations, or has been certified through the N.C.C.A.O.M. Credentials Documentation Examination; or

(4) An individual whose acupuncture training and diploma were obtained in a foreign country and who cannot document the requirements of subsections (1) through (3) 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

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

(a) Licensure in good standing from the state or states of all prior and current health 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.

OREGON ADMINISTRATIVE RULES
CHAPTER 847, DIVISION 070 – OREGON MEDICAL BOARD
PROPOSED RULES CHANGES – APRIL 2008
FIRST REVIEW BY THE BOARD

Proposed rule change establishes attempt limits for the NCCAOM acupuncture certification exams.

847-070-0005

Definitions

As used in the rules regulating the practice of acupuncture:

(1) "Acupuncture" means an Oriental health care practice used to promote health and to treat neurological, organic or functional disorders by the stimulation of specific points on the surface of the body by the insertion of needles. "Acupuncture" includes the treatment method of moxibustion, as well as the use of electrical, thermal, mechanical or magnetic devices, with or without needles, to stimulate acupuncture points and acupuncture meridians and to induce acupuncture anesthesia or analgesia.

(a) The practice of acupuncture also includes the following modalities as authorized by the Oregon Medical Board for the State of Oregon:

(A) Traditional and modern Oriental Medical and acupuncture techniques of diagnosis and evaluation;

(B) Oriental massage, exercise and related therapeutic methods; and

(C) The use of Oriental pharmacopoeia, vitamins, minerals and dietary advice.

(2) "Licensed Acupuncturist" means an individual authorized by the Board to practice acupuncture pursuant to ORS Chapter 677.

(3) "Board" means the Oregon Medical Board for the State of Oregon.

(4) "Committee" means the Acupuncture **Advisory** Committee.

(5) "Physician" means an individual licensed to practice medicine pursuant to ORS Chapter 677.

(6) "Clinical training" means supervised clinical training which consists of diagnosis and actual patient treatment which includes insertion of acupuncture needles.

847-070-0016

Qualifications

Effective [~~November 21, 2004~~] **November 1, 2008**, an applicant for licensure as an acupuncturist in the State of Oregon must have the following qualifications:

(1) 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.

(2) **Current** [€] **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 N.C.C.A.O.M. Acupuncture Certification Examinations, or has been certified through the N.C.C.A.O.M. Credentials Documentation Examination[;ø]. **The applicant has no more than four attempts to pass the NCCAOM Acupuncture Certification Examinations. If the applicant does not pass the NCCAOM Certification Examinations within four attempts, the applicant is not eligible for licensure.**

(3) An applicant who does not meet the criteria in OAR 847-070-0016(1) and (2) must have the following qualifications:

(a) 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:

(A) 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

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

(d) 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 N.C.C.A.O.M. Acupuncture Certification Examinations, or has been certified through the N.C.C.A.O.M. Credentials Documentation Examination~~[; and]~~. **The applicant has no more than four attempts to pass the NCCAOM Acupuncture Certification Examinations. If the applicant does not pass the NCCAOM Certification Examinations within four attempts, the applicant is not eligible for licensure.**

(4) An individual whose acupuncture training and diploma were obtained in a foreign country and who cannot document the requirements of subsections (1) through (3) 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]~~

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

(a) Licensure in good standing from the state or states of all prior and current health 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.

Acupuncture Aide for Oregon L.Ac.s

Introduction

As our profession is growing in Oregon and across the United States, there is discussion on the use of non-LAc “paraprofessionals” or “helpers” in our acupuncture practices. This could impact our profession in a dynamic way. A helper frees up time for the Licensed Acupuncturist to give more direct patient care. Also, these tasks are often already being taught and supervised to staff in Licensed Acupuncturists’ clinics. This would legitimize what is already occurring.

This document is a draft of legislation that the OAA would put forth to legally establish an “acupuncture aide*.”

**Since it is most likely that the OAA would pursue legislation for a paraprofessional of the aide level, this document will use the term “aide” until we have final resolution to this term. It is a conditional title until finalized by the OAA membership. Read below for an explanation of the terms “aide” and “assistant.”*

Background

The issues related to non-L.Ac “helpers” (paraprofessionals), was submitted in a report to the OAA membership at OAA’s annual membership meeting in 2006. In summary, the report explains that:

- Technically, non-L.Ac.s may not perform tasks defined for L.Acs as “acupuncture” like moxa, cupping, etc. There is no legal definition or statute defining an acupuncture “assistant” or “aide” in the laws for Oregon. (None were found in other states as well.) This creates a potential for co-liability. And, in the case of injury to a patient, it is not known if a non-L.Ac. would be covered.
- The OMB is aware that L.Ac.s use “helpers” and to date has not taken action on this. Additionally, MDs use assistants, but they are not defined and the OMB does not regulate them.
- The range of options for helpers varies from someone who is a fully trained and licensed, to one who is trained in the clinic with no formal licensure. See more below. The two terms typically used are:
 - “Assistants” - formal training and licensure is required.
 - “Aides” - training is given in the practitioner’s clinic, a permit is issued.

For more information, see the report on “LAc Assistants” by Natalie Arndt from 2-07.

General Definition of Assistants and Aides

In healthcare, there are *many* levels of assistants and aides. Physician Assistants have extended training and licensure. PT & OT Assistants have formal training and licensure. PT & OT Aides simply get on-the-job training and are issued a permit. (For more information, search the internet for “Oregon Statutes Physical Therapy Aide” or “Occupational Therapy Aide”.) The selection of the term “aide” or “assistant” is important if we want to maintain the continuity of occupations and titles within the nomenclature of medical titles in Oregon.

This document is seeking an opinion from the AAC on the feasibility and legality of such legislation.

Proposed Legislation for Acupuncture Aides

Source of This Document

Years ago, the Physical Therapists of Oregon put a huge amount of time and work into formulating the statutes (laws) for PT Aides. They appear to be very solid and reliable, so we based OAA’s legislation on them. We also followed the PT’s organization of the text and divided it into the following sections, with the same sequence: Definitions, Eligibility Standards, Supervision, Training and Permit, Allowed Tasks and Prohibited Tasks.

Section 1: Definitions

(1) “Acupuncture aide” or “aide” means a person who is not licensed as a Licensed Acupuncturist, and who aids a Licensed Acupuncturist by performing selected tasks rendered directly to a patient, as defined in these rules.

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(2) "Direct Supervision" means to provide the amount of personal direction, assistance, advice and instruction necessary to reasonably assure that the aide provides the patient competent acupuncture services. The supervising Licensed Acupuncturist shall be in the same healthcare facility where the tasks are being performed and within sight or earshot of the aide.

(3) "Authentication" means the process by which the Licensed Acupuncturist reviews and validates the accuracy of the aide's record entry. By authenticating a record entry, the Licensed Acupuncturist certifies that the services described were performed by the authenticating licensee or performed by a person under that licensee's supervision.

Section 2: Eligibility Standards

An acupuncture aide shall:

(1) Be at least 18 years of age. (2) Have received a high school diploma or equivalent.

Section 3: Supervision; Professional Responsibility of Supervisors and Supervisees

(1) The Licensed Acupuncturist shall assign to the aide only those tasks that are provided in these rules and which the aide is competent to perform.

(2) Each task shall be performed by the aide under the direct supervision of the Licensed Acupuncturist.

(3) An acupuncture aide shall not perform a treatment-related task, except under the supervision of a Licensed Acupuncturist.

(4) Use of an aide to perform tasks as allowed by this rule shall not constitute a violation of OAR 847-070-0020.

(5) A Licensed Acupuncturist is responsible for the competent performance of tasks assigned to an aide whom the Licensed Acupuncturist is supervising as provided in OAR 847-070-0005.

Section 4: Allowed Tasks for the Acupuncture Aide

The prohibition of needle insertion is in "Prohibited Tasks" below.

Within the limits set forth in this act, the aide is allowed to perform the following tasks, as assigned and directly supervised by the Licensed Acupuncturist:

(1) Moxa

(2) Gua sha

(3) Cupping

(4) Dictation: allow aides to take dictation. A Licensed Acupuncturist may dictate information to an aide for entry into a patient medical record, so long as the Licensed Acupuncturist authenticates such entries.

(5) The aide shall authenticate the record entry as provided in OAR 847-070-0020

(6) Assisting the Licensed Acupuncturist as directed during the course of treatment.

Tasks requiring in training in "Clean Needle Technique" or its equivalent.

These tasks would require additional training.

(7) Electro-acupuncture set up and disassembly: attaching or removing wires to the acupuncture needles for electrical stimulation of the acupuncture needles.

Set up for electro acupuncture applications- under the direction and direct supervision of the LAc, the aide would set up electro stimulation apparatus for the Licensed Acupuncturist to administer electro acupuncture techniques.

(8) Needle withdrawal: removal of the inserted acupuncture needles from a patient.

(9) Plum Blossom

Section 5: Prohibited Tasks

(A) A Licensed Acupuncturist shall not permit an aide to perform any of the following tasks:

(1) Insertion, stimulation or manipulation of any needles, acupuncture needles or embedded needles. These are explicitly excluded.

(2) Answer or discuss any questions regarding a patient's status or treatment with anyone other than the Licensed

112 Acupuncturist or an individual authorized by law.

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114 (B) A Licensed Acupuncturist may not assign to an acupuncture aide any duties that involve the exercise of independent
115 judgment which include, but are not limited to:

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117 (1) Initiate, determine or modify a plan of care.

118 (2) instruct a patient or a patient's caregiver in the application of any treatment,

119 unless the instructions have been written by the supervising Licensed Acupuncturist.

120 (3) Performing evaluative procedures;

121 (4) Initiating, planning or modifying performance of treatment procedures;

122 (5) Interpreting referrals or prescriptions for acupuncture and other modalities of acupuncture and Oriental medicine;

123 (6) Acting independently or without supervision.

124 (7) Perform massage therapy, unless the aide are licensed to perform such therapy.

125 (8) Charting item already explained in included tasks.

126 (9) Independently make entries in a patient record, except for objective information about the tasks performed by the

127 aide. The aide shall authenticate the record entry as provided in OAR 847-070-0020. Licensed Acupuncturist may

128 dictate information to an aide for entry into a patient medical record, so long as the Licensed Acupuncturist

129 authenticates such entries.

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131 **Section 6: Training and Permits**

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133 **Three Options:**

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135 **Option #1: Permit kept by OMB**

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137 Prior to employing a person as an acupuncture aide, an L.Ac. will file a registration form, required by
138 the OMB, documenting the required training. This registration would be renewed when the LAc renews
139 his/her license.

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141 **Option #2: Permit kept on file with LAc**

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143 (1) Prior to training an acupuncture aide to perform any task the supervising Licensed acupuncturist shall assure that the
144 aide has undertaken the following training as performed by the supervising Licensed Acupuncturist, at the clinic of the
145 supervising Licensed Acupuncturist.

146 30 hours of on-site training will comprise of duties cited above in Section 4 and Section 5.

147 The Acupuncture Aide shall be issued a permit by the OMB upon completion of these hours to the satisfaction of
148 the Licensed Acupuncturist.

149 The supervising acupuncturist shall be responsible for documentation of the training for each aide, and

150 shall maintain this documentation at the facility for a minimum of 5 years after termination of

151 employment and make it available to the Board upon request. The supervising acupuncturist also shall

152 respond to any inquiry by the Board concerning the training provided to an aide. The aide training

153 record shall include but not be limited to:

154 (a) Aide position description;

155 (b) Policies and procedures clearly stating the aide's duties;

156 (c) Training schedule, this includes but is not limited to:

157 (A) Start date for the training;

158 (B) Activity/description of training;

159 (C) Amount of time spent on training for each activity;

160 (D) Date training is complete;

161 (E) Names of instructors and aide, including signature of each instructor and aide;

162 (F) If applicable, documentation of training received outside of the facility in the form of a letter or
163 copies of the previous training record. Documentation must include the level of responsibility of the
164 aide.

165

Option #3: No Permit

166 There would be no process for regulation or need for permit for acupuncture aide.

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168 The key issues revolve around the scope of what the acupuncture aide can do and what level of administration and
169 regulation this position would involve. Thank you for your time and your feedback.

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171 Gonzalo Flores, L.Ac., Natalie Arndt, L.Ac. Stuart Greenleaf, L.Ac., Legislative Committee on behalf of the
172 Oregon Acupuncture Association

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EXHIBIT D

State	Renew CME-NCCAOM Cert?	Reinstate if lapsed-expired?
AL	2 years – 15 CME	License may not be renewed if lapsed for more than 5 years.
AK	2 years – 24 CME	Must renew within 1 year of expiring, or must pass the NCCAOM exam and pay all fees as if a new licensee
FL	2 years – 20 CME	
HI		Renew within 1 year after meeting renewal requirements, pay renewal fee and restoration fee; beyond 1 year must apply as a new applicant
ID	Annual – 15 CME	May renew after license cancelled for non-renewal by paying fees and all required annual CME.
IL	2 years – 30 CME	Renew within 5 years - proof of 30 hours of CME within most recent 2 years. Renew more than 5 years – active practice in another state, or military service, or passing NCCAOM exam, or educational programs, college, or CME, and Clean Needle Technique Course.
IN	Current NCCAOM certification	May renew within 3 years of expiration; after 3 years must apply as a new licensee.
IA	2 years – 30 CME	May renew within 3 years – 60 hours CME, current active NCCAOM certification; renew after 3 years, CME or retraining in safe & health practice; personal interview.
ID	Annual – 15 CME	Submit proof of CME for each year license was cancelled; after 5 years apply as a new applicant
ME	Annual - CME – how many?	Up to 90 days late, pay late fee. More than 90 days, subject to all requirements covering new applicants.
MD	2 years – 40 CME	Reinstate if pays renewal fee, reinstatement fee and submits CME; no time (years) specified; inactive license may only be inactive up to 6 years, may reinstate by submitting CME.
MA	2 years – 30 CME	Lapsed for more than 2 years shall submit an application for a full license; may need to submit some or all required CME, or retake the NCCAOM examination if lapsed over 10 years.
MN	Annual	May renew lapsed licensed within 2 years, after 2 years must obtain a new license.
MO	2 years	May renew within 2 years; after two years reapply as new licensee which included current NCCAOM certification
NV	Annual - 10 CME a year	90 grace period; license cancelled 30 days after 90 day grace period; reinstate by paying registration fee, late fee and submitting CME

NH	2 years – 30 CME, current NCCAOM certification	May renew up to 5 years after expiring by paying all past renewal fees and delinquency fee; after 5 years reapply as a new licensee.
NM	Annual – 15 CME	30 day grace period; may renew within one year by paying the renewal fee, late fee, and submitting the CME.
NC	2 years – 40 CME	License is expired if not renewed; license is lapsed if not renewed within two years of lapsing. License may be renewed within 2 years of expiring by paying renewal fee, late fee and submitting CME. A lapsed license may not be renewed, but may be restored after applying as a new licensee.
OH	Maintain current NCCAOM certification	Renew within 2 years of expiring by paying renewal fee, penalty fee. After 2 years, pay renewal fee, late fee and current NCCAOM certification.
RI	Annual – 20 CME	Renew within 90 days by paying renewal fee
SC	2 years – CME current NCAOM certification	
TN	2 years – 30 CME	Renew less than 2 years, pay renewal fee, late fee and CME; more than 2 years, submit new application, fee for certification, reinstatement fee and CME for each biennium not renewed. Reactivate after retirement: 1 year 15 CME; over 2 years Committee or Board restrictions or conditions; over 5 years, successfully complete education or or/testing requirements of the Committee and or/Board.
UT	2 years – NCCAOM certification	Renew up to 120 days after expiring, shall be reinstated retroactively; up to 2 years, pay renewal fees, reinstatement fees, CME or other qualifications; after 2 years must reapply as new licensees.
VA	2 years – current NCCAOM certification	Renew less than 2 years, pay renewal fee, a late fee, and current NCCAOM certification; more than 2 years, practice/licensure in other states, current active NCCAOM certification, pay back fees.
VT	2 years – 30 CME	90 grace period for non-completed CME. Renew within 3 years by paying renewal fee, late fee, submit CME; renew beyond 3 years, apply for reinstatement and demonstrate satisfactorily that he/she is professionally qualified for licensure.
WI	2 year -	Renew within 5 years; renew beyond 5 years must take and pass the NCCAOM certification

		examination within one year of renewing within the 5 years, or provide documentation of active practice for past 5 years in another state immediately preceding request for reinstatement.
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Acupuncture Applicants/Licensee Required To Complete Mentorship or Clinical Skills Evaluated		
Licensee	Reason for Mentorship	Conditions of Mentorship
Licensee 1	Licensee reactivating 11/03; out of practice 18 months, not full time practice before lapsed; reactivated 4/05.	a. One year, quarterly reports b. 400 contact hours c. General health care patient visits d. Supervise scope of activities to include, but not limited to: observation, diagnosis, case discussion, question & answer time with mentor, needling, needling with electrical stimulation, cupping, moxabustion, tuina massage, gua sha, herbal prescription, and assembling herbal formulas
Licensee 2	Applicant, graduated 11/00, passed NCCAOM exam on 4/12/02; applied 8/03. Never practiced as an acupuncturist. Licensed 4/15/2005 with a mentorship.	a. One year, as above.
Licensee 3	Applicant, graduated 8/01, applied 6/05, never practiced as an acupuncturist. Licensed 2/14/06 under a CAO, with a mentorship, same as two above.	a. One year, as above
Licensee 4	Applicant, graduated 12/98, practiced two years, 1998-20000. Applied 8/06. Licensed 4/13/07 after clinical competency had been evaluated by Ken Bendat, LAc using the Board approved Acupuncture Mentorship Outline Quarterly Report Form, and okayed by Chair of Acupuncture Committee.	

Licensee 5	Applicant, graduated 8/15/03, applied 05/06, never practiced as an acupuncturist. Licensed under a CAO, with a mentorship on 1/03/07.	a. One year, as above
Licensee 6	Applicant, graduated 6/16/02, applied 9/05, never practiced as an acupuncturist. Applicant obtained 61 hours clinical acupuncture internship in 2006. Licensed under a CAO, with a mentorship, on 1/03/07.	a. One year b. 349 contact hours.
Licensee 7	Licensee, reactivating, 10/05, out of practice over 6 years; approved for reactivation 10/06 Board meeting	a. One year b. 400 contact hours