

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

Friday, September 24, 2004, 11:30 PM

1500 SW 1st Ave, Suite 620

Portland, OR 97201

Board Accepted as Revised 10-15-04

MEMBERS PRESENT:

Robert Gross, MD – Chair
Ellen Goldsmith, LAc, LMT
Gene Hong, MD
Debra Mulrooney, LAc
John C. Stiger, DO – Board Liaison

MEMBERS PRESENT by SPEAKER PHONE:

Malvin Finkelstein, LAc

STAFF PRESENT:

Diana Dolstra, Licensing Administrator
Jennifer Lannigan, Licensing Coordinator
Brian Kirschner, AC Licensing Specialist
Gary Stafford, Chief Investigator

GUESTS PRESENT:

Natalie Arndt, Oregon Acupuncture Association
Travis Buckmaster, LAc, Acupuncture & Oriental Medicine Society of Oregon
Jane Burch-Pesses, LAc, Oregon Acupuncture Association
Gina Chang, LAc, Oregon Acupuncture Association
Ellie Griffin, DO
Noriko Hosoyamado, Oregon Acupuncture Association
Stephen Kafoury, Lobbyist, Oregon Acupuncture Association
Robert Kaneko, Oregon College of Oriental Medicine
Ted Kraines, LAc
Tsuey Hwa Lai, Oregon College of Oriental Medicine
Dawn Leismaster, Director of International Development, Upledger Institute
Steve Meeker, LAc, Vice President, Acupuncture & Oriental Medicine Society of Oregon
Sabine Pater, LAc, President, Oregon Acupuncture Association
S. Schleicher, Oregon Acupuncture Association
Tamara Staudt, National College of Naturopathic Medicine

WORKING LUNCH:

Board and Committee recognition of Joel Seres, MD, retired Committee Chair

EXECUTIVE SESSION:

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

Review request to reactivate an Oregon acupuncture license

Recommend a type of remediation that would be stipulated in a Corrective Action Order for an Applicant

PUBLIC SESSION:

- Approve minutes of the March 26, 2004, Acupuncture Advisory Committee meeting
- Approve minutes of the Mar 28, 2004 Acupuncture Advisory Committee teleconference
- Presentation on craniosacral therapy and osteopathy in the cranial field by Ellie Griffin, DO
- Presentation by members of the public on craniosacral therapy/techniques
- Committee discussion on whether craniosacral therapy is within the acupuncturist's scope of practice
- Proposed administrative rules – Final Review OAR 847-070-0033 Visiting Acupuncturist Requirements
- Determine if certification in herbology by the NCAOM should be a requirement for licensure
- Determine if acupuncturists may prescribe Chinese herbal vaginal suppositories
- 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
- Define standard of care when an acupuncturist practices on self, friends and family
- Discuss questions from Barbara MacDonald, ND, LAc
- Review and approval of foreign acupuncture program and application for a Limited License, Visiting Profess – Farong Zhang
- Approve the second one year extension of two Limited License, Visiting Professors – Arnaud Andre Rudi Versluys, LAc and Xiaoli Chen, LAc
- Approve acupuncture applicants granted a Limited License, Special
- Approve acupuncture applicants eligible for permanent licensure
- Approve Limited License, Visiting Professor eligible for permanent licensure
- Approve Oregon licensed acupuncturists as clinical supervisors
- Approve clinical trainees at the National College of Naturopathic Medicine
- Approval of future meeting dates



WORKING LUNCH

Recognition of Dr. Joel Seres

The Committee honored Dr. Joel Seres for his many years of service to the Acupuncture Advisory Committee and the Board.

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 request to reactivate an Oregon acupuncture license

Recommend a type of remediation that would be stipulated in a Corrective Action Order for an Applicant

PUBLIC SESSION:

REVIEW REQUEST TO REACTIVATE AN OREGON ACUPUNCTURE LICENSE

It was moved and seconded that

THE ACUPUNCTURE ADVISORY COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS REQUIRE MORTEZA ALEALI TO BE EVALUATED BY A BOARD APPROVED CLINICAL SUPERVISOR TO DETERMINE THE APPROPRIATE TRAINING NEEDED PRIOR TO REACTIVATION OF HIS LICENSE.

Motion carried unanimously.

NOTE: 10-15-04 – The Board recommends having a member or members of the Acupuncture Advisory Committee make recommendations for a Board-approved clinical supervisor to perform the evaluation.

RECOMMEND A TYPE OF REMEDIATION THAT WOULD BE STIPULATED IN A CORRECTIVE ACTION ORDER FOR AN APPLICANT

It was moved and seconded that

THE ACUPUNCTURE ADVISORY COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS REQUIRE MOSES WHITE CLOUD COOPER TO BE EVALUATED BY A BOARD APPROVED CLINICAL SUPERVISOR TO DETERMINE WHAT TRAINING WOULD BE REQUIRED FOR CURRENT COMPETENCY UNDER A SUPERVISOR.

Motion carried unanimously.

NOTE: 10-15-04 – The Board recommends having a member or members of the Acupuncture Advisory Committee make recommendations for a Board-approved clinical supervisor to perform the evaluation.

APPROVE MINUTES OF THE MARCH 26, 2004, ACUPUNCTURE ADVISORY COMMITTEE MEETING

Mr. Finkelstein noted that discussion of how changes to the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) certification and examination programs may require changes to OAR 847-070-0016, which was deferred from the last AC Committee meeting, remains to be addressed by the Committee.

It was moved and seconded that

THE ACUPUNCTURE ADVISORY COMMITTEE APPROVES THE MINUTES FROM THE MARCH 26, 2004, ACUPUNCTURE ADVISORY COMMITTEE MEETING.

Motion carried unanimously.

APPROVE MINUTES OF THE MAY 28, 2004, ACUPUNCTURE ADVISORY COMMITTEE TELECONFERENCE

It was moved and seconded that

THE ACUPUNCTURE ADVISORY COMMITTEE APPROVES THE MINUTES FROM THE MAY 28, 2004, ACUPUNCTURE ADVISORY COMMITTEE TELECONFERENCE.

Motion carried unanimously.

PRESENTATION ON CRANIOSACRAL THERAPY (CST) AND OSTEOPATHY IN THE CRANIAL FIELD BY ELLIE GRIFFIN, DO

Dr. Griffin stated that osteopathy in the cranial field is not equivalent to CST. She indicated that CST is actually a registered trademark and historically it grew out of osteopathic manipulation, but it is not the same. Dr. Griffin stated that the American Academy of Osteopathy's Practice Guidelines for osteopathy in the cranial field include minimum requirements of licensure as a DO or MD and passing a 40-hour minimum basic course. She relayed that the American Osteopathic Association (AOA) House of Delegates in 2002 adopted a policy that no CME programs offered by the American Osteopathic Association should empower anyone to practice osteopathic medicine as osteopathic medicine should be done only by licensed osteopathic physicians. She stated that her understanding was that there are no credentials required to take an Upledger course. Dr. Griffin listed the following reported complications of cranial manipulation, published in the Journal of the American Osteopathic Association in 1995: vertigo, headache, disturbing psychological behavior, and brain stem seizure activity.

PRESENTATION BY MEMBERS OF THE PUBLIC ON CRANIOSACRAL THERAPY/TECHNIQUES

Four members of the public presented information: Dawn Leismaster, Upledger Institute, Natalie Arndt, Oregon Acupuncture Association (OAA), Ted Kraines, LAc, and Steve Meeker, LAc, Vice President, Acupuncture & Oriental Medicine Society of Oregon (AOMSO).

Dawn Leismaster stated the Upledger Institute would agree with Dr. Griffin regarding Dr. Griffin's distinction between cranial osteopathy and CST. Ms. Leismaster defined CST as a gentle, hands-on method of evaluating and enhancing the function of the craniosacral system, the physiological body system comprised of the membranes and cerebrospinal fluid that surrounds and protects the brain and spinal cord. She indicated that the Upledger Institute has trained over 68,000 healthcare practitioners worldwide in CST in the past 20 years since it was founded. She stated that over 220 healthcare licensing Boards in the U.S. have approved CST for continuing education for their healthcare practitioners and that no additional certification is required. She listed the following contraindications for CST: acute stroke, cerebral aneurysm, and any condition in which the fluid pressure changes within the skull.

Natalie Arndt, LAc, stated that the OAA believes that CST is within the scope of practice of licensed acupuncturists and that LAc's do not need a special requirement of certain training before they would be able to do CST. She shared that the OAA has come up with a proposal that the Board approve licensed acupuncturists to do craniosacral acupuncture. She explained that acupuncturists are licensed to treat the body in the systems of the body, and that the craniosacral system is a system of the body. She added that acupuncturists are also licensed to do various modalities, such as acupressure, tuina, etc. She proposed that, following this reasoning, licensed acupuncturists can say they are doing craniosacral acupressure as a subset of craniosacral acupuncture.

Ted Kraines, LAc stated that it has come to his attention that under General Provisions 677.060, ORS 677 does not affect or prevent “the practice or use of massage, Swedish movement, physical culture or other natural methods requiring use of the hands.” He indicated that in his opinion craniosacral therapy would fall into this use of the hands with other natural methods.

Steve Meeker, LAc, indicated that the craniosacral system is a gentle system and it incorporates exactly the training of LAc’s. He indicated that the AOMSO supports the new definition of craniosacral acupuncture as the OAA proposed, if craniosacral therapy is not approved by the Board as under the scope of practice of LAc’s.

COMMITTEE DISCUSSION ON WHETHER CRANIOSACRAL THERAPY (CST) IS WITHIN THE ACUPUNCTURIST’S SCOPE OF PRACTICE

Dr. Griffin stated that osteopathic physicians feel that treatment of the head should involve diagnosis, and a therapy that is therapy only, such as CST, is not appropriate when it contains the same potential risks and side effects as osteopathy in the cranial field. She indicated that the head cannot be treated separately from the rest of the body, and the rest of the body, such as systemic implications, need to be taken into account.

Ms. Goldsmith indicated that acupuncturists work on the scalp and head, press on the scalp and head, and the intentions are to work within the scope of acupuncturists’ knowledge, which is a meridian system in this energetic field. She stated that the Committee needs to stay focused on the fact that acupuncturists work with the entire energetic system over the entire scope of the body, including the scalp, cranium, and sacrum, through the use of touch, needles, etc.

Dr. Gross stated that the question is, “Is CST in the scope?” He indicated that, in his interpretation of the statutes, acupuncture means an Oriental healthcare practice, and that CST is not an Oriental healthcare practice.

Ms. Goldsmith, proposed that acupuncturists could continue to practice on the cranium and sacrum within their scope, touching the cranium and sacrum, but not have to create a new name for that practice. The other Committee members concurred.

It was moved and seconded that

THE ACUPUNCTURE ADVISORY COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS APPROVE THE COMMITTEE’S DETERMINATION THAT THE ACUPUNCTURIST’S SCOPE OF PRACTICE, AS CURRENTLY DEFINED BY STATUTE, ALLOWS A PRACTITIONER TO APPLY PRESSURE TO VARIOUS PARTS ON THE SKULL AND THE SACRUM AS A RELATED THERAPEUTIC METHOD, AND THAT TO EXPAND THE SCOPE OF PRACTICE BEYOND THE CURRENT STATUTORY DEFINITION WOULD REQUIRE AN AUTHORITY BEYOND THAT OF THE ACUPUNCTURE ADVISORY COMMITTEE.

Motion carried unanimously.

NOTE: 10-15-04 – The Board approved the following amendment to the motion:

It was moved and seconded that

THE ACUPUNCTURE ADVISORY COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS APPROVE THE COMMITTEE’S DETERMINATION THAT THE ACUPUNCTURIST’S SCOPE OF PRACTICE, AS CURRENTLY DEFINED BY STATUTE, INCLUDES A PRACTITIONER APPLYING PRESSURE TO VARIOUS PARTS ON THE SKULL AND THE SACRUM AS A RELATED THERAPEUTIC METHOD, AND THAT TO EXPAND THE SCOPE OF PRACTICE BEYOND THE CURRENT STATUTORY DEFINITION WOULD REQUIRE AN AUTHORITY BEYOND THAT OF THE ACUPUNCTURE ADVISORY COMMITTEE.

Motion carried unanimously.

**PROPOSED ADMINISTRATIVE RULE – FINAL REVIEW
OAR 847-070-0033 – VISITING ACUPUNCTURIST REQUIREMENTS *Exhibit A***

It was moved and seconded that

THE ACUPUNCTURE ADVISORY COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS APPROVE OAR 847-070-0033.

Motion carried unanimously.

DETERMINE IF CERTIFICATION IN HERBOLOGY BY THE NCAOM SHOULD BE A REQUIREMENT FOR LICENSURE

The Committee deferred this discussion per the Chair.

DETERMINE IF ACUPUNCTURISTS MAY PRESCRIBE CHINESE HERBAL VAGINAL SUPPOSITORIES

It was moved and seconded that

THE ACUPUNCTURE ADVISORY COMMITTEE RECOMMENDS THE BOARD OF MEDICAL EXAMINERS APPROVE THE PRESCRIPTION OF CHINESE VAGINAL SUPPOSITORIES AS WITHIN THE ACUPUNCTURIST'S SCOPE OF PRACTICE.

Motion carried unanimously.

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

The Committee deferred this issue to staff to draft administrative rules per the Chair.

DEFINE STANDARD OF CARE WHEN AN ACUPUNCTURIST PRACTICES ON SELF, FRIENDS AND FAMILY

The Committee clarified that there is no legal proscription against a licensed acupuncturist practicing acupuncture on self, friends, and family, but the Committee strongly recommends that an acupuncturist in such a situation follow all treatment and documentation practices the acupuncturist would typically follow when treating patients.

DISCUSS QUESTIONS FROM BARBARA MACDONALD, ND, LAc

The Committee addressed that following questions from an acupuncturist and offered the following answers:

1. How long do we need to keep records on clients?

Answer: 10 years.

2. Do we need to keep records for deceased patients for that long as well?

Answer: Yes, 10 years from the patient's last contact.

3. When leaving a practice, moving or quitting, to which patients are we obliged to send letters to? Those seen in the past how many years? For example, if you saw someone 4 years ago, would it be considered an abandonment if you were not to include them in a mailing to tell them that you have moved?

Answer: The guideline from the OMA was to send your active patients a letter briefly explaining that you are leaving. "Active" is up to interpretation, but it is recommended to send those patients who have been seen within the past year notification of a change.

4. Is it permissible for me to have an assistant (with no formal training but trained by me) remove acupuncture needles for me?

Answer: OCOM recommends that no one who has not taken the Clean Needle Technique course and passed the exam remove needles. The acupuncturist who inserted the needles should remove the needles unless the assistant is appropriately trained in the specific technique or modality of acupuncture being performed.

5. Is it permissible for me to send a patient home with an indirect moxa stick for self treatment?

Answer: Yes.

6. Is it permissible for a clinic assistant to perform indirect moxibustion on a patient or a client?

Answer: Yes.

The Committee agreed that other questions regarding billing practices posed by Ms. MacDonald are beyond the purview of the Committee.

REVIEW AND APPROVAL OF FOREIGN ACUPUNCTURE PROGRAM AND APPLICATION FOR A LIMITED LICENSE, VISITING PROFESSOR – FARONG ZHANG

It was moved and seconded that

THE ACUPUNCTURE ADVISORY COMMITTEE RECOMMENDS THAT THE BOARD OF MEDICAL EXAMINERS APPROVE THE LIMITED LICENSE, VISITING PROFESSOR FOR FARONG ZHANG.

Motion carried unanimously.

APPROVE THE SECOND AND FINAL ONE-YEAR EXTENSION OF TWO LIMITED LICENSE, VISITING PROFESSORS – ARNAUD ANDRE RUDI VERSLUYS, LAc and XIAOLI CHEN, LAc, PhD

It was moved and seconded that

THE ACUPUNCTURE ADVISORY COMMITTEE RECOMMENDS THAT THE BOARD OF MEDICAL EXAMINERS APPROVE THE SECOND AND FINAL ONE-YEAR EXTENSION OF THE LIMITED LICENSE, VISITING PROFESSOR FOR ARNAUD ANDRE RUDI VERSLUYS, LAc AND XIAOLI CHEN, LAc.

Motion carried unanimously.

APPROVE ACUPUNCTURE APPLICANTS GRANTED A LIMITED LICENSE, SPECIAL

Cecelia Linda Barkhuizen
Alexander Smith Giltinan, Jr.
Sarah Chelsea Hunton

Doris Louise Posner
Michael Andrew Sasnow
Melissa Allen Shays

Holly Callaway Jones
Barbara Ellen Krauss

Lincoln Nicolas Tuchow
Kamden Ann Young

It was moved and seconded that

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

Motion carried unanimously.

APPROVE ACUPUNCTURE APPLICANTS ELIGIBLE FOR PERMANENT LICENSURE

Cecelia Linda Barkhuizen	Oregon College of Oriental Medicine
Kimberly Sue Brown	National College of Naturopathic Medicine
Katherine Denise Dellaney	National College of Naturopathic Medicine
Alexander Smith Giltinan, Jr.	Oregon College of Oriental Medicine
Catherine Marie Gurski	National College of Naturopathic Medicine
Kimberly Sue Hindman	National College of Naturopathic Medicine
Sarah Chelsea Hunton	National College of Naturopathic Medicine
Yanjun Hu Jenkins	American College of TCM
Holly Callaway Jones	Tai Sophia Institute
Barbara Ellen Krauss	Oregon College of Oriental Medicine
Ellen Donna Leonard	New England School of Acupuncture
Terence Francis McCormick	Oregon College of Oriental Medicine
Doris Louise Posner	International Institute of Chinese Medicine
Heather Linn Price	Emperor's College of TCM
Michael Andrew Sasnow	Colorado School of Traditional Chinese Medicine
Melissa Allen Shays	National College of Naturopathic Medicine
Miles Edward Sledd	International Institute of Chinese Medicine
Gerri Stanfield	International Institute of Chinese Medicine
Lincoln Nicolas Tuchow	Oregon College of Oriental Medicine
Kamden Ann Young	Bastyr University
Joanne Yunsan Wu	National College of Naturopathic Medicine

It was moved and seconded that

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

Motion carried unanimously.

APPROVE LIMITED LICENSE, VISITING PROFESSOR ELIGIBLE FOR PERMANENT LICENSE – YOUPING QIN

It was moved and seconded that

THE ACUPUNCTURE ADVISORY COMMITTEE RECOMMENDS THAT THE BOARD OF MEDICAL EXAMINERS APPROVE THE PERMANENT LICENSE FOR YOUNG QIN.

Motion carried unanimously.

APPROVE OREGON LICENSED ACUPUNCTURISTS AS CLINICAL SUPERVISORS

Kimberly Anne Booth, Lac
Licensed October 17, 1997
Practice location – NE Portland, Oregon

Hazel Roxanne Hayes, LAc
Licensed October 18, 1999
Practice location – NE Portland

James Peyton Cleaver, LAc
Licensed April 17, 1998
Practice location – NW Portland

Lisa Marie Keppinger, LAc
Licensed April 17, 1998
Practice location – NE Portland

It was moved and seconded that

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

Motion carried unanimously.

APPROVE CLINICAL TRAINEES AT THE NATIONAL COLLEGE OF NATUROPATHIC MEDICINE

The following students will begin on July 28, 2004:

Mark Arouh	Paul Lewis
Arden Baker	Jessica Lipham
Joshua Berka	Chiaoli Lu
B. Winston Cardwell	Jaymie Mackler
Stephanie Bekooy	Cara Morgan
Jennifer Chen	Sasha Rose
Tracey Ellison	Alsion Siebecker
Mari Greenly	Andy Swanson
Melanie Henriksen	Maureen Tighe
Daniel Katz	William Wan
Carla Kreft	Wendy Weintraub
Pamela Law	Meaghan Woodruff

The following interns will continue on July 28, 2004:

Ed Neal	Daniel Newman
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It was moved and seconded that

THE ACUPUNCTURE ADVISORY COMMITTEE RECOMMENDS THAT THE BOARD OF MEDICAL EXAMINERS APPROVE THE AFOREMENTIONED CLINICAL TRAINEES.

Motion carried unanimously.

Note: 10-15-04 – The Board accepts the Committee’s recommendations concerning the aforementioned acupuncturists and clinical trainees.

FUTURE MEETING DATES:

BME: October 14 – 15, 2004
BME: January 13-14, 2005
AC Committee: March 18, 2005
BME: April 14-15, 2005
BME: July 14-15, 2005
AC Committee: September 23, 2005

ADJOURNMENT:

There being no further business to discuss, Dr. Gross adjourned the meeting at 3:30 pm.