



## NOTICE OF ACUPUNCTURE BOARD MEETING

February 16, 2012

Department of Consumer Affairs  
1747 North Market Boulevard  
1<sup>st</sup> Floor Hearing Room  
Sacramento, CA 95834

### **Acupuncture Board Members**

*Robert Brewer, Chair, Public Member*  
*Charles Kim, Vice Chair, Public Member*  
*An York Lee, L.Ac.*  
*Paul Weisman, Public Member*  
*George Wedemeyer, Public Member*

### **AGENDA**

#### **FULL BOARD MEETING - 8:30 a.m.**

1. Call to Order and Establishment of a Quorum
2. Election of Officers
3. 8:30 a.m HEARING: Petition for Early Termination of Probation or Modification  
Petitioner: Raul L. Caoili (Case No. PETP-1A-2009-30)

#### **CLOSED SESSION**

4. Pursuant to Government Code Section 11126(c)(3) the board will convene in closed session to deliberate on the Petition and take action on disciplinary matters.

#### **OPEN SESSION – Announcement Regarding Closed Session**

5. Approval of November 17, 2011 Meeting Minutes – (Discussion/Action)
6. Executive Officer's Report
  - Board Update
  - DCA Update
  - Budget Update
  - Sunset Review
7. Legislation Update - (Discussion/Action)
  - a. SB 628 (Yee) - Chinese Medicine Traumatology
  - b. AB 1431 (Committee on Accountability and Administrative Review) – Government Reports

8. **Enforcement Business** – (Discussion/Action)
  - a. Enforcement Case Report
  - b. Blue Ribbon Panel Task Force Report
9. **Education Business** – (Discussion/Action)
  - a. Education Committee Report
  - b. Proposed Regulatory Language to add Ethics CE Requirement
10. **Examination Business** – (Discussion/Action)
  - a. Examination Committee Report
  - b. February 23, 2012 Examination
11. **Future Agenda Items**
12. **Public Comments**

### **CLOSED SESSION**

13. **The Board will convene in closed session to evaluate the Executive Officer (Government Code Section 11126(a)(1)).**

### **OPEN SESSION**

14. **Adjournment**

Public Comment on items of discussion will be taken during each item. Time limitations will be determined by the Chairperson. Times are approximate and subject to change. Action may be taken on any item listed on the Agenda.

**THIS AGENDA, AS WELL AS BOARD MEETING MINUTES, CAN BE FOUND ON THE  
ACUPUNCTURE BOARD'S WEBSITE AT  
[www.acupuncture.ca.gov](http://www.acupuncture.ca.gov)**

<p>Please Note: Board meetings are open to the public and are held in barrier free facilities that are accessible to those with physical disabilities in accordance with the Americans with Disabilities Act (ADA). If you need additional reasonable accommodations, please make your request no later than five (5) business days before this meeting. Please direct any questions regarding this meeting to the Administrative Technician at (916) 515-5200; FAX (916) 928-2204.</p>
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*Draft*  
**ACUPUNCTURE BOARD  
MEETING MINUTES**

DCA Headquarters 2, Sacramento

**FULL BOARD MEETING**  
February 16, 2012

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**Members Present**

*Anyork Lee, L.Ac., Chair*  
*Charles Kim, Public Member, Vice Chair*  
*Robert Brewer, Public Member*  
*Paul Weisman, Public Member*  
*George Wedemeyer, Public Member*

**Staff Present**

*Janelle Wedge, Executive Officer*  
*Spencer Walker, Staff Counsel*  
*Benjamin Bodea, Education Coordinator*

**Guest List on File**

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**1. Call Meeting to Order and Establishment of Quorum**

Quorum was established. Meeting called to order at 8:50am

**2. Election of Officers**

An York Lee was elected Chair. Charles Kim was elected Vice-Chair.

**3. HEARING: Petition for Early Termination of Probation or Modification**  
**Petitioner: Raul L. Caoili (Case No. PETP-1A-2009-30)**

**4. Closed Session**

**5. Approval of November 17, 2011 Meeting Minutes**

CHARLES KIM MOTIONED TO APPROVE THE NOVEMBER 17, 2011 MEETING MINUTES.  
PAUL WEISMAN SECONDED. 5 – 0 – 0 MOTION PASSED.

## **6. Executive Officers Report**

Executive Officer Janelle Wedge presented her report to the Board

## **7. Legislation Update**

### **a. SB 628 (Yee) – Chinese Medicine Traumatology**

At the last meeting the Board voted to oppose this bill. As of this morning there have been no further movements on this bill.

### **b. AB 1431 (Committee on Accountability and Administrative Review) – Government Reports**

This bill will repeal 4934.1 which was the provision that required an extensive review by the little Hoover Commission. It is a section of law that no longer is used.

## **8. Enforcement Business**

### **a. Enforcement Case Report**

Janelle Wedge presented the Board with the Enforcement Case Report.

### **b. Blue Ribbon Panel Task Force Report**

Hugh Morrison inquired on the status of the Blue Ribbon Panel. Member Brewer responded that staff shortages and state budgetary constraints have hindered the ability of the panel to meet. Member Brewer noted that the Education Committee meeting that occurred on February 15, 2012 settled many of the questions the Panel was tasked with.

## **9. Education Business**

### **a. Education Committee Report**

Member Brewer reported that the Education Committee consists of himself and Chair AnYork Lee and was given feedback by CE Providers, Schools and professional associations. The committee has met three times including yesterday and has drafted recommendations for the Board.

The first recommendation is to add an additional 360 hours to the training programs curriculum with 120 hours focused on Anatomy including Cadaver work and dissection, 120 hours of pathophysiology with laboratory work and 120 hours of orthopedic examination based on Tui Na and Traditional Asian Medicine. The committee recommends that schools be given 2 years to ramp up to the additional hours required.

The second recommendation is to institute a requirement that all practitioners, new and old, take a one-time CE course focusing on ethics as it pertains to the practice and business of acupuncture. An additional course on changes in practice law and updates is recommended to be required to practitioners such that they are kept up to date with changes in the law that may affect their practice.

The third recommendation would be to re-examine the fee structure currently in place for CE providers as they currently only pay \$150 every two years to offer as many courses as they can

apply for. Increasing the fees or instituting a per class fee could help generate revenue for greater CE Course oversight.

The fourth recommendation is to allow CE courses that are offered to Doctors or Nurses in a hospital setting be offered to Acupuncturists for CE credit.

The fifth recommendation is to hire a subject matter expert on contract to review the syllabi for all the ethics and jurisprudence courses that are currently offered by the approved schools of the CA Acupuncture Board to insure they are current commensurate with the current laws. A subject matter expert is recommended to review current approved schools classes on how to review lab reports. This expert is to be a dual licensed health professional to have the best knowledge of both modalities, eastern and western.

The final recommendation is to draft legislation such that special funded offices are exempt from the restrictions placed on general funded offices. This will allow special funded offices to carry out their job.

Member Weisman asked if TOEFL requirements were discussed. Member Brewer stated that the issue was deemed an issue for the Examination Committee.

Chair Lee shared that these issues will be voted on at the next meeting once they have been noticed to the public. Bill Mosca suggested that imposing programmatic accreditation could add a more rigorous oversight to the programs. Chair Lee stressed that the Education Committee will address many of the concerns tasked to the Blue Ribbon Panel. Chair Brewer asked Janelle to set up two meetings for the Education Committee that would not be subject to the Open Meeting Act.

CHARLES KIM MOTIONED TO ALLOW THE EDUCATION COMMITTEE TO MEET WITHOUT BEING SUBJECTED TO THE OPEN MEETING ACT. PAUL WEISMAN SECONDED. 5 – 0 – 0. MOTION PASSED

CHARLES KIM MOTIONED THAT THE CHAIR HAS THE DISCRETION TO CHANGE THE CONSTITUTION OF THE PANEL AS HE PROPOSES. PAUL WEISMAN SECONDED. 5 – 0 – 0. MOTION PASSED

Chair Lee announced that parties interested in participating in the Education Committee should send their request to him via the Executive Officer, Janelle Wedge.

#### **b. Proposed Regulatory Language to add Ethics CE Requirement**

Member Weisman stated that there are two other boards in the DCA that do have ethics requirements. He proposed that the language be changed so that it can be voted on at the next meeting such that licensees take 6 hours of ethics CE in a two year licensing period. Counsel Walker stated that on March 19, of 1999, the Acupuncture Board repealed regulation that required four hours of medical ethics and practice management. Member Brewer stated that the Education Committee had reached a compromise to hammer in the consequences of unethical behavior while not forcing all practitioners to take every two years what a vast majority of practitioners already follow. Chair Lee asked that the Education Committee take this up and come back to the next meeting with proper language. Bill Mosca drew the Board's attention to internationally trained licensees that qualify for the exam via the foreign applicant route. These applicants that pass are not held to the ethics requirements that we require of our training programs. He recommended that the Board impose some ethics requirements on these applicants. The Board could require that they take an ethics class here in California prior to taking the exam. Member Kim felt that this should be a requirement the Board institutes. Jacque MoraMarco pointed out that several decades ago, foreign applicants were required to do a nine month internship at an approved program. Hugh Morrison commented that the high rate of under and unemployment places financial pressure on new licensees to practice unethically. Member Kim shared that several cities have placed a moratorium on the practice of acupuncture within city limits since they are having problems

with the ethical practice of acupuncture in those clinics. Bill Mosca commented on Member Kim's comment that the cities were actually allowing licensed acupuncturists to open new clinics, he was not sure who else would be opening such clinics but ultimately it was the city trying to clamp down on prostitution happening under the guise of Acupuncture.

## **10. Examination Business**

### **a. Examination Committee Report**

Janelle Wedge stated that at the last meeting an Examination Committee was established with AnYork Lee and Robert Brewer. Member Brewer commented that no information had been forwarded to the Examination Committee and thus, no meeting has been held. Bill Mosca asked if the Committee will be meeting. Chair Lee replied that the Education business is currently more important. Member Kim asked that the Board Examination Committee meet before the next meeting.

### **b. February 23, 2012 Examination**

Janelle Wedge reported on the upcoming examination. Member Wedemeyer asked that the Executive Officer provide the Board with the number of out of state applicants for the exam.

## **11. Future Agenda Items**

Member Weisman asked to agendize the issue of ethics, especially for foreign applicants. He also asked that the CE ethics be agendized as well. Counsel Walker suggested that the Education Committee meet more than 10 days prior to the next Board meeting so Janelle Wedge can properly alert the public for the Board to take action on the Committee's recommendations. Hugh Morrison asked that the issue of prostitution be addressed. Member Weisman replied that he is gathering a group that will address the enforcement issue of prostitution in Acupuncture Clinics. Member Kim asked to agendize the scope of acupuncture advertising.

## **12. Public Comments**

Several public attendees stepped forward to speak against the Board moving to an English-Only Licensing exam. The loss of cultural assets and the loss in translation of source concepts were major themes stated in opposition to the English-Only licensing exam. One speaker supported an English Only Licensing exam. They stressed that currently the required TOEFL scores are too low compared to other fields. They also stressed to see the reciprocity given by other countries to English Only practitioners practicing in those countries. Another commented that the original intent of the multi-language exam was to help grandfather foreign practitioners when licensing was just beginning. A public comment addressed that there should be a pathway for foreign educators to visit, practice and teach in this state. Another suggestion was that if an English-test is ultimately decided, it is important to allow several years for currently matriculated students to finish their programs in the language they've started studying in.

## **13. Closed Session**

The Board entered closed session to evaluate the Executive Officer.

## **14. Adjournment**

Meeting adjourned at 2:46pm.

Thorunn Birna Gudmundsdottir  
AC 8869

License was issued on February 4, 2003. Ms. Gudmundsdottir's license was cancelled effective June 1, 2007 for failure to renew within three years of its expiration date (May 31, 2004).

November 17, 2011

State Board of Acupuncture  
444 North 3rd St, Suite 260  
Sacramento, CA 95814

Dear Sir or Madam:

The aim of writing this letter is to introduce myself as an established and practiced Acupuncturist with nearly a decade of experience in the global field of Chinese Medicine. I have recently moved back to Los Angeles and am currently enrolled in the Emperor's College Doctoral Program. I understand that a California License is required to participate in the Doctoral Program. I was originally licensed in California, and have been practicing TCM for 8 years in Iceland, my country of origin. I have returned to further my education and experience in TCM through doctoral studies. I have chosen to learn firsthand from local leaders in the field and gain insight into their individual practices and industry challenges, beginning with a mentorship with Dr. Bong Dal Kim, ECTOM founder. I would like to renew my CA license or be issued a new license without having to re-take the licensing exam, based on my field of experience, recommendations and supporting documentation.

Experiences & Accomplishments:

My original California License was issued Feb. 4th, 2003 (#8869). I moved out of the USA in July 2003 and it expired May 31st., 2004. I possess a current license to practice in Iceland as of July 2003.

From July 2003 through October 2011, I owned and operated a licensed, private clinic in Reykjavik, Iceland.

In Oct. 2004, I co-founded The Icelandic Acupuncture Association and acted as Secretary.

In Oct. 2011, I moved back to Los Angeles to attend the Doctoral Program at Emperor's College.

I possess a current F1 Visa status through September 2013.

I have held numerous lectures on the subject of TCM, and although Iceland does not require CEU's to maintain a license, I have taken the initiative to travel abroad for conferences.

I have enclosed my contact information so that we may set up a meeting to discuss in detail all of my supporting documentation, and sort out any logistics that may be currently inhibiting the reinstatement of my California license. Please contact me this week so that we may set up a meeting at your Sacramento office. As a TCM representative, I consistently strive to serve the health and well-being of my local community, and I take pride in this responsibility. I look forward to meeting you in person and discussing our exciting field.

Yours sincerely,

Thorunn Birna Gudmundsdottir



# Starfsleyfi

Pórunn Birna Guðmundsdóttir  
Kt: 180573 -3219

*This is a copy of  
my current license  
in Iceland, issued  
May 2010 to 2022.*

Leyfi til að starfrækja: Nuddstofu  
Aðsetur starfseminnar: Hamraborg 10, Kópavogur.

Heilbrigðisnefnd veitir umbeðið leyfi samkvæmt gr. 4a, laga um hollustuhætti og mengunarvarnir nr. 7/1998, með síðari breytingum og 9. gr. reglugerðar um hollustuhætti nr. 941/2002.

Leyfið gildir frá 3. maí 2010 til 2. maí 2022

Leyfið er gefið út með skilyrðum um að ákvæðum gildandi laga og reglugerða um hollustuhætti og mengunarvarnir hverju sinni sé fylgt.

Gildissvið.

Leyfið tekur til reksturs nuddstofu og sambærilegrar starfsemi sbr. ákvæði X. kafla reglugerðar um hollustuhætti nr. 941/2002.

Almennar kröfur

Við reksturinn ber að fylgja ákvæðum sem fram koma í:

- IV. kafla í reglugerðar um hollustuhætti nr. 941/2002, um húsnæði og lóðir,
- III. kafla reglugerðar nr. 737/2003 um meðhöndlun úrgangs, þar sem fjallað er um að draga skuli úr myndun úrgangs, meðhöndlun og geymslu hans og þrífnað lóða

Innra eftirlit.

- Starfrækja skal innra eftirlit samkvæmt ákvæðum 11. gr. reglugerðar nr. 941/2002 um hollustuhætti, sem að lágmarki tekur til hreinlætisáætlunar, þjálfunar starfsfólks, skráninga óhappa og framkvæmda á úrbótum.

Eftirlit.

Um eftirlit fer samkvæmt ákvæðum XVI. kafla reglugerðar um hollustuhætti nr. 941/2002. Eftirlitsgjöld verða innheimt samkvæmt ákvæðum ofangreindra laga um hollustuhætti og mengunarvarnir.

Starfsleyfið er bundið kennitölu og ofangreindu aðsetri starfseminnar. Rekstraraðila ber að veita heilbrigðisnefnd upplýsingar um fyrirhugaðar breytingar á starfsemi, sem varðað geta ákvæði starfsleyfis, með hæfilegum fyrirvara. Taki nýr rekstraraðili við starfseminni er heimilt að fenginni umsókn, að færa starfsleyfið á nýjan rekstraraðila án þess að gefið verði út nýtt starfsleyfi enda verði engin önnur breyting á starfseminni. Heilbrigðisnefnd getur endurskoðað starfsleyfi ef í ljós koma annmarkar á framkvæmd eða skaðleg áhrif sem ekki voru ljós fyrir. Starfsleyfið skal hanga uppi á áberandi stað.

Heilbrigðisnefnd hlífðarhjarðar- og Kópavogssvæðis  
Garðabær 6. september 2010

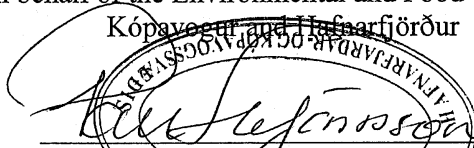
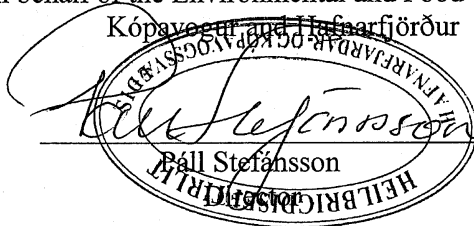
*Guðmundur H. Einarsson*  
HEILBRIGÐISEFTIR  
HLÍFÐARHJARÐAR- OG KÓPAVOGSSVÆÐIS  
GARÐABÆR

Garðabær November 1<sup>st</sup> 2011

## TO WHOM IT MAY CONCERN

This letter is to confirm that Þórunn Birna Guðmundsdóttir at Hamraborg 10, 200 Kópavogur, Iceland, has a licence to operate a massage and acupuncture clinic in accordance with the Icelandic Law on Hygiene and pollution control, No 7/1998 and Regulation on Hygiene, No 941/2002.

On behalf of the Environmental and Food Control of  
Kópavogur and Hafnarfjörður

  
Páll Stefánsson  




**Nálastungufélag Ísland**  
The Icelandic Acupuncture Association

Tuesday, November 01, 2011

Regarding Thorunn Birna Gudmundsdottir  
(in Icelandic: Þórunn Birna Guðmundsdóttir ssn: 180573-3219)

To whom it may concern.

I would like to inform you that Ms. Thorunn was one of the founders of the Icelandic Acupuncture Association on our first formal meeting on October 13, 2004. She has been our secretary until the summer of 2011 and has gone with me to several meetings with many of the Icelandic health department officials as well as three of the health Ministers in Iceland during our years of trying to get acupuncture education approved in Iceland.

I have known Thorunn for several years while she has been practicing acupuncture in Reykjavik, Iceland. We attended an acupuncture conference together in Prague Czechoslovakia about 7 years ago and it was a pleasure experiencing her drive for continual education in the field of TCM.

Thorunn is a well established acupuncturist here in Iceland, and she is in good standing with the Icelandic Acupuncture Association. In the years I have known her she has been a qualified practitioner with the reputation of excellent patient care.

If you may have any questions regarding my recommendation you may contact me.

Sincerely,



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Ríkhartður Már Jósafatsson  
Doctor of Oriental Medicine New Mexico lic.# 320  
Chairman of the Icelandic Acupuncture Association  
(in Icelandic: Nálastungufélag Íslands)



Reykjavik, November 9<sup>th</sup> 2011

Acupuncture Board  
Sacramento, CA

To whom it may concern.

This letter is to confirm that Thorunn Birna Gudmundsdottir, MTOM, withheld a busy practice of Chinese Medicine, in one of our 3 business locations of Organic Market or [www.lifandimarkadur.is](http://www.lifandimarkadur.is) from the year 2004-2008. Thorunn is well known and well established in her community for her excellent practitioner skills and personable approach in her field of Medicine.

Thorunn not only practiced Acupuncture within our company but was and remains a popular speaker on Chinese Medicine and had numerous seminars on the subject, held in our locations.

Even though Thorunn no longer practices in our location we are in constant communication with her due to her expert knowledge in the field of Herbology, Nutrition and Chinese Medicine.

Respectfully,

A handwritten signature in cursive script that reads "Arndís Thorarensen".

Arndís Thorarensen  
CEO of LIFANDI markadur

Email: [arndis@lifandimarkadur.is](mailto:arndis@lifandimarkadur.is)  
+354 585 8700

Kop. Oct 2011.

Dear Sirs,

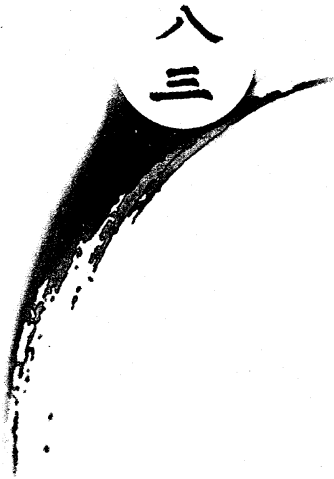
This is to certify that Þórunn  
Björna Guðmundsdóttir has operated a  
acupuncture and oriental medicine  
clinic here at our floor in Hausráðgötu  
no: 10. over the period 2008 → 2011  
in september, with a excellent  
record.

We all miss her

Sincerely

Dr. Guðmundur Lárusson D.D.S.

GUÐMUNDUR LÁRUSSON  
Tannlæknir  
Bergstaðastræti 52  
Kt. 200645-3759



17 November 2011

TO WHOM IT MAY CONCERN

In my capacity, for the past four years, as Dean of the Doctoral Program at Emperor's College of Traditional Oriental Medicine, I am pleased to verify the current enrollment status of Thorunn Birna Gudmundsdottir.

I recruited Ms. Gudmundsdottir this year for our Doctoral Program of Acupuncture and Oriental Medicine [DAOM]. Ms. Gudmundsdottir has been in continuous enrollment in this program since October 2011, right up to the present day. She is on-track to graduate in June 2013.

Every consideration should be accorded to Ms Gudmundsdottir, as to any student duly enrolled in an accredited graduate program.

If you have any questions concerning the above, or need further verification, please feel free to contact me at the address or phone number below.

Thanking you for your attention to this matter,

E. David Migocki, Ph.D, MSW

Dean, Doctoral Program

CC: Ms. Gudmundsdottir

Emperor's College of Traditional Oriental Medicine

## ***Certificate of Completion***

This is to certify that

**Thorunn Birna Gudmundsdottir**

Acupuncturist license number **AC # 8869** has successfully completed  
**16.0** hours of approved continuing education.

**Stroke Rehabilitation with Dr. Shi Xue Min**

Course Title

**Dr. Shi Xue Min**

Course Instructor

Provider Name : Emperor's College of Traditional Oriental Medicine  
Provider Number : CEP-047  
Completion Date : November 19 & 20, 2011  
Course Location : Loyola Marymount University, Los Angeles, CA 90045

Authorized Provider Signature: *A. Daniels* Instructor's Signature *Shi Xue Min*

Date: 11/20/11 Date: \_\_\_\_\_

California Licensed Acupuncturists are required to retain this certificate for a minimum of four years from the date of completion of this course.

The next few pages  
I have included  
a few press documents  
where I am educating  
& informing Icelanders  
about TCM, starting  
with a 4 pg. interview in  
2006 about TCM  
education.

du

NT

**að skipta um vinnu**

**EINHLEYPAR**

**OG ENGUM**

**HÁÐAR**

**TAKTU ÞIG**

**Í GEGNI!**

**Átta vikna afeitrunarkúr**

**Hverning er góður  
stjórnandi?**

**Trend & tískan**

**2006**

**LEIÐTOGINN**

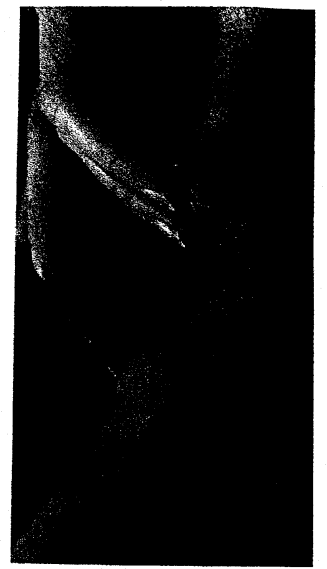
**Ásdís Halla Bragadóttir**

**HEIMILI - MATUR - TÍSKA - STJÖRNUSPÁ**





# „Nálastungurnar völdu mig“



Pórunn Birna Guðmundsdóttir er með meistaraþráðu í austurlenskum lækningum og nuddi. Hún lærði fagið í Los Angeles og æfði sig m.a. á Hollywoodstjörnunum áður en hún hóf að miðla Íslendingum af reynslu sinni.

„Ég segi stundum að nálastungurnar hafi valið mig en ekki ég þær. Ég hef alltaf haft gífurlegan áhuga á skurðlækningum og hefði kannski farið þá leið ef ég hefði ekki verið svona heilluð af kraftinum sem býr að baki austurlenskri læknisfræði,“ segir Pórunn og brosir þar sem við sitjum á rökkvaðri stofu hennar hjá heilsumiðstöðinni Maður lifandi. Kveikt er á kertum og í bakgrunni er austurlensk slökunartónlist. Á borðinu stendur dúkka alsett punktum og kínerskum táknum og nokkrar hárfínar nálar á púða. Hér hefur Pórunn stundað austurlenskar lækningar og nudd í tvö ár. Þá sneri hún heim frá Kaliforníu með víðtæka reynslu í farteskinu.

Hver eru sérkenni austurlenskra lækninga?

„Við vinnum á orsök vandans frekar en einkennum. Austurlensk læknisfræði hefur þróast hægt og rólega í aldanna rás og er nú á tímum meira sniðin eftir vestrænum lifnaðarháttum og þeim kvillum sem þeim fylgja. Með nálastungum vinnum við að því að rétta svokallað ójafnvægi í líkamsorkunni. Við notum nálar til að tengjast orkurásum sem tengjast svo vissum líffærum og líðan. Þetta er vissulega magnað en samt vísindalegt. Við njótum góðs af fimm þúsund ára reynslu Kínverjanna við að kortleggja þessa orku.“

„Sameinuð erum við sterkt afl“

Áhugi Pórunnar á austurlenskum lækningum kviknaði snemma þegar hún reyndi mátt þeirra á eigin skinni, reyndar í bókstaflegri merkingu. „Frá unga aldri átti ég við ýmsa kvilla að stríða, m.a. húðvandamál, og þar sem vestrænar lækningar svo sem stera-krem,brugðust mér, enda ekki hægt að vera á sterum til langs tíma, leitaði ég annað. Grasalækningar hjálpuðu mér mikið og þá hélt ég áfram að kynna mér óhefðbundnar lækningar. Ég fór einnig upp í mál-

var mikið í íþróttum, meðal annars fimleikum og dansi,“ útskýrir Pórunn, sem er þrjátíu og tveggja ára. Hún gerði reyndar garðinn frægan í hinni sögufrægu Freestyle-danskeppni Tónabæjar á níunda áratug síðustu aldar, m.a. með danshópnum Blitz. „Úff, það er svo langt síðan!“ segir hún hlējandi þegar blaðamaður stenst ekki mátið og rifjar það upp. „Ég dansaði þangað til að ég hélt út í námið en dettur ekki í hug að byrja aftur. Í gamla daga snerist lífið um dansinn og þegar maður notar líkamann sem tjáningarform verður maður að tengjast honum. Kannski kviknaði áhuginn upprunalega þar, hver veit?“

Eftir stúdentspróf frá Verzlunarskólanum stefndi Pórunn til Bretlands í grasalækninganám en þegar hún fann fjölbreytt fjögurra ára nám í austurlenskri læknisfræði við Emperor's College of Traditional Oriental Medicine í Los Angeles dreif hún sig þangað og hóf nám árið 1996.

„Skólinn minn var lítill og persónulegur, og þarna var ég með yndislegu fólki sem ég sakna. Hver kennslustund hófst á fimm mínútna hugleiðslu; við þurftum að horfa mikið inn á við til að skilja námið og það hvernig hugurinn starfar. Á námsskránni voru nálastungur, grasalækningar, kínerskt nudd og margt fleira en jafnframt grundvallaratriði vestrænnar læknisfræði eins og sjúkdómafræði og lífefnafræði. Í Bandaríkjunum byggist námið á því að vera samtíga vestrænum læknum. Við vinnum hlið við hlið á sjúkrahúsunum og fólki gefst kostur á að velja um vestræna eða austræna lækni meðferð. Við fáum réttindi til að starfa sem svo kallaðir primary health care physicians. Ég vona að það sama gerist á Íslandi því að sameinuð erum við svo sterkt afl.“

Námið lengdist um hálf tveggja ár á námstímanum og lauk Pórunn því á tæpum 6 árum þar sem hún vann

þyngsta prófið í Bandaríkjunum sem hvert fylki heldur og veitir starfsréttindi. Standardinn er hæstur í Kaliforníu og mikil gróska er þar í austurlenskum lækningum. Svo langar mig að skrá mig í doktorsnám við skólann, sem tekur tvö ár, og felst í rannsóknum. Það væri líka gaman að taka doktorinn í Kína.“

### Æfði sig að stinga meðleigjandann

Emperor's College of Traditional Oriental Medicine er í Santa Monica, falletgu hverfi við ströndina sem býður upp á ýmsa afþreyingu og naut Þórunn þess að stunda námið þar.

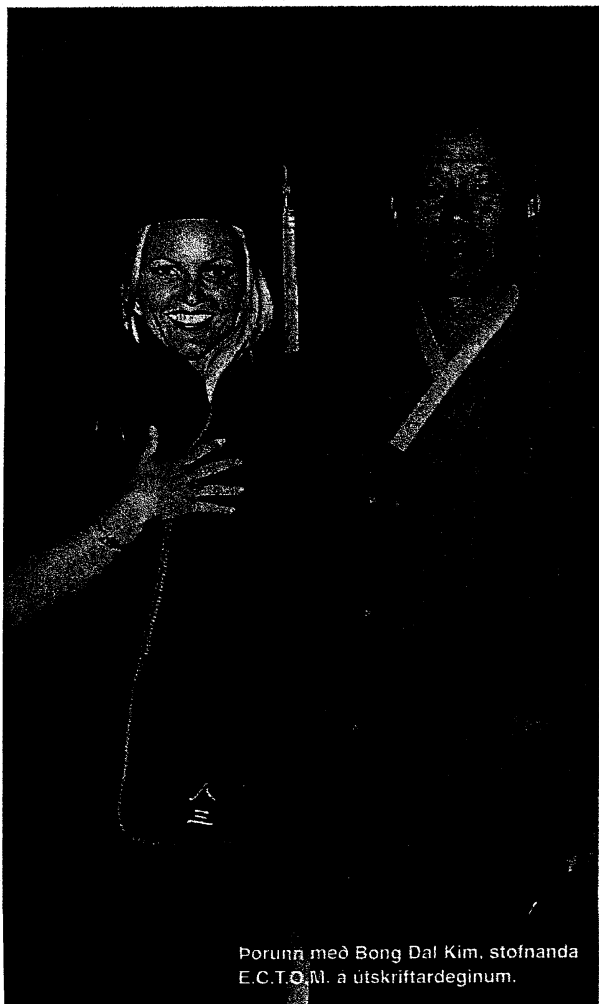
Fer maður einhvern tímann á ströndina ef maður býr við hana? „Góð spurning! Ég hef reyndar aldrei verið jafnfól og á þessum tíma ef ég spái í það. Hins vegar var ég mikið á línuskautum með fram strandlengjunni eða í göngum í fjöllum í kring. Ég bjó víða í borginni, enda er visst rót á manni þegar maður er námsmaður. Ég leigði oft með öðrum Íslendingum og umgekkst samlanda

fyrsta skiptið. „Eftir að hafa lært þrýstipunktameðferð með fingrunum var komið að því að læra á nálarnar. Ég var því send heim úr skólanum með það verkefni að stinga í appelsínu. Svo tók meðleigjandi minn, íslensk stelpa, ekki annað í mál en að ég æfði mig á henni. Ég stakk því nál í hönd hennar á milli þumals og vísifingers, einn þekktasta punktin sem leiðir m.a. upp í höfuð. Þegar hún hallaði sér aftur og stundi af vellíðan var það mjög hvetjandi og hef ég verið óstöðvandi síðan.“

### Sinni stjórnunum í Hollywood

Eftir námið hlaut Þórunn dýrmæta starfsreynslu á sjúkrahúsi UCLA-háskóla sem og á virtri afvötnunarmiðstöð í Marina del Rey. Gestir voru af öllum stigum þjóðfélagsins, þ. á m. hátt skrifað fólk í viðskiptalífínu og heimsfrægar stjórnur, að sögn Þórunnar sem neitar þó að gefa upp nöfn. „Þarna var andrúmsloftið oft átakanlegt, enda var þetta afeitrunarstöð en ekki meðferðarstofnun. Margir hverjir voru mjög illa farnir, jafnvel að koma í

„Fræga fólkið í Hollywood sækir í náttúrulækningar í síauknum mæli - kannski er skýringin sú að það er besta meðferðin sem í boði er!



Þórunn með Bong Dal Kim, stofnanda E.C.T.O.M. a útskriftardeginum.

mína mjög mikið til að byrja með en svo dró úr því, enda voru þeir flestir í kvikmyndabransanum og ég var að hugsa um allt aðra hluti.“

Þórunn lærði að beita nálunum á einni virtustu nálastungustofu LA, sem er á vegum E.C.T.O.M. Eftir að hafa fylgst með læknum og eldri nemendum í eitt ár var komið að því að æfa sig. Það óx henni ekki í augum heldur þvert á móti. „Ég hef aldrei átt erfitt með að stinga fólk og geri það óspart!“ segir hún glettnislega og rifjar upp allra

þriðja skiptið. Það vakti athygli mína hversu margir komu vegna ofneyslu verkjalyfja. Ég man eftir einum sem ánetjaðist þeim vegna bakverkjar. Ég stakk hann aðeins einu sinni og verkurinn hvarf. Hann hefði því getað sparað sér pilluátið. Stundum átta menn sig ekki á þeim lausnum sem í boði eru og halda að hlutirnir séu flóknari en þeir eru. Nálastungumeðferð er mjög svo árangursrík til afeitrunnar og að koma jafnvægi á efnaskipti líkamans. Það er gaman að segja frá því að afeitrun var það fyrsta sem bandaríski heilbrigðisgeirinn viðurkenndi hvað varðar austurlenska læknisfræði. Ég hefði mikinn áhuga á því að taka þátt í einhvers konar meðferðarþrógrammi hérlendis.“

Samhliða námi starfaði Þórunn í Elixir, vinsælu jurtaapóteki og testofu í West Hollywood. Þar stóð hún bak við búðarborð í hvítum sloppi, sjúkdómsgreindi viðskiptavini og seldi þeim vídeigandi kínverskar lækningajurtir. „Á boðstólum voru ýmiss konar jurtadrykkir, slakandi jafnt sem orkugefandi. Kvefmeðulin voru líka mjög vinsæl. Ég er að vinna í því að fá „landgönguleyfi“ fyrir þessar nýtsömu jurtir sem til eru endalausar kraftaverkasögur af.“

Stjórnumnar voru tíðir gestir í Elixir. „Fræga og ríka fólkið sækir reyndar í náttúrulækningar í síauknum mæli - kannski er skýringin sú að það er besta meðferðin sem í boði er!“ segir hún sposk. „Það hefur oft grúskað mikið og spáð í þessa hluti og hefur efni á því allra besta. Þeirra vinna er jú að líta vel út og halda sér unglegum og í formi. Maður kippti sér annars ekkert upp við að rekast á stjórnumnar, LA er jú þeirra heimaborg.“

„Innri heilsa skín út á við“

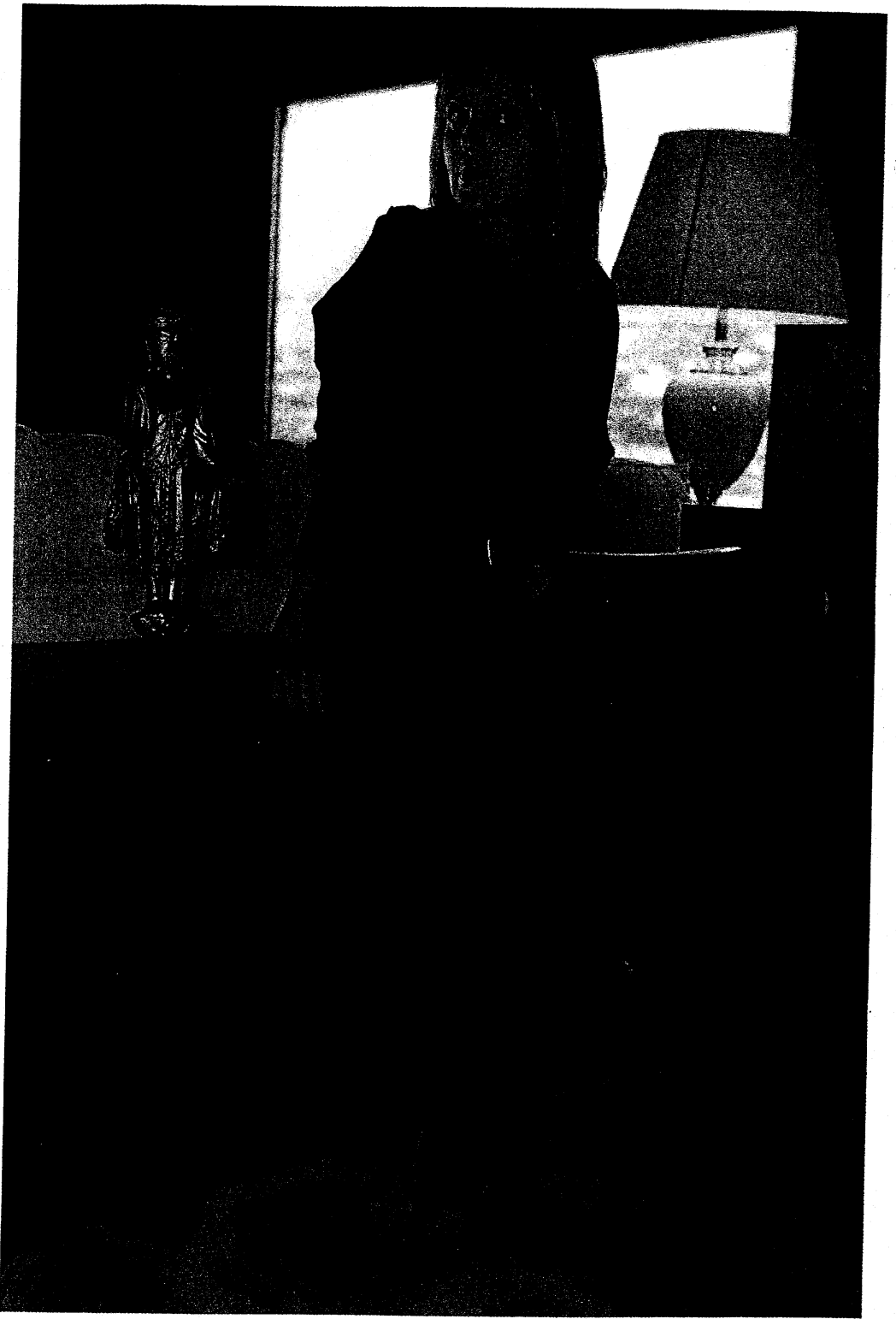
Þórunn lætur vel af dvölinni í Kaliforníu og því vaknar sú spurning hvers vegna hún hafi ákvaðið að koma heim. „Landvistarleyfið rann einfaldlega út. Ég ákvað að dvelja úti eins lengi og ég gat til að fá sem mesta reynslu. Mér fannst spennandi að koma með þessa tegund læknisfræðinnar til Íslands og hefði eflaust fengið samviskubít af því að leyfa bara Ameríkönunum að njóta kunnáttu minnar! Ég hef fengið góðar viðtökur hér og verð vör við mikla vakningu á sviði óhefðbundinna lækninga; fólk horfir æ meira á hina andlegu hlið heilsuvandamála sinna og setur samasem-merki á milli andlegs álags, streitu og kvíða annars vegar og hás blóðþrýstings, magaverkjar og svefnleysis hins vegar. Þetta er hægt að laga með nálastungunum.

Það kemur fyrir að fólk sé smeykt við nálarnar en það er þá yfirleitt hugurinn sem er að spila með viðkomandi. En fólk kemur aftur og aftur þegar það sér að það er þess virði. Maður finnur sama og ekkert fyrir stungunni - þetta er t.d. allt annað en að fá í sig sprautu. Þegar nálin er sett á hárréttan stað kemur hiti, kuldi, doði eða straumur. Sumum finnst tilfinningin skrýtin en það er bara af því að hún er framandi. Sjálf er ég eiginlega háð nálastungunum og sting í sjálfa mig eftir megni.“

Hvað hrjáir okkur Íslendinga einna helst?

„Fyrst og fremst streitan. Það er svo mikil harka í okkur og dugnaður en stundum keyrum við okkur út og göngum á orkuforðann. Vöðvabólga er algeng, kvíðaröskun og mígreni.

Einnig má nefna ofnæmi, meltingarvandamál og vandamál sem tengjast tíðahring kvenna og ófrjósemi. Það sem mér finnst einna skemmtilegast við austurlenska læknisfræði er að geta unnið á vandanum á staðnum í stað þess að senda fólk eingöngu út með lyfseðil. Sjúkdómsgreiningin er einnig allt önnur en hjá vestrænum læknum. Við tökum púlstökur, þ.e. við finnum með ákveðinni aðferð hvernig blóðið streymir um líkamann og svo er tungan skoðuð vandlega því að hún segir okkur heilmikið um innri líkamsástand. Ég hjálpa fólki síðan einnig með mataræðið og vítamín ef börf sé á því “



„Í gamla daga snerist lífið um dansinn og þegar maður notar líkamann sem tjáningarform verður maður að tengjast honum. Kannski kviknaði áhuginn á austurlenskum lækningum upprunalega þar, hver veit?“

Að lokum, hvað gerirðu sjálf til að slaka á og rækta líkamann?

„Ég stunda Ashtanga-jóga þegar ég get en þar er tekið vel á líkamanum. Okkur hættir stundum til að gleyma hvers vegna við stundum líkamsþjálfun - hún snýst ekki um að líta vel út í fötunum. Jóga, Tai Chi og Chi Gong, sem ég lærði í skólanum, eru sérhönnuð æfingakerfi til að styrkja líffærin og halda þeim gangandi. Æfingarnar nudda líkamann að innan, losa um allar hömlur og halda blóðinu gangandi til líffæra. Rétt eins og fegurðin kemur innan frá skín innri heilsa út á við“

# Óhefobundnar

## lækningar á meðgöngu

ÞÓRUNN BIRNA GUÐMUNDSDÓTTIR ÚTSKRIFAÐIST ÚR AUSTURLENSKRI LÆKNISFRÆÐI FRÁ EMPERORS COLLEGE Í BANDARÍKJUNUM FYRIR SJÖ ÁRUM SíÐAN. HÚN REKUR EINKASTOFU ÞAR SEM HÚN VINNUR MEÐ NÁLASTUNGUR OG LEIÐBEINIR FÓLKI MEÐ NÆRINGARFRÆÐI, JURTIÐ OG LÍKAMSBEITINGU.

### Fylgikvillar meðgöngunnar

Þegar konur leita til þín á meðgöngunni, hver eru helstu vandamálín? „Það eru fyrst og fremst ógleði, þreyta, bjúgur og tilfinningalegt ójafnvægi. Síðan á seinni hluta meðgöngunnar eru það verkir í grindinni, mjöðmum og mjóbaki sem valda ófrískum konum helstu óþægindunum,“ segir Þórunn Birna.

### Örvun á orku- og blóðflæði

Hvernig vinnur þú á þessum fylgikvillum? „Ég nota nálarnar til þess að styrkja líkamann og í rauninni til að örva orku- og blóðflæði, til dæmis til að létta á þrýstingi í mjöðmum. Stundum þurfum við að styrkja vissar orkubrautir sem út af meðgöngunni missa orku eða kraft,“ segir Þórunn Birna og bætir við: „Við stingum mjög fingerðum nálum í vissa orkupunkta á líkamanaum sem senda orku- eða rafstraum upp með líkamanum eftir vissum orkubrautum, sem síðan tengjast vissum líffærum og annarri starfsemi líkamans. Þannig getum við notað ýmsa punkta t.d. á höndum og fótum til að hafa áhrif á starfsemi líkamans eins og hjarta, lungu, þvagblöðru, meltingu og svo framvegis. Einnig eykur þetta blóðflæði til vöðvanna og slakar á spennu í skrokknum og örvar endorfínframleiðsluna“.

Gott ráð gegn bjúg á meðgöngu: Sjóðið saman tvær sneiðar af sítrónu með berkinum og 3 cm kubb af engiferrót sem búið er að skræla í einum og hálfum lítra af vatni. Þetta er soðið í 10 mínútur, en þarna nærðu virku efnunum úr engiferrótinni og sítrónuberkinum. Þetta er reyndar góður drykkur líka fyrir þá sem eru með liðverki því hann örvar blóðflæði í líkamanum og losar um stifflur í liðum ásamt því að örva þvaglosun.

### Má stinga í bumbuna?

„Ég kem aldrei nálægt maganum eða bumbunni á meðgöngu, það er aðallega stungið í andlit, hendur og fætur og kannski bringuna og neðra bak. Við þurfum ekki að koma nálægt kúlunni eða barninu til að ná árangri. Þannig verður meðferðin alveg örugg, það eru alltaf nálastungupunktur sem þarf að varast þegar konur eru óléttar og því mikilvægt að konur leiti til faglærðra nálastungusérfræðinga“, segir Þórunn Birna.

### Einstaklingsbundin meðferð

þarf að koma oft til að vinna bug á vanda-málunum? „Það er ágætt að koma reglulega til að styrkja líkamann á meðgöngunni og halda honum í jafnvægi. Þetta er svo einstaklingsbundið og fer eftir ástandi konunnar, sumar konur þurfa örfáa tíma á meðan aðrar eru í meðferð alla meðgönguna,“ segir Þórunn Birna.

### Mikilvægt að hugsa vel um mataræðið

Er eitthvað sem þú ráðleggur konum á meðgöngu? „Best er að taka líkama sinn í gegn áður en maður verður barnshafandi og hugsa vel um mataræði, hreyfingu og svefn. Fyrir verðandi mæður er best að borða skynsamlega og úr öllum fæðuflokkum, fisk, fitulítið kjöt, baunir og kornvörur, ávexti og

grænmeti, mjókurvörur, jurtir, hnetur og fræ. Gott er að einbeita sér að því að borða fæðu sem kemur beint úr náttúrunni og taka úr matarræðinu unnar matvörur sem innihalda aukaefni eins og litarefni, bragðefni og rotvarnarefni“, segir Þórunn Birna.

### Vítamín og steinefni

„Erlendar rannsóknir um næringu kvenna á meðgöngu sýna að þær skortir yfirleitt fólínsýru, B6, D og E vítamín. Einnig skortir þær oft kalk, magnesíum og járn. Það má áætla að þetta sé sambærilegt hjá íslenskum konum, Þessi næringarefni er hægt að fá t.d. úr dökku grænmeti eins og spínati, steinselju, brokkoli og íslenska sölinu.

### Bjúgur og ógleði

„Fyrir þær sem eru með mikinn bjúg er gott að drekka nóg af vatni og helst vatni sem er búið að sjóða með sítrónu og engiferi, en engiferið hefur róandi áhrif á magann og getur hjálpað til við ógleðina. Gott er að borða gróft kornmeti sem er ríkt af B6 vítamíninu eins og fræ, heilheitihrökkbrauð, baunir og hnetur. Best er að borða lítið í einu og drekka volgan vökva með. Mikilvægt er að vera aldrei með tóman maga og svangur. Fersk piparmynta eða piparmyntute kemur líka jafnvægi á meltinguna og slær á ógleðina,“ segir Þórunn Birna.

Nánari upplýsingar er hægt að nálgast hjá Þórunni Birnu, netfang: [thorunn10@hotmail.com](mailto:thorunn10@hotmail.com) og gsm: 861 6778.



# Þunglyndi stungið burt með nálum

Sumir telja að með nálastungum náist bati við flestum þeim kvillum sem hrjá mannföld, en eftir efnahagshrunið leita æ fleiri lausna við kvíða, streitu og þunglyndi með hjálp nála.

„Mér finnst fólk orðið hugrakkara að viðurkenna andleg mein, því í árferðinu nú hefur fengist opinbert leyfi til að segja frá andlegri vanlíðan og því auðveldara fyrir fólk að leita sér hjálpar,“ segir Þórunn Birna Guðmundsdóttir nálastungusérfræðingur og ein fárra Íslendinga sem lokið hefur meistaraáráðu í austurlenskri læknisfræði. „Það er áberandi nú að fólk hugsar meira um líkama og sál, og fjárfestir frekar í heilsu sinni en dauðum hlutum. Gildin virðast því vera að breytast,“ segir Þórunn.

Í austurlenskum lækningum er lítið á líkama og sál sem eina heild, en þaðan er sprottið hugtakið heildrænar lækningar.

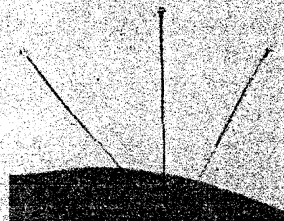
„Nálastungur losa um taugabóðefnið endorfín, sem veitir sælufíningu og hefur róandi slökunaráhrif á líkamann. Endorfín er innrænt, verkastillandi morfín sem kemur í veg fyrir sársaukabóð til heilans og hefur því góð áhrif á kvíða, streitu og þunglyndi,“ segir Þórunn sem vinnur að sérhæfðri meðferð fyrir hvern og einn í nálastungumeðferð.

„Flestir finna mun í fyrsta tíma og hafa náð viðumandi árangri eftir fimm til sjö skipti. Meðfram nálastungum vinn ég einnig með hugann því auðvelt er að heilapvo sjálfan sig á neikvæðan hátt og skapa þannig viðvarandi vammáttartilfinningu. Með því að tala jákvætt til sjálfs síns verður auðveldara að halda áfram stefnunni þegar meðferð lýkur hjá mér,“ segir Þórunn sem er þjálfuð í að forða stungutilfinningu skjólstæðinga sinna, sem margir hafa ímgust á nálum.

„Ótti við nálar eru ástæðulaus. Þær eru örfinar og stungutilfinning ekki aðal tilfinningin, heldur doði, blossi eða dýpri, jákvæð tilfinning þegar nál hittir á orkubraut. Rafmagn fer um líkama okkar eftir orkubrautum sem Kinnverjar kortlögðu fyrir árpúsundum og við þær tengjum við nálar,“ segir Þórunn, sem lærði og starfaði við nálastungur á virtum, bandarískum sjúkrahúsum.



Þórunn Birna Guðmundsdóttir segir Íslendinga leita í vaxandi mæli til nálastungumeistarara til að vinna þug á kvíða, streitu og þunglyndi, en nálastungur gefa góða raun við flestum kvillum líkama og sálar.



Nálastungur hafa róandi áhrif.

„Vestra er lögð mikil áhersla á menntun, en hérlandis er engin lögverndun né reglugerð um nálastungur, og getur hver sem er notað nálar án þess að hafa til þess menntun,“ segir Þórunn, sem er ein sjö Íslendinga sem lokið hafa fjögurra og hálfis árs meistaranámi í austurlenskum lækningum, en þeir einir eru félagar í Nálastungufélagi Íslands.

„Það er mikilvægt að fólk sér grein fyrir hvað það fer út í þegar það ætlar í nálastungur

því hérlandis vinna margir með nálar sem aðeins hafa lokið stuttum helgarnámstímum. Nálastungur hafa víðtæk áhrif á líkamann og líkamsstarfsemina og geta komið jafnvægi á hyada kvilla sem er, um leið og þær eru hagkvæm lausn til að ná bata á náttúrulegan hátt án lyfjagjafar.“

Samkvæmt upplýsingum Alþjóða heilbrigðisstofnunarinnar gefa nálastungur góða raun við astma, migreni, lungnasjúkdómum, óvirkni barna, ófrjósemi, tangasjúkdómum og verkjum eftir akúrðagerðir, svo fátt sé upptalið. Hérlandis er algengt að fólk fari í nálastungur vegna vöðvaþöngu og verkja, en ég hjálpa mestmegnis konum á meðgöngu og til að verða ófrískar, ásamt því að koma jafnvægi á hormónastarfsemi kvenna.“

Hver tími í nálastungum tekur klukkustund. Þórunn er með stofu í Hamraborg 10.

*This article is about using TCM for depression & anxiety.*

2009

- Glæný og gullfalle góðu gildin
- Hagnýjar uppástu uppeldi
- Einiöld ræð um sp
- Góð leiðsögn fyrir ur neyslu en auka lífsgæði barna.

GERDU ÞETTA

LÍFSTÍL  
MEÐ



## Ástin getur enst út ævina

Visindamenn við Stony Brook-háskólann í New York hafa komist að því að um tíu prósent þara eru jafn ástfangin eftir tuttugu ára samband og þau voru í upphafi sambands.

Visindamennirnir könnuðu heilastarfsemi þara sem höfðu verið saman í tuttugu ár og báru hana

ME



*Person of the day.  
 Local newspaper.  
 About fighting  
 common health  
 issues w/ acupuncture.*

2007

Nafn: Þórunn Birna Guðmundsdóttir Fædd: 18. maí 1972  
 Vaxningortíð: Eilífur, Þórunn, Eilífur, Stofn Náttúruvísni  
 í Hólmavík, 20. maí 1972

**Máttur dagurinn**



Þórunn Birna Guðmundsdóttir  
 í Hólmavík, 20. maí 1972

segjum tölma og ekkert hafa  
 stöðum á milli. Þórunn er  
 einhvern veginn þetta er  
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# Vopnuð málum í baráttu gegn meimálmum

Með náttúruvísindum er hægt  
 að vinna á fjölda stöðvanna segja  
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**Dugnaburðinn og  
 harkan sem við ger-  
 um svo mikla úr á  
 geta nefndega reynt  
 okkar skemmti.**

Hún segir að fólk sé í auknum  
 mál að taka sér áherslu og bófa í  
 austurhlensku. Þetta er einn af þessum  
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áðurinn og harkan sem við gerum  
 svo mikla úr á geta nefndega reynt  
 okkar skemmti. Mer hinar þess  
 vegna frábært að geta fundið  
 meinað og umnið á vandanum  
 undir einni í stað þess að fólk fari  
 heim með úppskrifaðum lyfjum og bófa  
 lausnar vandamálsins.

Þetta er einn af þessum  
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feiminn," segir hún og hlær. Það helgast helst af því hvað þetta fólk er yfirleitt skemmtilegt og opið.

Hún segir kvikmyndaiðnaðinn hér á landi hafa þróast gríðarlega eftir samstarfið við allt það erlenda fagfólk sem hingað hefur komið í tengslum við kvikmyndaframleiðslu og því sé mikilvægt að halda áfram að fá slík verkefni til landsins. „Íslenski kvikmyndafransinn hefur þróast mikið við þetta og þess vegna skiptir það fagfólki máli að halda áfram að fá verkefni til landsins. Svo má auðvitað ekki gleyma fjárhagslega ávinningnum sem hlýst af þessu," segir hún.

Helga Margrét segir mikla vinnu liggja að baki því að fá erlenda kvikmyndaframleiðendur hingað til lands og fer mikill tími í að kynna og markaðssetja landið fyrir erlendum kvikmyndaframleiðendum. „Helstu kostir þess að taka upp á Íslandi eru landslagið og þær stuttu fjarlægðir sem eru á milli staða. Hér þarf að keyra mjög stutt til þess að skipta um landslag. Við höfum þó átt í erfiðleikum með að fá fólk hingað efur gosið í Eyjafjallajökki þar sem erlend tryggingafyrirtæki neituðu um tíma að tryggja framleiðslufyrirtækin ef þau ætluðu sér hingað til lands. Það er þó sem betur fer að breytast núna," segir hún.

**EINKALÍFIÐ VIRT**

Innan kvikmyndafransans starfa margir karlmenn og eru konur í nokkrum minnihluta og segist Helga Margrét ekki vita af hverju svo er. Hún tekur þó fram að breyting hafi orðið þar á undanfarin ár og að sífellt fleiri konur taki að sér störf við kvikmyndagerð. „Það hefur sem betur fer orðið fjölgun á konum sem starfa innan þessa geira. Konur hafa alltaf verið sterkar innan framleiðsludeildarinnar, í búningahönnun og forðum en sótt minna í störf eins og ljósa-hönnun og tæknibrellugerð. Annars tel ég að konur eigi vel heima í þessum bransa þar sem við erum duglegar í að gera marga hluti í einu og það er mikill kostur þegar kemur að kvikmyndagerð," segir hún brosandi.

Helga Margrét segir starfið vera túravinnu sem geti bitnað á fjölskyldulífi fólks en segir starfsfólk Truenorth vera duglegt að aðstoða hvert annað við að láta hlutina ganga upp. „Við hjálpumst mikið að og virðum einkalíf hvert annars og reynum að vinna þannig að allir uni glaðir við sitt. Ég hef alla tíð verið mjög heppin með samstarfsfólk og á milli okkar hafa myndast sterk vínatengsl."

**GETUR EKKI VERIÐ AÐGERÐALAUS**

Helga Margrét segist hafa gaman af starfi sínu og á meðan svo er hyggst hún halda áfram á sömu braut. Hún segist þó hafa ýmis önnur áhugamál utan vinnunnar og nefnir í því sambandi eldarmennsku og hannyrðir. „Ég hef mjög gaman af því að elda og geri það gjarnan þegar ég vil kúpla mig frá stressinu sem getur fylgt vinnunni, mér finnst líka mjög róandi að sitja við hannyrðir." Hún segist einnig njóta útivistar enda fylgir mikil útivera starfi hennar og nýverið hóf hún að leika golf. „Ég hef alltaf eitthvað fyrir stafni þegar ég er ekki í vinnu, ætli það megi ekki segja að það eina sem ég er ekki góð í sé að gera ekki neitt," segir hún að lokum og brosir.

\* myndaalbúmið



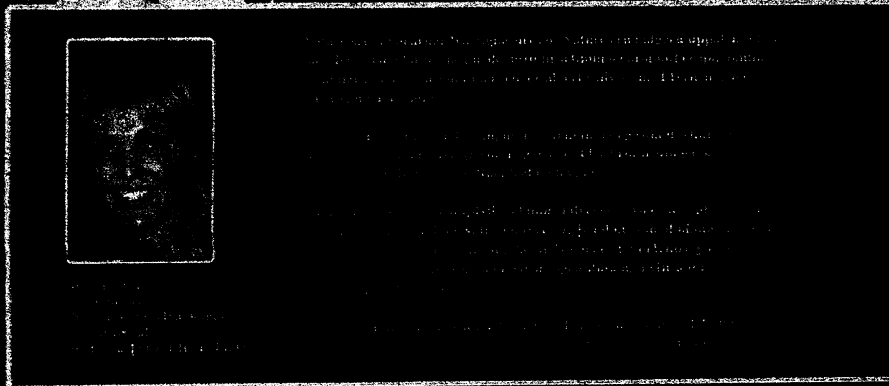
*Signatures Of Nature*

-náttúrulegar og lífrænar snyrtivörur

**15-20%** afsláttur af öllu um helgina

Naturescent línan okkar hefur gæðastimpil. er vottun stofnunar fyrir lífrænt er skuldbundið til að koma á trausti á milli viðskiptavina og neytenda á lífrænum markaði.

NYTT

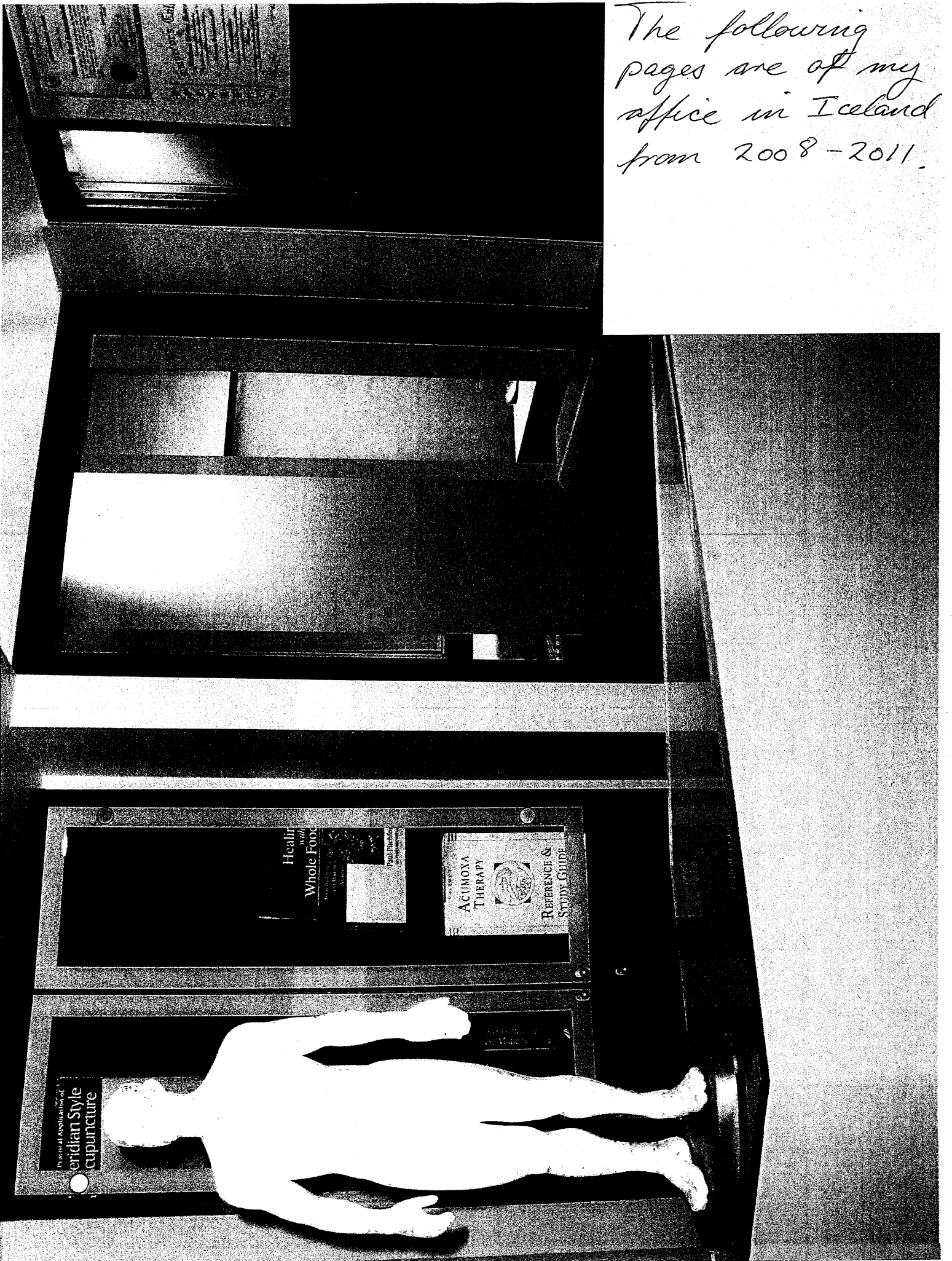


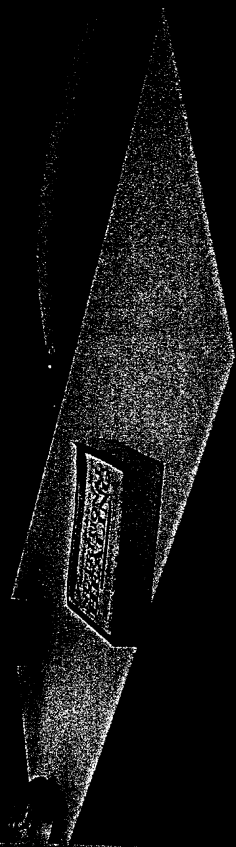
*My expertise used to promote natural health products.*

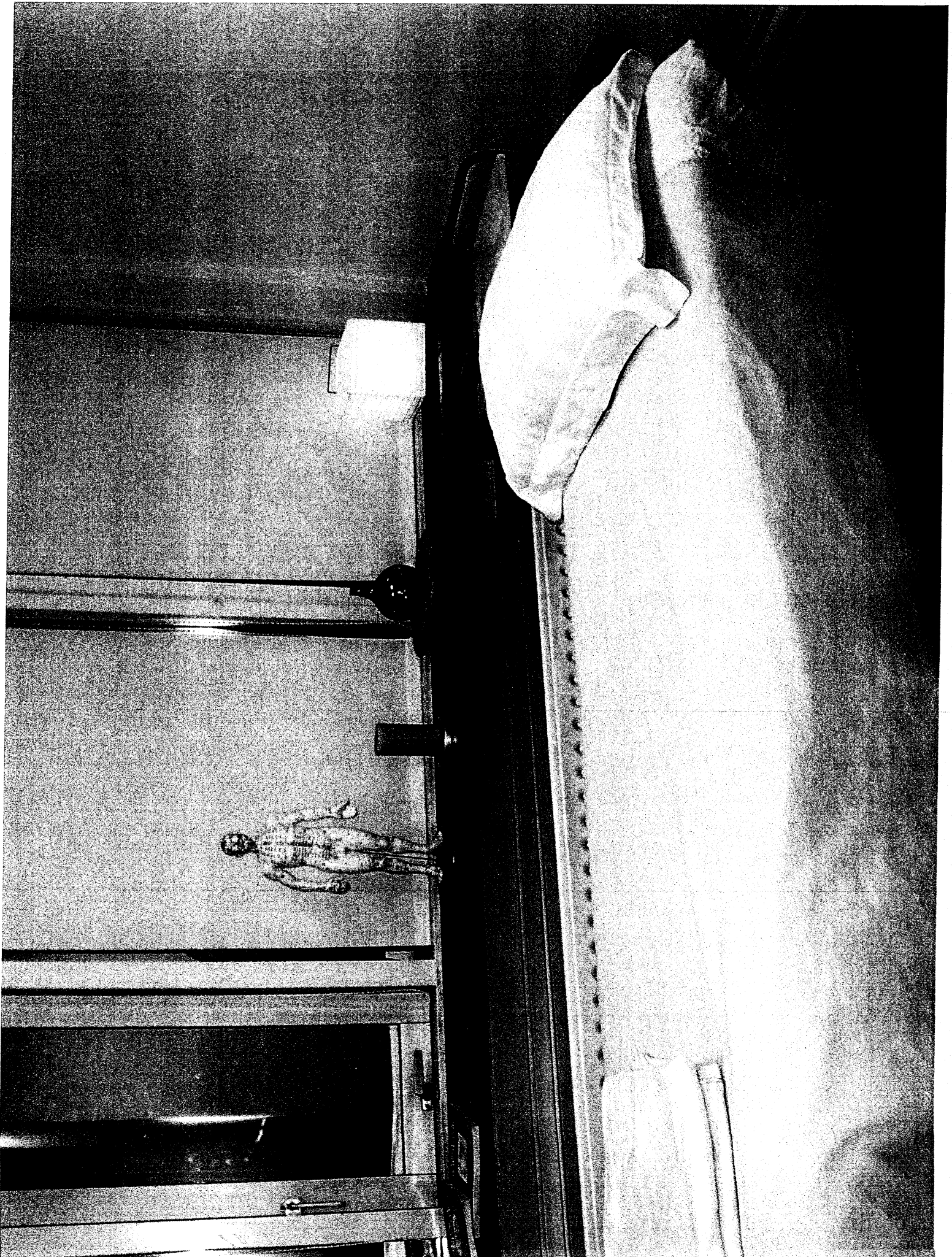
2011



The following pages are of my office in Iceland from 2008-2011.







# AB 72 (Eng)

Health Care Coverage:  
Acupuncture

AMENDED IN ASSEMBLY APRIL 4, 2011

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

**ASSEMBLY BILL**

**No. 72**

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**Introduced by Assembly Member Eng**  
*(Coauthors: Assembly Members Dickinson, Fong, Ma, Nielsen, and Swanson)*  
*(Coauthor: Senator Huff)*

December 21, 2010

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An act to amend Section 1373.10 of the Health and Safety Code, and to amend Sections 10127.3 and 10176 of the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 72, as amended, Eng. Health care coverage: acupuncture.

Existing law requires a health care service plan, that is not a health care maintenance organization or is not a plan that enters exclusively into specialized health care service plan contracts, and a ~~disability~~ health insurer issuing policies on a groupwide basis, to offer acupuncture coverage under those terms and conditions as may be agreed upon by the parties, ~~with specified exceptions~~. Existing law provides that a plan or insurer is not required to offer "that Coverage as" part of a contract or policy covering public employees. A willful violation of the laws regulating health care service plans is a crime.

This bill would instead require every health care service plan, except a plan that enters exclusively into contracts that are accident-only, specified disease, hospital indemnity, Medicare supplement, or specialized health care service plan contracts, and every ~~disability~~ health insurer issuing policies on a groupwide basis, except for policies that are accident-only, specified disease, hospital indemnity, Medicare

*supplement, or specialized health insurance policies, to provide acupuncture coverage under those terms and conditions as may be agreed upon by the parties.*

Because a violation of this bill's requirements with respect to a health care service plan would be a crime, this bill would impose a state-mandated local program by creating a new crime.

Existing law authorizing a disability insurance policy to provide payment for acupuncture services requires that the disability insurance policy or contract expressly include acupuncture as a benefit in order for a licensed or certified acupuncturist to be paid or reimbursed under the policy for his or her services.

This bill would delete the requirement conditioning the payment and reimbursement of a certified or licensed acupuncturist, for his or her services, on the express inclusion of acupuncture as a benefit in a disability insurance policy or contract. This bill would also make technical and conforming changes.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 1373.10 of the Health and Safety Code  
2 is amended to read:  
3 1373.10. (a) On and after January 1, 1985, every health care  
4 service plan, that is not a health maintenance organization or is  
5 not a plan that enters exclusively into specialized health care  
6 service plan contracts, as defined by subdivision (o) of Section  
7 1345, that provides coverage for hospital, medical, or surgical  
8 expenses, shall offer coverage to group contractholders for  
9 expenses incurred as a result of treatment by holders of certificates  
10 under Section 4938 of the Business and Professions Code, under  
11 terms and conditions as may be agreed upon between the health  
12 care service plan and the groupcontract holder.  
13 (b) (1) On and after January 1, 2012, *except as provided in*  
14 *paragraph (2), every health care service plan, that is not a plan*

1 ~~that enters exclusively into specialized health care service plan~~  
2 ~~contracts, as defined by subdivision (o) of Section 1345, plan~~ that  
3 provides coverage for hospital, medical, or surgical expenses, shall  
4 provide coverage to group contractholders for expenses incurred  
5 as a result of treatment by holders of certificates under Section  
6 4938 of the Business and Professions Code, under terms and  
7 conditions as may be agreed upon between the health care service  
8 plan and the group contractholder.

9 *(2) This subdivision shall not apply to plan contracts that are*  
10 *accident-only, specified disease, hospital indemnity, Medicare*  
11 *supplement, or specialized health care service plan contracts, as*  
12 *defined in subdivision (o) of Section 1345.*

13 SEC. 2. Section 10127.3 of the Insurance Code is amended to  
14 read:

15 10127.3. (a) On and after January 1, 1985, every insurer  
16 issuing group disability insurance that covers hospital, medical,  
17 or surgical expenses shall offer coverage for expenses incurred as  
18 a result of treatment by holders of certificates under Section 4938  
19 of the Business and Professions Code, under terms and conditions  
20 as may be agreed upon between the group policyholder and the  
21 insurer.

22 (b) (1) On and after January 1, 2012, *except as provided in*  
23 *paragraph (2), every insurer issuing group ~~disability insurance~~*  
24 *that covers hospital, medical, or surgical expenses health insurance*  
25 *shall provide coverage for expenses incurred as a result of treatment*  
26 *by holders of certificates under Section 4938 of the Business and*  
27 *Professions Code, under terms and conditions as may be agreed*  
28 *upon between the group policyholder and the insurer.*

29 *(2) This subdivision shall not apply to insurance policies that*  
30 *are accident-only, specified disease, hospital indemnity, Medicare*  
31 *supplement insurance, or specialized health insurance policies,*  
32 *as defined in subdivision (c) of Section 106.*

33 SEC. 3. Section 10176 of the Insurance Code is amended to  
34 read:

35 10176. In disability insurance, the policy may provide for  
36 payment of medical, surgical, chiropractic, physical therapy, speech  
37 pathology, audiology, acupuncture, professional mental health,  
38 dental, hospital, or optometric expenses upon a reimbursement  
39 basis, or for the exclusion of any of those services, and provision  
40 may be made therein for payment of all or a portion of the amount

1 of charge for these services without requiring that the insured first  
2 pay the expenses. The policy shall not prohibit the insured from  
3 selecting any psychologist or other person who is the holder of a  
4 certificate or license under Section 1000, 1634, 2050, 2472, 2553,  
5 2630, 2948, 3055, or 4938 of the Business and Professions Code,  
6 to perform the particular services covered under the terms of the  
7 policy, the certificate holder or licensee being expressly authorized  
8 by law to perform those services.

9 Nor shall the policy prohibit the insured, upon referral by a  
10 physician and surgeon licensed under Section 2050 of the Business  
11 and Professions Code, from selecting any licensed clinical social  
12 worker who is the holder of a license issued under Section 4996  
13 of the Business and Professions Code or any occupational therapist  
14 as specified in Section 2570.2 of the Business and Professions  
15 Code, or any marriage and family therapist who is the holder of a  
16 license under Section 4980.50 of the Business and Professions  
17 Code, to perform the particular services covered under the terms  
18 of the policy, or from selecting any speech-language pathologist  
19 or audiologist licensed under Section 2532 of the Business and  
20 Professions Code or any registered nurse licensed pursuant to  
21 Chapter 6 (commencing with Section 2700) of Division 2 of the  
22 Business and Professions Code, who possesses a master's degree  
23 in psychiatric-mental health nursing and is listed as a  
24 psychiatric-mental health nurse by the Board of Registered Nursing  
25 or any advanced practice registered nurse certified as a clinical  
26 nurse specialist pursuant to Article 9 (commencing with Section  
27 2838) of Chapter 6 of Division 2 of the Business and Professions  
28 Code who participates in expert clinical practice in the specialty  
29 of psychiatric-mental health nursing, or any respiratory care  
30 practitioner certified pursuant to Chapter 8.3 (commencing with  
31 Section 3700) of Division 2 of the Business and Professions Code  
32 to perform services deemed necessary by the referring physician,  
33 that certificate holder, licensee or otherwise regulated person, being  
34 expressly authorized by law to perform the services.

35 Nothing in this section shall be construed to allow any certificate  
36 holder or licensee enumerated in this section to perform  
37 professional mental health services beyond his or her field or fields  
38 of competence as established by his or her education, training, and  
39 experience. For the purposes of this section, "marriage and family  
40 therapist" means a licensed marriage and family therapist who has



1 received specific instruction in assessment, diagnosis, prognosis,  
2 and counseling, and psychotherapeutic treatment of premarital,  
3 marriage, family, and child relationship dysfunctions that is  
4 equivalent to the instruction required for licensure on January 1,  
5 1981.

6 An individual disability insurance policy, which is issued,  
7 renewed, or amended on or after January 1, 1988, and which  
8 includes mental health services coverage may not include a lifetime  
9 waiver for that coverage with respect to any applicant. The lifetime  
10 waiver of coverage provision shall be deemed unenforceable.

11 SEC. 4. No reimbursement is required by this act pursuant to  
12 Section 6 of Article XIII B of the California Constitution because  
13 the only costs that may be incurred by a local agency or school  
14 district will be incurred because this act creates a new crime or  
15 infraction, eliminates a crime or infraction, or changes the penalty  
16 for a crime or infraction, within the meaning of Section 17556 of  
17 the Government Code, or changes the definition of a crime within  
18 the meaning of Section 6 of Article XIII B of the California  
19 Constitution.

AB 1889 (Fong)

Practical Examination

AMENDED IN ASSEMBLY MARCH 29, 2012

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1889**

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**Introduced by Assembly Member Fong**

February 22, 2012

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An act to amend Section ~~3209.3~~ of the Labor Code, relating to ~~workers' compensation~~ 4938 of the Business and Professions Code, relating to acupuncture.

LEGISLATIVE COUNSEL'S DIGEST

AB 1889, as amended, Fong. ~~Workers' compensation: acupuncturists. Acupuncture: license requirements.~~

Existing law, the Acupuncture Licensure Act, provides for an Acupuncture Board within the Department of Consumer Affairs to license and regulate the practice of acupuncture.

Existing law requires the board to issue a license to practice acupuncture to a person who files an application, pays a fee, and meets specified criteria, including taking a written examination and completing a clinical internship program.

This bill would require an applicant for a license to practice acupuncture to also pass a practical examination administered by the board.

~~Existing workers' compensation law generally requires employers to secure the payment of workers' compensation, including medical treatment, for injuries incurred by their employees that arise out of, or in the course of, employment. Existing law prohibits an acupuncturist, as defined, from being authorized to determine disability for certain purposes relating to workers' compensation disability payments and benefits.~~

~~This bill would delete this prohibition. The bill would also make technical changes.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1     *SECTION 1. Section 4938 of the Business and Professions*  
2     *Code is amended to read:*

3     4938. The board shall issue a license to practice acupuncture  
4     to any person who makes an application and meets the following  
5     requirements:

6     (a) Is at least 18 years of age.

7     (b) Furnishes satisfactory evidence of completion of one of the  
8     following:

9     (1) An educational and training program approved by the board  
10    pursuant to Section 4939.

11    (2) Satisfactory completion of a tutorial program in the practice  
12    of an acupuncturist which is approved by the board.

13    (3) In the case of an applicant who has completed education  
14    and training outside the United States and Canada, documented  
15    educational training and clinical experience which meets the  
16    standards established pursuant to Sections 4939 and 4941.

17    (c) Passes a written examination *and a practical examination*  
18    administered by the board that tests the applicant's ability,  
19    competency, and knowledge in the practice of an acupuncturist.  
20    The written ~~examination~~ *and practical examinations* shall be  
21    developed by the Office of Professional Examination Services of  
22    the Department of Consumer Affairs.

23    (d) Is not subject to denial pursuant to Division 1.5 (commencing  
24    with Section 475).

25    (e) Completes a clinical internship training program approved  
26    by the board. The clinical internship training program shall not  
27    exceed nine months in duration and shall be located in a clinic in  
28    this state, which is approved by the board pursuant to Section 4939.  
29    The length of the clinical internship shall depend upon the grades  
30    received in the examination and the clinical training already  
31    satisfactorily completed by the individual prior to taking the  
32    examination. On and after January 1, 1987, individuals with 800  
33    or more hours of documented clinical training shall be deemed to

1 have met this requirement. The purpose of the clinical internship  
2 training program shall be to ensure a minimum level of clinical  
3 competence.

4 Each applicant who qualifies for a license shall pay, as a  
5 condition precedent to its issuance and in addition to other fees  
6 required, the initial licensure fee.

7 ~~SECTION 1. Section 3209.3 of the Labor Code is amended to~~  
8 ~~read:~~

9 ~~3209.3. (a) "Acupuncturist" means a person who holds an~~  
10 ~~acupuncturist's certificate issued pursuant to Chapter 12~~  
11 ~~(commencing with Section 4925) of Division 2 of the Business~~  
12 ~~and Professions Code.~~

13 ~~(b) "Physician" includes physicians and surgeons holding an~~  
14 ~~M.D. or D.O. degree, psychologists, acupuncturists, optometrists,~~  
15 ~~dentists, podiatrists, and chiropractic practitioners licensed by~~  
16 ~~California state law and within the scope of their practice as defined~~  
17 ~~by California state law.~~

18 ~~(c) "Psychologist" means a licensed psychologist with a doctoral~~  
19 ~~degree in psychology, or a doctoral degree deemed equivalent for~~  
20 ~~licensure by the Board of Psychology pursuant to Section 2914 of~~  
21 ~~the Business and Professions Code, and who either has at least~~  
22 ~~two years of clinical experience in a recognized health setting or~~  
23 ~~has met the standards of the National Register of the Health Service~~  
24 ~~Providers in Psychology.~~

25 ~~(d) When treatment or evaluation for an injury is provided by~~  
26 ~~a psychologist, provision shall be made for appropriate medical~~  
27 ~~collaboration when requested by the employer or the insurer.~~



May 2, 2012

Re: AB 1889 (Fong) - OPPOSE

The Honorable Felipe Fuentes, Chair  
Assembly Appropriations Committee  
State Capitol, Room 95814  
Sacramento, CA 95814  
916.319.2181 fax

Dear Assembly Member Fuentes and Committee:

The College of Acupuncture & Oriental Medicine (CAOM), is located at the Southern California University of Health Sciences (SCU) in Whittier, California. CAOM celebrated its 12th year anniversary in 2012, and is fully accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). SCU is fully accredited by the Western Association of Schools and Colleges (WASC), and recently celebrated its 100th anniversary. SCU-CAOM is pioneering a fundamentally new and integrated way of educating Acupuncture and Oriental Medicine practitioners for the 21st century.

SCU is in strong opposition to AB 1889 for the following reasons: a practical examination is too expensive for the California Acupuncture Board (CAB) and prospective licensees, too complex and manpower intensive for the CAB, unlikely to be legally defensible, not required by other healthcare professions in the state, and not necessary to ensure public safety.

1. The previously offered CAB practical exam included five components 1) Point Location, 2) Herbal Identification, 3) Clean Needle Technique, 4) Face and Tongue Diagnosis, and 5) Case Diagnosis. This exam was discontinued because of the **huge expense to create and administer the practical examination**, and because of numerous lawsuits that arose over the validity of the examination. According to the National Certification Commission for Acupuncture and Oriental Medicine –NCCAOM, in order to create a legally-defensible, reliable, credible, and valid practical examination covering only one domain, such as Point Location, would cost about \$120,000. To create a comprehensive practical examination of similar quality **would easily cost several hundred thousand to more than a half million dollars just to develop. This does not include the costs for administering the examination on an ongoing basis.** In this time of budget cuts, the fiscal reality is that this is not feasible to require of the CAB.
2. The cost of a practical examination to prospective licensees, if developed and required by CAB, would be **unreasonably excessive.** The cost of the written examination is \$550, plus a \$75 application fee. **Undoubtedly, the cost of a practical exam would be at least as much.**
3. **No other healthcare licensing board in the State of California oversees a practical exam.**

Los Angeles College of Chiropractic • College of Acupuncture and Oriental Medicine • School of Professional Studies  
16200 E. Amber Valley Drive • P.O. Box 1166 • Whittier, California 90609-1166  
(562) 947-8755 • Fax (562) 947-5724 • [www.scuhs.edu](http://www.scuhs.edu)  
CCE Accredited 1996 • WASC Accredited 1993 • ACAOM Accredited 2005



4. The safety record of the field of Acupuncture and Asian Medicine is excellent. There is no demonstrated need for the re-introduction of a practical exam.

Consequently, we strongly oppose AB 1889 and urge Representative Fong to withdraw this bill.

We further urge that, instead of imposing additional testing requirements upon the CAB, the CAB should be encouraged to adopt the NCCAOM certifying examination for licensure, the same as is required in all 49 other states. This would allow for benchmarking of institutional performance on a national level, which would expose programs who may not prepare their students well for practice. We also recommend that the CAB not engage in the practice of approving AOM colleges, but instead follow the lead of the other 49 states by requiring that students who wish to be licensed in the state of California graduate from ACAOM accredited colleges. We believe that these steps would do more to ensure the public safety than imposing a practical examination, and would allow the CAB to concentrate its efforts on protecting the public safety from unethical practitioners, and would reduce costs significantly to the CAB, the State of California, and the potential licensees.

Please do not hesitate to contact me if there are any questions or concerns related to our position.

Sincerely,

A handwritten signature in black ink, appearing to read 'Todd', with a long horizontal flourish extending to the right.

J. Todd Knudsen, DC, DACBR  
Vice-President for Academic Affairs and Chief Academic Officer  
Southern California University of Health Sciences  
[toddknudsen@scuhs.edu](mailto:toddknudsen@scuhs.edu)  
Ph (562)902-3305

cc: Members, Assembly Appropriations Committee  
Lisa Murawski, Consultant, Assembly Appropriations Committee  
Ted Blanchard, Consultant, Assembly Republican Caucus  
Lark Park, Legislative Unit, Governor's Office  
Janelle Wedge, California Acupuncture Board



# Pacific College of Oriental Medicine

April 19, 2012

RE: AB 1889 (Fong) - Acupuncture: license requirements - **OPPOSE**

The Honorable Mary Hayashi, Chair  
Assembly Committee on Business, Professions and Consumer Protection  
State Capitol, Room 3013  
Sacramento, CA 95814

Dear Assemblymember Hayashi:

This letter documents our strong opposition to AB 1889. We are the largest Chinese Medical School in the country with campuses in San Diego, Chicago, and New York. This bill would have very negative ramifications on the profession of Chinese medicine and acupuncture and, despite the claims of its proponents, will not provide any better care to California consumers. We base that assessment on historical data, a lack of necessity, and its inherent anti-competitive effect.

Historically, the California Acupuncture Board (CAB) did administer a practical exam. This ended over twelve years ago due to many flaws. These included serious problems in providing validity and reliability for the exam. **Validity** is a scientific term that means the test shows what it says it is showing. Two issues affecting validity include “standardized” point models and herbs. Point models were paid individuals used to assess acupuncture point location. Each test taker would have a different person. Adhesive disks were placed on these models and determined if it was correctly on the point. The problem is that each model was different. It is impossible to ensure similar body types for each examinee. This meant that one examinee may get a very easy model and pass when they should not and another examinee would have a very tough model and not pass when he or she should have. Herbs have a similar problem: herbs on an identification portion of the exam can differ dramatically based on where they were grown, where and when they were purchased, how they were picked, sliced, or processed. This can cause variances in who passes and who does not.

The other side of validity is **reliability**. This is another scientific term that means that results are reproducible and consistent. Given the flaws in validity, reliability was not and cannot be assured. In other words, examinees of similar ability would not consistently get similar scores. It results in an element of randomness in the exam results.

Given the minimal levels of validity and reliability, the practical exam **lacks defensibility**. Again historically, the practical exam was frequently under legal attack by failed examinees and the



CAB had difficulty defending it. These lawsuits, of course also distracted the limited resources of the CAB from its main goal of patient safety.

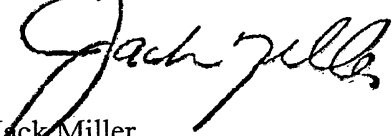
Reinstituting the practical exam also would have a severe **anti-competitive effect** on the profession. The barrier to entry of the profession's recent graduates would be raised substantially and, given the points above, unfairly. This would prevent consumer choice and the inherent positive effects of competition such as decreased costs and increased service for patients.

Finally and significantly, the proponents of this bill have not demonstrated **necessity**. The purpose of the CAB and the exam are to ensure public safety and protect consumers. If there was any increase in danger this would be demonstrated by objective measurements. One of these measures is malpractice insurance rates. Since the cessation of the practical exam, there has not been a substantial increase in malpractice insurance costs by any of the major acupuncture malpractice companies in California. Another objective measure of safety concerns are the complaint rates fielded by the CAB. Again, there has not been any significant difference in complaint rates or disciplinary actions since stopping the practical exam over twelve years ago.

In summary, the history of the acupuncture practical exam shows significant flaws in its execution and there is no obvious reason to reinstitute it other than to protect a small number of practitioners from increasing competition at the expense of California consumers. Since the practical exam was last given, the education of the profession in California has increased significantly in hours and graduates are coming out of school today with more knowledge and skills than past graduates. All of this does not touch on the increased costs or administrative burden to the CAB or the increased costs, in both time and money, to the examinees. Please do not allow this bill to pass.

Thank you for your time. If you have any further questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Jack Miller", written in a cursive style.

Jack Miller  
President

**SB 1488 (Yee)**

**Traditional Chinese Medicine  
Traumatologist Certification**

**Introduced by Senator Yee**

February 24, 2012

---

An act to add and repeal Chapter 12.5 (commencing with Section 4979.1) of Division 2 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1488, as amended, Yee. Healing arts: traditional Chinese Medicine traumatologist certification.

Existing law, the Acupuncture Licensure Act, establishes the Acupuncture Board and makes it responsible for enforcing and administering the act, including licensing persons who meet specified licensure requirements. Under the act, licensees are titled "acupuncturists," and are authorized to perform designated activities pursuant to their license. The unlawful practice of acupuncture and any other violation of the act is a crime.

This bill would establish the Traditional Chinese Medicine Traumatology Council as a nonprofit organization to provide for the certification and regulation of the practice of traditional Chinese Medicine traumatologists, as defined. The bill would require the council to issue a certificate to practice as a traditional Chinese Medicine traumatologist to an applicant who meets certain training and clinical experience requirements and pays a specified fee. This bill would make the meetings and deliberations of the council subject to the open meeting requirements that apply to state bodies.

This bill would limit the timeframe for new applications to the period from January 1, 2013, to December 15, 2013. Thereafter, the council may only issue renewals of current certificates.

This bill would set forth procedures for the renewal of a certificate to perform traditional Chinese Medicine traumatology and would establish specified fees in that regard.

This bill would also require specified treatment procedures to be performed under the supervision of an orthopedic surgeon and prohibit treatment that constitutes the practice of medicine or chiropractic procedures, as defined.

This bill would also make it an unfair business practice to use the title of “certified traditional Chinese Medicine traumatologist” without meeting these certification requirements *and would authorize the board to suspend or revoke a certificate for unprofessional conduct, certain fraudulent acts, or specified crimes committed by the certificate holder.*

This bill would repeal these provisions on January 1, 2017, unless legislation is enacted before that date to remove or extend that deadline.

Vote: majority. Appropriation: no. Fiscal committee: no.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Chapter 12.5 (commencing with Section 4979.1)  
2 is added to Division 2 of the Business and Professions Code, to  
3 read:

4  
5 CHAPTER 12.5. TRADITIONAL CHINESE MEDICINE  
6 TRAUMATOLOGY  
7

8 4979.1. As used in this chapter:

9 (a) “Certified traditional Chinese Medicine traumatologist”  
10 means a person who has been certified by the Traditional Chinese  
11 Medicine Traumatology Council to perform traditional Chinese  
12 Medicine traumatology.

13 (b) “Council” means the California Traditional Chinese  
14 Medicine Traumatology Council.

15 (b)  
16 (c) “Traditional Chinese Medicine traumatology” includes a  
17 range of treatments to address both acute and chronic  
18 musculoskeletal conditions, as well as many nonmusculoskeletal

1 conditions. Techniques include, but are not limited to, brushing,  
2 kneading, rolling, pressing, and rubbing the areas between each  
3 of the joints to open the body's defensive chi and stimulate the  
4 energy movement in both meridians.

5 ~~4979.2. The Traditional Chinese Medicine Traumatology~~  
6 ~~Council shall be established as a nonprofit organization for the~~  
7 ~~purpose of developing standards for, and certifying the practice~~  
8 ~~of, traditional Chinese Medicine traumatology.~~

9 4979.3. (a) ~~(1)~~ *The California Traditional Chinese Medicine*  
10 *Traumatology Council shall be established as a nonprofit*  
11 *organization exempt from taxation under Section 501(c)(3) of the*  
12 *Internal Revenue Code, for the purpose of developing standards*  
13 *for, and certifying the practice of, traditional Chinese Medicine*  
14 *traumatology. The council may commence activities as authorized*  
15 *by this section after submitting a request to the Internal Revenue*  
16 *Service seeking the exemption.*

17 (b) (1) The council shall consist of seven members, composed  
18 of three representatives from the clinical settings of traumatology,  
19 two representatives from the California Orthopaedic Association,  
20 and one representative each from the Medical Board of California  
21 and the California Medical Association.

22 (2) Representatives from the clinical settings of traumatology  
23 shall be selected by professional societies, associations, or other  
24 entities, whose memberships are comprised solely of practitioners  
25 of traditional Chinese Medicine traumatology.

26 (3) To qualify, a professional society, association, or entity shall  
27 have a dues-paying membership in California of at least 30  
28 individuals for the last three years and shall have bylaws that  
29 require its members to comply with a code of ethics.

30 ~~(b)~~

31 (c) (1) Subject to subdivision ~~(d)~~ (e), the council shall meet and  
32 confer to determine the certification standards, including the level  
33 of experience and training needed for an individual to qualify for  
34 traditional Chinese Medicine traumatology certification.

35 (2) The council shall develop the application form for  
36 certification.

37 (3) The meetings and deliberations of the council shall be subject  
38 to the provisions of the Bagley-Keene Open Meeting Act (Article  
39 9 (commencing with Section 11120) of Chapter 1 of Part 1 of  
40 Division 3 of Title 2 of the Government Code).

- 1     ~~(e)~~  
2     ~~(d)~~ The council shall issue a certificate for certified traditional  
3 Chinese Medicine traumatology to any person who makes an  
4 application and meets all of the following requirements, as  
5 determined by the council pursuant to subdivision-~~(d)~~ ~~(e)~~:  
6     (1) Is at least 18 years of age.  
7     (2) Furnishes satisfactory evidence of training and clinical  
8 experience that meets the standards established by the council.  
9     (3) Is not subject to denial pursuant to Division 1.5 (commencing  
10 with Section 475).  
11    ~~(d)~~  
12    ~~(e)~~ The council shall evaluate whether an applicant meets the  
13 certification standards, including the level of experience and  
14 training to sufficiently qualify for the traumatology certification.  
15    ~~(e)~~  
16    ~~(f)~~ An individual who is not qualified to receive a certificate  
17 under this section, or who fails to apply for certification under this  
18 section, shall not hold himself or herself out as a certified  
19 traditional Chinese Medicine traumatologist pursuant to this  
20 section.  
21    4979.4. (a) A certified traditional Chinese Medicine  
22 traumatologist, when engaging in traditional Chinese Medicine  
23 traumatology manipulation techniques to realign the  
24 musculoskeletal and ligamentous relationships, shall be supervised  
25 by a physician and surgeon who has completed an orthopaedic  
26 residency program. The extent of the relationship between a  
27 traditional Chinese Medicine traumatologist and orthopedic surgeon  
28 regarding those manipulation techniques shall be determined by  
29 the council after the qualifications necessary for certification are  
30 defined and adopted by the council.  
31    (b) A certified traditional Chinese Medicine traumatologist shall  
32 not practice medicine, as defined in Section 2052.  
33    (c) A certified traditional Chinese Medicine traumatologist shall  
34 not practice within the scope of activities regulated by the State  
35 Board of Chiropractic Examiners.  
36    4979.5. (a) An applicant for traditional Chinese Medicine  
37 traumatology certification shall, commencing January 1, 2013,  
38 until December 15, 2013, file an application for a certificate for  
39 traditional Chinese Medicine traumatology with the council.

1 (b) On and after December 16, 2013, the council shall not issue  
2 an initial certificate to any applicant.

3 (c) On and after December 16, 2013, the council may issue only  
4 a renewal of a certificate under this section.

5 (d) An individual who is not qualified to receive a certificate  
6 under this section, or who fails to apply for certification under this  
7 section by December 15, 2013, shall not hold himself or herself  
8 out as a certified traditional Chinese Medicine traumatologist.

9 4979.6. An applicant for certification as a traditional Chinese  
10 Medicine traumatologist shall pay an application fee in a reasonable  
11 amount, not to exceed two hundred dollars (\$200) for the regulatory  
12 cost to the council of processing the application, when submitting  
13 his or her application to the council.

14 4979.7. A certified traditional Chinese Medicine traumatologist  
15 shall renew his or her certificate every two years.

16 4979.8. An expired certificate may be renewed at any time  
17 within six months after its expiration. The holder of the certificate  
18 shall pay all accrued and unpaid renewal fees, plus a delinquency  
19 fee.

20 (a) The renewal fee shall be one hundred dollars (\$100).

21 (b) The delinquency fee shall be twenty-five dollars (\$25).

22 (c) The fee for a duplicate or replacement engraved wall  
23 certificate shall be fifteen dollars (\$15).

24 (d) The fee for a duplicate or replacement renewal receipt/pocket  
25 certificate shall be ten dollars (\$10).

26 4979.9. Moneys received under this section shall be utilized  
27 by the council to pay for the costs associated with administering  
28 this chapter.

29 4979.10. It is an unfair business practice for any person to hold  
30 himself or herself out as a certified traditional Chinese Medicine  
31 traumatologist or use the title of “certified traditional Chinese  
32 Medicine traumatologist” without meeting the requirements of  
33 this chapter.

34 4979.11. *It is a violation of this chapter for a certificate holder  
35 to commit, and the council may deny an application for a certificate  
36 or suspend or revoke a certificate for, any of the following:*

37 (a) *Unprofessional conduct, including, but not limited to, denial  
38 of licensure or certification, revocation, suspension, restriction,  
39 or any other disciplinary action against a certificate holder by  
40 another state or territory of the United States, by any other*

1 government agency, or by another entity. A certified copy of the  
2 decision, order, or judgment shall be conclusive evidence of these  
3 actions.

4 (b) Procuring a certificate by fraud, misrepresentation, or  
5 mistake.

6 (c) Violating or attempting to violate, directly or indirectly, or  
7 assisting in or abetting the violation of, or conspiring to violate,  
8 any provision of this chapter or any rule or bylaw adopted by the  
9 council.

10 (d) Conviction of any felony, or conviction of a misdemeanor  
11 that is substantially related to the qualifications or duties of a  
12 certificate holder, in which event the record of the conviction shall  
13 be conclusive evidence of the crime.

14 (e) Impersonating an applicant or acting as a proxy for an  
15 applicant in any part of the application process or any part of  
16 satisfying the standards set by the council referred to under this  
17 chapter for the issuance of a certificate.

18 (f) Impersonating a certified traditional Chinese Medicine  
19 traumatologist, or permitting or allowing an uncertified person  
20 to use a certificate.

21 (g) Committing any fraudulent, dishonest, or corrupt act that  
22 is substantially related to the qualifications or duties of a certificate  
23 holder.

24 (h) Committing any act punishable as a sexually related crime.

25 ~~4979.11.~~

26 4979.12. This chapter shall remain in effect only until January  
27 1, 2017, and as of that date is repealed, unless a later enacted  
28 statute, that is enacted before January 1, 2017, deletes or extends  
29 that date.





May 1, 2012

Senator Leland Yee  
State Capitol, Room 4074  
Sacramento, CA 95814

**RE: SB 1488 (Yee) – OPPOSE**

Dear Senator Yee:

Southern California University of Health Sciences (SCUHS) must regrettably oppose your bill, SB 1488. SCUHS opposes SB 1488 for the following reasons:

- TCM Traumatology is part of Traditional Chinese Medicine. Traumatologists use the TCM Theories, Diagnosis, Tui-Na/Massage skills and Herbs in their practice. Therefore, this should not be separated from the current acupuncture license system by the California Acupuncture Board.
- Under the California Acupuncture Board Law and Regulation Title 16, Article 3.5 Acupuncture Training Programs 1399.434. Criteria for Approval of Acupuncture and Oriental Medicine Training Programs (effective 1/1/05) (b)(1)(F), it clearly indicates that Traumatology is part of AOM/TCM practice and all AOM schools must cover this topic. SB 1488 also identifies this group as Traditional Chinese Medicine Traumatology practitioners. It clearly indicates that the TCM Traumatology is part of Traditional Chinese Medicine (Acupuncture & Oriental Medicine in California). The TCM Traumatology practice should be covered under AOM practice in California, and only Licensed Acupuncturists (L.Ac) can practice TCM Traumatology.
- The creation of a Traumatology Committee within the California Acupuncture Board may undermine the integrity of the existing licensed acupuncture profession by introducing a certification title which is likely to cause confusion among consumers, and by placing the committee under the control of medical doctors who are not regulated by the Acupuncture Board.
- Currently, the TCM traumatology practitioners in California lack the robust educational standards, accreditation, and rigorous examinations found throughout health care. In fact, there are currently no standards for training, certification, or practice. By giving certificates to these TCM Traumatology practitioners without a standard education, evaluation and license



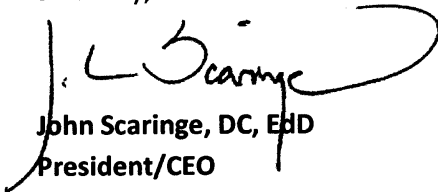
examination, SB 1488 poses a significant threat to the health and safety of California consumers.

- SB 1488 appears to be focused upon satisfying the needs of a special interest group that is unable or unwilling to obtain licensing or certification through existing means. The bill does not contribute a sustained, long-term health care option for the California consumer.

The College of Acupuncture & Oriental Medicine (CAOM) is located at the Southern California University of Health Sciences in Whittier, California. CAOM celebrated its 12<sup>th</sup> year anniversary in 2012. SCUHS is WASC accredited and recently celebrated their 100<sup>th</sup> anniversary. SCU-CAOM is pioneering a fundamentally new and integrated way of educating Acupuncture and Oriental Medicine practitioners for the 21<sup>st</sup> century.

For the reasons stated above, we must oppose SB 1488 when it is heard in the Assembly Business & Professions Committee.

Sincerely,



John Scaringe, DC, EdD  
President/CEO

cc: Members, California State Senate  
California Acupuncture Board  
Bill Gage, Consultant, Senate Business & Professions Committee  
Gareth Elliot, Legislative Affairs, Governor Brown's Office



# FIVE BRANCHES UNIVERSITY

*Graduate School of Traditional Chinese Medicine*

Santa Cruz Campus

200 Seventh Avenue

Santa Cruz

California

95062

(831) 476-9424

Fax (831) 476-8928

Clinic (831) 476-8211

San Jose Campus

3031 Tisch Way

Suite 507

San Jose

California

95128

(408) 260-0208

Fax (408) 261-3166

Clinic (408) 260-8868

May 4, 2012

Senator Leland Yee  
State Capitol, Room 4074  
Sacramento, CA 95814

**RE: SB 1488 (Yee) – OPPOSE**

Dear Senator Yee:

Five Branches University opposes **bill SB 1488**. We fully agree with the other acupuncture and Asian medicine colleges and especially the professional organizations that oppose SB 1488.

Our opposition of SB 1488 is based on the following:

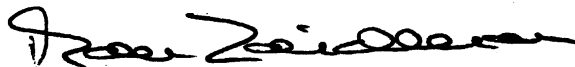
- TCM Traumatology is clearly part of Traditional Chinese Medicine (TCM). Traumatologists use TCM theories, diagnosis, tuina/massage skills and herbal medicinals in their practice. Therefore, this health care profession should **not** be separated from the current acupuncture license system by the California Acupuncture Board.
- Under the California Acupuncture Board Law and Regulation Title 16, Article 3.5 Acupuncture Training Programs 1399.434, Criteria for Approval of Acupuncture and Oriental Medicine Training Programs (effective 1/1/05) (b)(1)(F), it clearly indicates that Traumatology is part of AOM/TCM practice and all AOM schools must cover this topic. SB 1488 also identifies this group as Traditional Chinese Medicine Traumatology practitioners. It clearly indicates that the TCM Traumatology is part of Traditional Chinese Medicine (Acupuncture & Oriental Medicine in California). The TCM Traumatology practice should be covered under AOM practice in California, and only Licensed Acupuncturists (L.Ac) can practice TCM Traumatology.

- The creation of a Traumatology Committee within the California Acupuncture Board will undermine the integrity of the existing licensed acupuncture profession by introducing a certification title which is likely to cause confusion among consumers, and by placing the committee under the control of medical doctors who are not regulated by the Acupuncture Board. In addition, this bill sets a very disconcerting precedence for other similar actions.
- Currently, the TCM traumatology practitioners in California lack educational standards, accreditation, and rigorous examinations found throughout all other health care professions. In fact, there are currently no standards for training, certification, or practice. By giving certificates to these TCM Traumatology practitioners without a standard education, evaluation and license examination, SB 1488 poses a significant threat to the health and safety of California consumers.
- SB 1488 appears to be focused upon satisfying the needs of a special interest group that is unable or unwilling to obtain licensing or certification through existing means. The bill does not contribute a sustained, long-term health care option for the California consumer.

Established in 1984, Five Branches University offers accredited Masters and Doctoral degrees in acupuncture and Asian medicine through its campuses in Santa Cruz and San Jose California.

For the reasons stated above, we must oppose SB 1488.

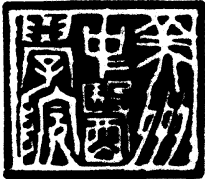
Sincerely,



Ron Zaidman, President & CEO

cc: Members, California State Senate  
California Acupuncture Board  
Bill Gage, Consultant, Senate Business & Professions Committee  
Gareth Elliot, Legislative Affairs, Governor Brown's Office

AMERICAN  
COLLEGE  
OF  
TRADITIONAL  
CHINESE  
MEDICINE



May 1, 2012

Senator Leland Yee  
State Capitol, Room 4074  
Sacramento, CA 95814

**RE: SB 1488 (Yee) – OPPOSE**

Dear Senator Yee:

The American College of Traditional Chinese Medicine (ACTCM) opposes **bill SB 1488**. We fully agree with the other acupuncture and Asian medicine colleges and professional organizations that oppose SB 1488. We oppose SB 1488 for the following reasons:

- TCM Traumatology is part of Traditional Chinese Medicine. Traumatologists use the TCM Theories, Diagnosis, Tui-Na/Massage skills and Herbs in their practice. Therefore, this health care profession should **not** be separated from the current acupuncture license system by the California Acupuncture Board.
- Under the California Acupuncture Board Law and Regulation Title 16, Article 3.5 Acupuncture Training Programs 1399.434. Criteria for Approval of Acupuncture and Oriental Medicine Training Programs (effective 1/1/05) (b)(1)(F), it clearly indicates that Traumatology is part of AOM/TCM practice and all AOM schools must cover this topic. SB 1488 also identifies this group as Traditional Chinese Medicine Traumatology practitioners. It clearly indicates that the TCM Traumatology is part of Traditional Chinese Medicine (Acupuncture & Oriental Medicine in California). The TCM Traumatology practice should be covered

under AOM practice in California, and only Licensed Acupuncturists (L.Ac) can practice TCM Traumatology.

- The creation of a Traumatology Committee within the California Acupuncture Board will undermine the integrity of the existing licensed acupuncture profession by introducing a certification title which is likely to cause confusion among consumers, and by placing the committee under the control of medical doctors who are not regulated by the Acupuncture Board. In addition, this bill sets a very disconcerting precedence for other similar actions.
- Currently, the TCM traumatology practitioners in California lack educational standards, accreditation, and rigorous examinations found throughout all other health care professions. In fact, there are currently no standards for training, certification, or practice. By giving certificates to these TCM Traumatology practitioners without a standard education, evaluation and license examination, SB 1488 poses a significant threat to the health and safety of California consumers.
- SB 1488 appears to be focused upon satisfying the needs of a special interest group that is unable or unwilling to obtain licensing or certification through existing means. The bill does not contribute a sustained, long-term health care option for the California consumer.

The American College of Traditional Chinese Medicine (ACTCM) is located in San Francisco, California. The mission of the American College of Traditional Chinese Medicine is to provide exemplary professional education and quality patient care in acupuncture and Traditional Chinese Medicine. We are a full accredited college that offers both a masters and doctoral degree in acupuncture and Asian medicine.

For the reasons stated above, we must oppose SB 1488 when it is heard in the Assembly Business & Professions Committee.

Sincerely,

**Lixin Huang, MS, President**

cc: Members, California State Senate

California Acupuncture Board

Bill Gage, Consultant, Senate Business & Professions Committee

Gareth Elliot, Legislative Affairs, Governor Brown's Office



# Pacific College of Oriental Medicine

May 1, 2012

Senator Leland Yee  
State Capitol, Room 4074  
Sacramento, CA 95814

**RE: SB 1488 (Yee) – OPPOSE**

Dear Senator Yee:

Pacific College of Oriental Medicine opposes **SB 1488**. We fully agree with the other acupuncture and Asian medicine colleges and professional organizations that oppose SB 1488. We oppose SB 1488 for the following reasons:

- TCM Traumatology is part of Traditional Chinese Medicine. Traumatologists use the TCM Theories, Diagnosis, Tui-Na/Massage skills and Herbs in their practice. Therefore, this health care profession should **not** be separated from the current acupuncture license system by the California Acupuncture Board.
- Under the California Acupuncture Board Law and Regulation Title 16, Article 3.5 Acupuncture Training Programs 1399.434. Criteria for Approval of Acupuncture and Oriental Medicine Training Programs (effective 1/1/05) (b)(1)(F), it clearly indicates that Traumatology is part of AOM/TCM practice and all AOM schools must cover this topic. SB 1488 also identifies this group as Traditional Chinese Medicine Traumatology practitioners. It clearly indicates that the TCM Traumatology is part of Traditional Chinese Medicine (Acupuncture & Oriental Medicine in California). The TCM Traumatology practice should be covered under AOM practice in California, and only Licensed Acupuncturists (L.Ac) can practice TCM Traumatology.
- The creation of a Traumatology Committee within the California Acupuncture Board will undermine the integrity of the existing licensed acupuncture profession by introducing a certification title which is likely to cause confusion among consumers, and by placing the committee under the control of medical doctors who are not regulated by the Acupuncture Board. In addition, this bill sets a very disconcerting precedence for other similar actions.

- Currently, the TCM traumatology practitioners in California lack educational standards, accreditation, and rigorous examinations found throughout all other health care professions. In fact, there are currently no standards for training, certification, or practice. By giving certificates to these TCM Traumatology practitioners without a standard education, evaluation and license examination, SB 1488 poses a significant threat to the health and safety of California consumers.
- SB 1488 appears to be focused upon satisfying the needs of a special interest group that is unable or unwilling to obtain licensing or certification through existing means. The bill does not contribute a sustained, long-term health care option for the California consumer.

For the reasons stated above, we must oppose SB 1488.

Sincerely,



**Jack Miller**  
**President/CEO**

cc: Members, California State Senate  
Janelle Wedge, Executive Officer, California Acupuncture Board  
Bill Gage, Consultant, Senate Business & Professions Committee  
Gareth Elliot, Legislative Affairs, Governor Brown's Office



# SB 1239 (Price)

Sunrise Legislation

**Introduced by Senator Price**

February 23, 2012

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An act to amend Sections 4928~~and~~, 4934, *and* 4939 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 1239, as amended, Price. Acupuncture.

Existing law, the Acupuncture Licensure Act, provides for the licensure and regulation of the practice of acupuncture by the Acupuncture Board. Existing law authorizes the board to appoint an executive officer. Existing law repeals these provisions on January 1, 2013. Under existing law, boards scheduled for repeal are required to be evaluated by the Joint Sunset Review Committee.

This bill would extend the operation of these provisions until January 1, ~~2017~~ 2015. The bill would instead specify that the board would be subject to review by the appropriate policy committees of the Legislature.

*Existing law requires the board, on or before January 1, 2004, to establish standards for the approval of schools and colleges offering education and training in the practice of an acupuncturist. Under existing law, within 3 years of initial approval by the board, each program approved by the board is required to receive full institutional approval by the Bureau for Private Postsecondary Education, which is responsible for, among other things, providing approval to operate private postsecondary institutions according to specified minimum operating standards.*

*This bill would provide the board with ongoing authority to establish those standards. The bill would also update references to provisions providing for the approval by the bureau to operate private postsecondary institutions.*

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 4928 of the Business and Professions  
2 Code is amended to read:

3 4928. The Acupuncture Board, which consists of seven  
4 members, shall enforce and administer this chapter.

5 This section shall remain in effect only until January 1, ~~2017~~  
6 2015, and as of that date is repealed, unless a later enacted statute,  
7 that is enacted before January 1, ~~2017~~ 2015, deletes or extends  
8 that date.

9 Notwithstanding any other ~~provision~~ of law, the repeal of this  
10 section renders the board subject to review by the appropriate  
11 policy committees of the Legislature.

12 SEC. 2. Section 4934 of the Business and Professions Code is  
13 amended to read:

14 4934. (a) The board, by and with the approval of the director,  
15 may employ personnel necessary for the administration of this  
16 chapter, and the board, by and with the approval of the director,  
17 may appoint an executive officer who is exempt from the  
18 provisions of the *State Civil Service Act (Part 2 (commencing*  
19 *with Section 18500) of Division 5 of Title 2 of the Government*  
20 *Code)*.

21 (b) This section shall remain in effect only until January 1, ~~2017~~  
22 2015, and as of that date is repealed, unless a later enacted statute,  
23 that is enacted before January 1, ~~2017~~ 2015, deletes or extends  
24 that date.

25 SEC. 3. *Section 4939 of the Business and Professions Code is*  
26 *amended to read:*

27 4939. (a) ~~On or before January 1, 2004, the~~ *The* board shall  
28 establish standards for the approval of schools and colleges offering  
29 education and training in the practice of an acupuncturist, including  
30 standards for the faculty in those schools and colleges and tutorial

1 programs, completion of which will satisfy the requirements of  
2 Section 4938.

3 (b) Standards for the approval of training programs shall include  
4 a minimum of 3,000 hours of study in curriculum pertaining to the  
5 practice of an acupuncturist. This subdivision shall apply to all  
6 students entering programs on or after January 1, 2005.

7 (c) Within three years of initial approval by the board, each  
8 program so approved by the board shall receive full institutional  
9 approval under ~~Article 3.5 (commencing with Section 94760) of~~  
10 ~~Chapter 7 of Part 59 6 (commencing with Section 94885) of~~  
11 *Chapter 8 of Part 59 of Division 10 of Title 3* of the Education  
12 Code in the field of traditional Asian medicine, or in the case of  
13 institutions located outside of this state, approval by the appropriate  
14 governmental educational authority using standards equivalent to  
15 those of ~~Article 3.5 (commencing with Section 94760) of Chapter~~  
16 ~~7 of Part 59 6 (commencing with Section 94885) of Chapter 8 of~~  
17 *Part 59 of Division 10 of Title 3* of the Education Code, or the  
18 board's approval of the program shall automatically lapse.

**BACKGROUND PAPER FOR THE  
California Acupuncture Board**  
(Oversight Hearing, March 12, 2012, Senate Committee on  
Business, Professions and Economic Development)

**IDENTIFIED ISSUES, BACKGROUND AND  
RECOMMENDATIONS REGARDING  
THE ACUPUNCTURE BOARD**

**BRIEF OVERVIEW OF THE  
ACUPUNCTURE BOARD**

**Function of the Board**

The Acupuncture Board (Board) regulates the practice of acupuncture and Asian medicine in the State of California. The Board established and maintains entry standards of qualification, primarily through its authority to license.

The practice of acupuncture, as defined in B&P Code Section 4927, involves the stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body and includes the techniques of electroacupuncture, cupping and moxibustion. B&P Code Section 4937 authorizes a licensed acupuncturist to engage in the practice of acupuncture and to perform or prescribe the use of Asian massage, acupressure, breathing techniques, exercise, heat, cold, magnets, nutrition, diet, herbs, plant, animal and mineral products, and dietary supplements to promote, maintain, and restore health. Section 4937 gives acupuncturists some additional authority to practice a number of other forms of Asian treatment. However, as set out in subdivision (b), these treatments (unlike the practice of acupuncture itself) are not restricted to the acupuncture profession.

The primary responsibility of the Acupuncture Board is to protect California consumers from incompetent, and/or fraudulent practice through the enforcement of the Acupuncture Licensure Act and the Board's regulations. The Board implements regulatory programs and performs a variety of functions to protect consumers. These activities include setting licensure requirements for acupuncturists, developing and administering the licensure exam, issuing and renewing licenses, overseeing the investigation of complaints against licensees or allegations of unlicensed activity, overseeing the continuing education program, and monitoring probationer acupuncturists.

The Acupuncture Licensure Act commences with Business and Professions (B&P) Code, Section 4925 et seq. The Board's regulations appear in Title 16, Division 13.7, of the California Code of Regulations (CCR).

The Acupuncture Licensure Act provides that the “Protection of the public shall be the highest priority of the Acupuncture Board in exercising its licensing, regulatory and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.” In concert with this statutory mandate, the board’s 2007 Strategic Plan, states, “The mission of the Acupuncture Board is to benefit, educate, and protect the public through regulation of licensure, development of education standards, provision of consumer information, and enforcement of the Acupuncture Licensure Act.”

The Strategic Plan also included a vision statement which indicated that the Board is “committed to the enhancement of the health and safety of the people of California by ensuring highly qualified practitioners working as primary care professionals in partnership with other health care providers, fair and ethical standards of professional conduct, and excellence in practitioner training and education.”

There are approximately 10,000 active licensees in California. The Board has an annual operating budget of approximately \$1.5 million. The Board is a special fund agency, and its funding comes from the licensing of acupuncturists and biennial renewal fees of acupuncturists, as well as acupuncture schools and continuing education (CE) providers. Currently, the license and renewal fee for acupuncturists is \$325. The Board also receives revenue through its cite and fine program. The average revenue from fines over the past three fiscal years (2008/09 through 2010/11) is \$87,000.

The Board’s anticipated expenditures for FY 2010/2011 is \$1.9 million. The Board is scheduled to loan the General Fund \$5 million in Fiscal Year 2011/12. That loan is scheduled to be repaid with interest in FY 2013/14. However, the reserve funds will be reduced to 2.1 months before the loan is scheduled for repayment. The Board spends approximately 40% of its budget on its enforcement program, with the major portion of these expenditures going to OE&E.

The Board is authorized 9 staff positions, three of which were vacant when the sunset report was submitted. Due to the hiring freeze, the Board has not filled these positions. The Board states that “the vacancies have had a negative impact on the Board’s ability to handle our workload,” but they provide no evidence to support this statement.

In 2010, the DCA launched the Consumer Protection Enforcement Initiative (CPEI) to overhaul the enforcement process of healing arts boards. According to DCA, the CPEI is a systematic approach designed to address three specific areas: Legislative Changes, Staffing and Information Technology Resources, and Administrative Improvements. Once fully implemented, DCA expects the healing arts boards to reduce the average enforcement completion timeline to between 12 -18 months. As part of CPEI, the Board was authorized to hire one additional staff position. However, because of a hiring freeze ordered by then Governor Schwarzenegger on August 31, 2010, as well as a 5% staff reduction directive from the Department of Finance on October 26, 2010, the Board had not filled the newly authorized position as of October 2011.

### **History of the Board**

The Board of Medical Examiners (now called the Medical Board of California (MBC)) began regulating acupuncture in 1972 under provisions that authorized the practice of acupuncture under the supervision of a licensed physician as part of acupuncture research in medical schools.

Subsequently, the law was amended to allow acupuncture research to be conducted under the auspices of medical schools rather than just in medical schools.

In 1975, Senate Bill 86 (Chapter 267, Statutes of 1975) created the Acupuncture Advisory Committee (Committee) under the Board of Medical Examiners and allowed the practice of acupuncture but only upon prior diagnosis or referral by a licensed physician, chiropractor or dentist. In 1976, California became the eighth state to license acupuncturists. Subsequent legislation in 1978, established acupuncture as a "primary health care profession" by eliminating the requirement for prior diagnosis or referral by a licensed physician, chiropractor or dentist; and Assembly Bill 2424 (Chapter 1398, Statutes of 1978) authorized Medi-Cal payments for acupuncture treatment.

In 1980, the law was amended to: (1) abolish the Acupuncture Advisory Committee and replace it with the Acupuncture Examining Committee within the Division of Allied Health Professions with limited autonomous authority; (2) expanded the acupuncturists' scope of practice to include electroacupuncture, cupping, and moxibustion; clarified that Oriental (Asian) massage, exercise and herbs for nutrition were within the acupuncturist's authorized scope of practice; and, (3) provided that fees be deposited in the Acupuncture Examining Committee Fund instead of the MBC's fund. Most of these statutory changes became effective on January 1, 1982.

In 1982, the Legislature designated the Acupuncture Examining Committee as an autonomous body, and effective January 1, 1990 through AB 2367 (Chapter 1249, Statutes of 1989) the name was changed to the Acupuncture Committee to better identify it as a state licensing entity for acupuncturists. On January 1, 1999, the committee's name was changed to the Acupuncture Board (SB 1980, Chapter 991, Statutes of 1998) and removed the Committee from within the jurisdiction of the Medical Board of California (SB 1981, Chapter 736, Statutes of 1998).

Senate Bill 248 (Chapter 659, Statutes of 2005) repealed the 9 member Board and reconstituted the Board effective January 1, 2006. As a result, the Board is currently composed of seven members with a public majority (i.e., 4 public members and 3 professional members). Five members are appointed by the Governor, one by the Speaker of the Assembly and one by the Senate Pro Tempore. Four members of the Board, including at least one member who is an acupuncturist, shall constitute a quorum.

The Legislature has mandated that the acupuncture members of the Board must represent a cross-section of the cultural backgrounds of the licensed members of the profession. Members of the Board are appointed for a term of 4 years. Each member may serve no more than 2 full terms. The following is a list of current members of the Board with a brief biography of each member, their current status, appointment and term expiration dates and the appointing authority:

<b>ROBERT BREWER</b> was appointed as a public member by the Senate Rules Committee on August 30, 2006.	9/14/09 Reappointed 3/10/10	6/1/2013	Senate
<b>CHARLES J. KIM</b> , (Vice-Chair) was reappointed as a public member by Governor Arnold Schwarzenegger on July 31, 2009. Since 2007, Mr. Kim has served as chair of the Korean Institute of Southern	3/14/08 Reappointed 7/13/09	6/1/2013	Governor

California, a non-profit education organization. From 1995 to 2007, he served as national president for the Korean American Coalition and, from 1988 to 1995, was managing partner for American Access Group. Mr. Kim founded the Inter-Community Action Network (ICAN) in the Diamond Bar, La Habra, Fullerton, Buena Park, Cerritos areas in 2007 and is a member and past president of the Rotary Club of Koreatown. He is also a member of the National Council on North Korea, Community Advisory Board for the Southern California Gas Company, and Advisory Council on Democratic and Peaceful Unification of Korea.			
<b>ANYORK LEE, L.Ac.</b> , (Chair) was appointed as a licensed member by Governor Arnold Schwarzenegger in July 2009. Mr. Lee has served as an acupuncturist in private practice since 1983. Mr. Lee has served as an instructor and clinic supervisor at Alhambra Medical University. He serves as the president of the Council of Acupuncture and Oriental Medicine Associations and is a member of the California Alliance of Acupuncture Medicine Board of Directors. This position requires Senate confirmation.	7/31/09	6/1/2013	Governor
<b>GEORGE WEDEMEYER</b> was appointed to the California Acupuncture Board as a public member by Speaker of the Assembly Karen Bass on June 18, 2009.	6/18/09	6/1/2013	Assembly
<b>PAUL WEISMAN</b> , was appointed as a public member by Governor Arnold Schwarzenegger on July 31, 2009. Since 1991, Mr. Weisman has worked as a tax and sports attorney for his own practice, the Law Office of Paul H. Weisman. Prior to that, Mr. Weisman was a senior associate at Goldfarb, Sturman and Averbach from 1988 to 1990, senior attorney with District Counsel, Internal Revenue Service from 1983 to 1987 and attorney for the Legislation and Regulations Division of the Office of Chief Counsel, Internal Revenue Service from 1982 to 1983. He has served as an alternate board member for the Los Angeles County Assessment Appeals Board since 2002.	7/31/09	6/1/2013	Governor
Vacant – licensed acupuncturist			Governor
Vacant – licensed acupuncturist			Governor

## PRIOR SUNSET REVIEW: CHANGES AND IMPROVEMENTS

The Board was last reviewed by the former Joint Legislative Sunset Review Committee (JLSRC) in 2005. At that time, the JLSRC identified 10 issues for discussion.

On October 31, 2011, the Board submitted its required Sunset Report to this Committee. In this report the Board described actions it has taken since its last sunset review. Below are the Board's responses to the issues raised during the last Sunset Review. For a complete history of the background of these issues see, "Background Paper for Hearing January 4, 2005."

- The Board was fully reconstituted effective January 1, 2006. Senate Bill 248 (Chapter 659, Statutes of 2005) repealed the nine-member Board on January 1, 2006, creating a new Board of seven members with a revised membership.



- Scope of practice has continued to be an issue for the Board. The Board formed a “Blue Ribbon Panel” in November 2010 to look into primary care definition, scope of practice and related educational requirements. According to the Board’s Sunset Report, the panel was unable to hold its first meeting in November 2011, due to staffing limitations. That meeting has not been held.
- In 2005, the Board enacted emergency regulations requiring acupuncturists to use needles labeled for single use only and made it unprofessional conduct for an acupuncturist to use a needle more than once. This regulation benefits consumers by helping to protect them from life-threatening conditions such as HIV, hepatitis, and antibiotic resistant bacteria.
- In 2005, legislation was introduced to define the term “acupuncture assistant,” which was administrative in nature and prohibited the assistants from performing acupuncture. This bill was vetoed by the Governor stating the bill was unnecessary. The Board has found over the last three years that the use of unlicensed acupuncture assistants is not a current issue. They report that they had only one enforcement issue involving an unlicensed acupuncture assistant in the last three years. The majority of unlicensed cases involve individuals whose licenses are delinquent.
- Physicians and surgeons, podiatrists and dentists are specifically exempt from the licensure requirements of an acupuncturist as long as they are licensed. The Board is not aware of any complaints against these professions for practicing acupuncture. However, any complaints regarding their practice would have been directed to the appropriate regulatory body.
- Senate Bill 248 (Chapter 659, Statutes of 2005) changed the quorum requirement from a majority of the members to five members. This did affect the ability of the Board to conduct business. Subsequently SB 821 (Chapter 307, Statutes of 2009) changed the quorum requirement to four members of the Board which shall include at least one acupuncturist.
- The Board has been randomly auditing 10 licensees a month. The results have shown that 93% of licensees are in compliance with the continuing education requirements. The Board states that it wishes to increase those audits. Unfortunately, with furloughs and vacancies the Board has not been able to deal with that additional workload.
- In 2009, the Board sponsored legislation to require acupuncture training programs be located in a school which has been approved by an accrediting agency of acupuncture and Asian medicine program that is recognized by the U.S. Department of Education. This piece of legislation was opposed by one of the acupuncture associations. Subsequently, the bill was amended deleting everything to do with the Acupuncture Board.
- The Board is still of the belief that the California Acupuncture Licensing Examination (CALE) should remain the state’s licensing examination. The CALE is developed by the Department of Consumer Affairs Office of Professional Examination Services according to the Standards for Educational and Psychological Testing (Standards) published by the American Educational Research Association, the American Psychological Association, and the National Council on Measurement in Education. The Standards are the criteria used by the psychometric and legal professions to judge whether an examination is legally defensible and psychometrically sound. The Office of Professional Examination Services

has proven to be a very reliable and professional partner in the development of the licensing examination. Consistent with the Board's policy to ensure a psychometrically sound and valid licensing examination, the Board indicated that it has and will continue to review and evaluate testing alternatives.

## **CURRENT SUNSET REVIEW ISSUES**

The following are unresolved issues pertaining to the Board, or areas of concern for the Committee to consider, along with background information concerning the particular issue. There are also recommendations the Committee staff have made regarding particular issues or problem areas which need to be addressed. The Board and other interested parties, including the professions, have been provided with this Background Paper and can respond to the issues presented and the recommendations of staff.

### **BOARD ADMINISTRATION ISSUES**

#### **ISSUE #1: (BOARD LACKING IN ITS OVERALL OPERATION.) Is the Board operating in an efficient and effective manner?**

**Background:** When the Board was last reviewed in 2005, the JCBCCP (formerly the JLSRC) found that "while the vast majority of the Board's licensees are competent, responsible professionals and provided a valuable and valued service, the Board itself may not be serving the public and those licensees well." The JCBCCP pointed out four major problem areas for the Board:

- Misreads its governing statutes concerning the scope of practice of licensees.
- Seeks to erect significant barriers to new acupuncturists becoming licensed.
- Potentially endangers the public by refusing to promulgate regulations concerning sterilization of the needles used by acupuncturists or even to discuss this issue as an agenda item in any public meeting.
- Fails to take resolute and definitive steps to address the unlicensed practice of acupuncture by unlicensed assistants, some apparently as young as 18, and by other health care providers.

Because of problems also identified by the former JLSRC in a 2002 sunset review of this Board, the Little Hoover Commission (LHC) was charged by statute (Section 4934.1 of the B&P Code) to assess longstanding and contentious issues regarding the State's regulation of the acupuncture profession including a review of the scope of practice and educational requirements for acupuncturists, the process for accrediting acupuncture schools and for examining licensees. The LHC released its report in 2004, and identified the core problem with the Board this way:

"Many of the specific issues that the Governor and the Legislature asked the Commission to review have festered because the Acupuncture Board has often acted *as a venue for promoting the profession rather than regulating the profession.*" (*Little Hoover Commission, Regulation of Acupuncture: A Complementary Therapy Framework: September 2004*, page 63 – emphasis added).

Some of these problems continue to persist with this Board and it appears to struggle with decision making and lacks follow through. For example:

- A “Blue Ribbon Panel” was established in November of 2010 in order to look into important issues regarding a primary care definition, scope of practice and related educational requirements. The Panel has not met and there is a question of the mandate given to this Panel for consideration.
- The Board approved six different regulation changes (transfer credits for out of state students, independent study, additional practice locations, clinical training, repeal of non-English exam, and disciplinary guidelines). None of these were mentioned in the Board’s sunset report even though they are supposed to be included. Additionally, it appears no further action was taken on these regulations after the Board’s vote to move forward with the regulations.
- In 2009, the Board decided to make important changes to the law regarding school approvals but ended up deferring to a national acupuncture association and hasn’t moved forward with dealing with problems surrounding school approvals.

Additional problems with this Board include its scheduled meetings. The written meeting materials are, at times, insufficient to foster meaningful discussion or decisionmaking by the Board members, or open discussion with the public and participants at the meetings, and they are not always available in a timely manner..

There is also a problem in the way in which the Board utilizes its standing committees. According to the Board’s Sunset Report, “. . .committees serve as an essential component of the full Board to address specific issues referred by the public or recommended by staff. Committees are composed of two Board Members who are charged with gathering public input, exploring alternatives to the issues and making a recommendation to the full Board.” The Board has established four committees as described below:

Executive Committee: Addresses issues related to expenditures/revenue/fund condition, executive officer selection/evaluation, legislation/regulations, committee policy/procedures, and special administrative projects.

Education Committee: Addresses issues related to acupuncture educational standards, school application and approval process, tutorial programs, and continuing education.

Examination Committee: Addresses issues related to development and administration contracts, administration, and miscellaneous issues.

Enforcement Committee: Addresses issues related to scope of practice, complaints, disciplinary decisions, probation monitoring, reinstatements, and miscellaneous issues.

It is unclear if or when these committees meet. Additionally, it appears committee meetings are not typically held in public, as only six have been publicly noticed between February 2006 and February 2012. Because the meetings are not held in public, it is unclear how the committees conduct their business or how often they meet. Additionally, the public is not permitted to observe or join in the policy discussions.

Another problem regards the Board’s compliance or adherence to its Strategic Plan. The Board’s Strategic Plan was adopted in 2007. It lays out its mission, vision, principles, goals and objectives.

According to the strategic plan, the mission of the acupuncture board is to “benefit, educate, and protect the public through regulation of licensure, development of education standards, provision of consumer information, and enforcement of the Acupuncture Licensure Act.” The board’s seven key goals outlined in the plan are:

1. Advance higher education standards.
2. Review, clarify and disseminate the scope of practice.
3. Promote ethical conduct of licensees and students.
4. Reduce or eliminate unlicensed activity.
5. Clarify the process of school approval.
6. Re-evaluate and improve continuing education standards.
7. Improve communication with industry and consumers.

It is unclear which of the goals have been met and which remain unresolved. It is also unclear what actions have been taken in an effort to meet the strategic goals that were adopted in 2007. For example, how has the Board advanced higher education standards? The objectives were to clarify issues regarding the title of doctor and upgrade MAc level practitioner standards. How have these objectives been accomplished?

According to the Board’s sunset report, a strategic planning session is scheduled for early 2012. The Board’s Website, however, does not list an upcoming strategic planning meeting.

Most of the current issues for review are the same as those that this Committee and the former sunset review committees have struggled with for almost 14 years. Taken individually, these may not be particularly significant issues, but on the whole, they appear to indicate a general lack of accountability and follow through on the part of the Board and whether there is a willingness on the part of the Board to take direction and implement recommendations of the Legislature.

**Staff Recommendation:** *The Board should explain the purpose of the “Blue Ribbon Panel” and what the Board intends to accomplish by convening the Panel. The Board should also submit to the Committee a corrective action plan to implement the following operational management tools:*

1. *The Board should establish tracking mechanism for approved regulatory changes and other instructions given to staff.*
2. *The Board should use its committees in a more open and productive manner. The Board should explain why it has a history of cancelling meetings.*
3. *The Board should explain to the Committee whether it believes it is meeting the goals and objectives of its Strategic Plan of 2007.*
4. *The Board should update its strategic plan and develop and publish a detailed action plan with specific action items and realistic target dates for how each of the objectives will be met.*
5. *The Board should be given a written status report on the action plan at each board meeting.*
6. *Board meetings should be webcast, when feasible.*
7. *Board meeting materials should provide sufficient information to permit board members to make informed decisions and the public ability to understand the issues discussed.*

***Because of the deficiencies and related problems with this Board it is recommended that this Board’s sunset not be extended beyond two years and be reviewed once again to assure that corrective action has been taken by this Board.***

**Issue #2: (QUORUM PROBLEMS.) Why is this Board constantly in peril of losing its quorum?**

According to statute (B&P Code Section 4929) three members of the Board shall be acupuncturists and four shall be public members. Section 4933 (c) states that four members of the Board, including at least one acupuncturist, shall constitute a quorum. Currently, there is only one licensed acupuncturist sitting on the Board. This means that if the sole licensed member is unable to attend scheduled meeting(s), the Board would not be able to conduct business.

The Board typically meets three times per year and has a history of canceling one meeting per year. The cancelled meetings may be due to quorum issues.

Year	Meeting Scheduled	Meetings Cancelled	Meetings Conducted
2008	4	1	3
2009	4	1	3
2010	5	1	4
2011	4	0	4 *

\*One of the four meetings was a special meeting held for the sole purpose of conducting examination business in closed session.

**Staff Recommendation:** *The Governor should appoint as soon as possible two of the licensed acupuncturists to the Board and the requirement that one licensed member be in attendance at a Board meeting in order to establish a quorum should be removed.*

**ACUPUNTURE SCOPE OF PRACTICE ISSUES**

**ISSUE #3: (BOARD OVERLY INVOLVED IN SCOPE OF PRACTICE ISSUES.) Is there a need for the Board to be constantly involved in efforts to redefine scope of practice for acupuncturists?**

**Background:** Section 4926 of the B&P Code provides Legislative intent regarding acupuncture practice (and the Acupuncture Practice Act) in California: “In its concern with the need to eliminate the fundamental causes of illness, not simply to remove symptoms, and with the need to treat the whole person, the Legislature intends to establish in this article, a framework for the practice of the art and science of Oriental medicine through acupuncture. The purpose of this article is to encourage the more effective utilization of the skills of acupuncturists by California citizens desiring a holistic approach to health and to remove the existing legal constraints which are an unnecessary hindrance to the more effective provision of health care services. Also, as it affects the public health, safety, and welfare, there is a necessity that individuals practicing acupuncture be subject to regulation and control as a primary health care profession.”

“Acupuncture” is defined in B&P Code Section 4927, and the practice involves “the stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of

certain diseases or dysfunctions of the body and includes the techniques of electroacupuncture, cupping and moxibustion.” No other person other than a physician and surgeon, a dentist, or a podiatrist, are permitted to perform the application of a needle to the human body or any acupuncture technique or method involving the application of a needle to the human body unless they have an acupuncturist’s license.

B&P Code Section 4937 delineates additional techniques and modalities performed by an acupuncturist and provides that a licensed acupuncturist may “perform or prescribe the use of Asian massage, acupressure, breathing techniques, exercise, heat, cold, magnets, nutrition, diet, herbs, plant, animal and mineral products, and dietary supplements to promote, maintain, and restore health.” A “magnet” is defined in Section 4937, as well as “plant, animal, and mineral products” and “dietary supplements.” Both Section 4927 and 4937 taken together provide for the treatment, techniques and modalities which may be performed by an acupuncturist pursuant to their license. However, as set out in subdivision (b) of Section 4937, the modalities and techniques as described in Section 4937 are not exclusively limited to those who possess an acupuncture license, they may also be used by those who do not possess a license or who possess another license as a healing arts practitioner.

Over the years this Board has struggled with scope of practice issues regarding the practice of acupuncture. Because of the constant interpretations or misinterpretations of scope of practice by the Board, the former JLSRC requested the LHC to examine this issue. The primary issue for the Board at that time was whether an acupuncturist should be considered as a “primary health care provider” and, therefore, its scope of practice should be broadened. Both the LHC and Legislative Counsel did not believe that the law creating the Acupuncture Act intended for an acupuncturist to be the primary care professional responsible for coordinating (or being the “gatekeeper”) for the ultimate care of a patient. As the LHC indicated:

“While some people may turn to acupuncturists first for everything that ails them ... it is difficult to see how practitioners of an alternative healing paradigm can be responsible for coordinating care with biomedical specialists (another potential meaning).” (*Little Hoover Commission, Regulation of Acupuncture: A Complementary Therapy Framework*, page 25.)

Legislative Counsel observed that the intent language in the Acupuncture Act could “have any number of meanings,” but none is sufficiently clear to warrant overriding or expanding the scope of practice as it is established by the operative provisions of the B&P Code Section 4937. Counsel asserts that an acupuncturist is not authorized to “engage in a broader scope of practice than is authorized by Section 4937 of the Business and Professions Code.”

There are many definitions of “primary care provider,” some of which were delineated in the LHC report in 2004. The LHC and prior sunset reports have thoroughly documented the discussion and evidence about primary care providers and its legislative history. In general, all agree that being a primary care provider allows acupuncturists to be first point of contact for patients. A patient does not need prior diagnosis or referral from a licensed physician in order to seek treatment from an acupuncturist.

However, some in the acupuncture community are still trying to push the definition to enhance the scope of practice toward western evidence based medicine and away from traditional Chinese medicine (TCM). Those efforts cloud almost every aspect of the Board’s policy discussions. We note that, according to the LHC’s report, “some of those advocating for greater Western training are seeking the

title of ‘doctor’ and access to insurance reimbursements making it difficult to sort out economic aspirations from medical issues.” (*Little Hoover Commission, Regulation of Acupuncture: A Complementary Therapy Framework*, page 21.)

In 2005, an attempt to further define the scope of acupuncture was introduced in Assembly Bill 1113 (Yee). This bill proposed to authorize acupuncturists to diagnose within his or her scope of practice. The bill was vetoed by the Governor stating the term scope of practice is vague and leaves room for interpretation. The veto message went on to say the Governor would consider signing a bill that authorizes an acupuncturist to diagnose specifically for the purpose of providing acupuncture treatment. However, the Board uses the proposed language in their sunset report, “An acupuncturist may diagnose within their scope of practice and treat illnesses and injuries, in addition to prescribing herbs and herbal formulas, perform Oriental massage, electroacupuncture and moxibustion.”

***Staff Recommendation:*** *It appears after many years of this ongoing dispute and continued efforts of the Board to somehow resolve this issue and now with the creation of a “Blue Ribbon Panel” to revisit this issue, it is time for the Board to relinquish its involvement in trying to clarify scope of practice for acupuncturists. Any scope of practice changes should be referred to the Legislature and certainly should not be attempted pursuant to regulations since there appears to be no authority for the Board to broaden scope of practice. It is only the prerogative of the Legislature to make such changes regarding scope of practice in statute.*

## **ACUPUNCTURE EDUCATION AND PROGRAM APPROVAL ISSUES**

**Issue #4: (ADDITIONAL IMPROVEMENTS NEEDED TO BOARD’S OVERSIGHT OF SCHOOLS.)** Should the Board continue to be responsible for the approval of schools and colleges in offering education and training in the practice of acupuncture and should schools of acupuncture be required to be accredited?

B&P Code Section 4939, subsection (a) requires the Board, on or before January 1, 2004, to “establish standards for the approval of schools and colleges offering education and training the practice of an acupuncturist, including standards for the faculty in those schools and colleges and tutorial programs.” Section 4939 subsection (b) states that the training program shall include a minimum of 3,000 hours of study.

There are approximately 60 acupuncture schools throughout the U.S., 36 of which are approved by the Board. Twenty of the California-approved schools are located in California and 16 in other states.

The Board approves the schools and their curriculum programs to ensure they meet the standards adopted by the Board. The school approval process requires review of the application, governance, program curriculum, catalogs, admission policies, student and faculty policies and procedures, and financial solvency. An onsite visit is performed to review implementation of policies and procedures, facilities and clinical training. According to the Board’s Sunset Report, the Board and Bureau of Private Postsecondary Education (BPPE) “may perform a joint onsite visit, if the education institution has applied to both entities for approval.”

However, the prior Bureau of Private Postsecondary and Vocational Education (BPPVE) was sunsetted in 2007, and reconstituted as the BPPE in 2010. During the time the Bureau was not in operation,

schools were permitted to operate without the oversight previously provided by the Bureau. The reconstituted Bureau is in the process of implementing its new oversight responsibilities and has published plans for review and approval of schools subject to its jurisdiction. The impact of the sunset and reconstitution of the Bureau on oversight of acupuncture schools is as yet unclear.

The Accreditation Commission of Acupuncture and Oriental Medicine (ACAOM) is the nationally recognized accrediting agency for the field of acupuncture and oriental (Asian) medicine. While many other states defer to ACAOM accreditation as being a sufficient condition for applicants to take the licensing exam in their states, California does not accept accreditation by ACAOM, nor does it require graduation from an accredited school as condition of being eligible to take the licensing exam. Instead, it conducts its own school evaluation and approvals.

In 2004, the LHC conducted a comprehensive comparative analysis of the school approval process of the ACAOM, the approval process of the BPPVE, and the Board approval process. The LHC's report concluded that the processes used by ACAOM appeared to be superior to the school approval process used by the Board and could be used by the state to ensure the quality of education for potential licensees.

In 2009, the Board sponsored legislation (Assembly Bill 1260 (Huffman)) that would have required accreditation by a national accrediting agency recognized by the United States Department of Education (such as ACAOM) and would have eliminated the tutorial program as an avenue to licensure. According to the Board, the bill was opposed by one of the acupuncture associations and eventually it was amended to remove all reference to acupuncture.

Because California performs its own school approvals, there are a number of consequences and problems. These include:

- Students who are educated in accredited schools that are not approved by California receive only partial credit for their training. If they wish to gain licensure in California, they must complete a Board approved training program.
- Applications for Board approval from schools located outside of California are not being processed due to budget constraints. The Board has not been able to process at least one out of state school application for four years.
- The Board is not conducting ongoing site reviews after a school is approved. According to the Board, "In 2010, the Board began scheduling and conducting annual onsite review of approved schools; however, because of staff vacancies and travel restrictions, this has temporarily been postponed."

Another indication of the Board's lack of appropriate school oversight and the possible need to utilize ACAOM for school approvals is the following:

- At the February 2009 Board meeting, the Board voted to approve a school despite a number of findings that included instructors did not meet minimum criteria, subject matter was missing, the curriculum and some classes were defined as electives which should have been mandatory, there was evidence that students were permitted to do needling, which is not allowed. Despite the evidence, the school was approved. Staff was instructed to conduct an unannounced site



visit within a year. It is unclear if the site visit has occurred.

- At the September 2009 Board meeting, an application for approval from a school in Hawaii was discussed. Board staff was unable to conduct an onsite visit, due to travel restrictions, so the application was not approved. During the discussion, it was revealed that another out of state school may have been approved without benefit of an onsite visit. As of February 2011, the board had still not obtained approval to conduct the onsite evaluations and the applications are still pending.
- At the Board meeting on February 24, 2011, there was an agenda item regarding a problem with teachouts at a school that had gone out of business. The Board became involved in negotiating between the new owners of the school and some of the students. The Board's authority to perform this function is unclear since the BPPE is generally responsible for dealing with issues surrounding school closures.

The National Guild of Acupuncture and Oriental Medicine (NGAOM) has argued that the low pass rates are a direct result of poor training in Board approved schools. NGAOM has also argued that the Board has refused to take action on low employment rates and low salaries earned by acupuncture school graduates. This is not, however, the responsibility of the Board. It is related more to the student protection provisions of the BPPE, and there may be a cause of action against the school for any misrepresentations it makes to students or for the failures of the school.

***Staff Recommendations:*** *For now, the Board should continue its overall responsibility to approve acupuncture schools and their educational programs, however, the Board should enter into a Memorandum of Understanding (MOU) with the BPPE to assure there is no duplication of site visits, or in the role that each agency has in both the approval and oversight of these schools. It should also be required that these acupuncture schools either have currently, or obtain within a reasonable time, accreditation from an accrediting agency recognized by the United States Department of Education. Especially since the accrediting process for these schools appears to be superior to that of the Board. At some time in the future, consideration could be given, based on the success of accreditation of these schools, to eliminating the Board's responsibility and need for approving acupuncture educational programs.*

**ISSUE #5: (CE AUDITS NEEDED.) Does the Board provide sufficient oversight of its continuing education (CE) program?**

**Background:** According to the Board's Sunset Report, the Board "tries to randomly select ten licensees" to be audited for CE compliance. The report also states that the Board's goal is to audit 25 licensees per month, but the staffing limitations have hampered the Board's ability to meet that goal. If the Board did meet this goal, it would only audit 300 out of 10,000 licensees every year, which is only 3% of the licensees.

The Board reports that 93% of CE audits show the licensees are compliant. Licensees who are not compliant are issued a citation and fine. Board statistics show that the number of citations issued has increased from 22 in Fiscal Year 2008/09 to 42 issued in 2010/11. It is unclear if the increase in citations and fines is related to the CE audits.

It appears that some approved CE courses may not comply with Board regulations. In January 2010, the National Guild of Acupuncture and Oriental Medicine issued a letter to the Board alleging that the Board had approved CE courses that were “grossly out of compliance” with the Board’s regulations. NGAOM gave examples of approved classes in numerology, vitalism, and astrology. At that time, Board staff indicated that they would review the list of approved courses and correct any that were inappropriately approved. However, a recent review of the list of approved courses dated September 21, 2011 included courses in “The Capacity and Function of Love,” Heaven, Man and Earth: Cosmology, Magic and Science in Chinese medicine, OHM Therapeutics: Sound Healing with Tuning Forks; “Reiki Level I and Level II and Four Energy Healing Theories.” We also note that, although no more than five hours of CE may be obtained in the non-practice category, a course titled “Marketing Course You Never Got in School – But Need to Grow your Business” is approved as an online course on an ongoing basis for 6.5 hours of CE credit.

The Board reports that there are over 700 approved CE providers and that the Board receives an average of approximately 175 CE request for course approvals each month. However, the Board does not charge a fee for approving individual CE courses, which is a significant workload. There is precedence for charging a fee to CE providers for course approvals. The Board of Optometry charges \$50. While the Board has authority to audit CE courses, limited resources, as claimed by the Board, do not permit the Board to perform this function.

***Staff Recommendation:*** *The Board should review its CE course approval and auditing processes to determine if it has sufficient resources to operate an effective CE oversight program. The Board should seek legislative authority to assess a fee for CE course approvals. If appropriate, the Board should submit a Budget Change Proposal to obtain staff dedicated to conducting increased CE audits.*

## **LICENSING AND EXAMINATION ISSUES**

**ISSUE #6: (ELIMINATE STATE-ONLY LICENSING EXAM?) Should the Board utilize the National Examination instead of the current California-only licensing examination?**

**Background:** The Board develops and administers its own licensing exam. Conversely, most states automatically accept applicants who have passed a national exam administered by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). The national licensing exam is offered in English, Chinese, and Korean and is a computerized examination and offered at multiple locations in states in which it is provided. California is the only state that does not accept the national exam. The state exam is offered only twice a year once in northern California and once in southern California.

In 2007, the Board contracted with OPES to conduct an indepth study to define the practice of acupuncturists in terms of actual job tasks that new licensees must be able to perform safely and competently and the knowledge required to perform those tasks. The Validation Report of the Occupational Analysis of the acupuncture profession and the Test Plan was adopted by the Board on February 19, 2009. This report serves as the blueprint for the ongoing development of the state licensing exam. A new exam was administered for the first time in February 2011. The fact that the Board develops and administers its own exam has generated a number of challenges for the Board. We note that the Board struggles with these challenges with limited resources; not the least of which is the

translation of the exam into Chinese and Korean languages. As indicated, the Board offers the exam in Chinese, English and Korean. The Board's Sunset Report indicates that adapting the English examination into Chinese and Korean creates an "unstandardized exam and are not equivalent measures of minimum competency." The Board reports that the tests vary in terms of difficulty and equivalency when translated. The Board is considering a regulatory change to only administer the exam in English only. We note that the national licensing exam continues to be administered in Chinese and Korean.

One notable problem occurred with the translation of the exam to Chinese and Korean when it provided its new exam on February 2011. When the new exam was provided, applicants for licensure who registered to take the exam in Korean were given a test that contained many questions presented in Chinese not Korean. Only 30 percent of the applicants who took the Korean language exam passed; this is significantly lower than past pass rates (see below). Board representatives reported the exam was not translated into Korean in its entirety because it was believed that in the past Korean-language test takers had an unfair advantage due to the complexities of translating the test into Korean. Additionally, the Board believed Korean-speaking acupuncture students were taught in Chinese and, therefore, the Board expected that the students would understand the Chinese test questions. In response to an outcry from Korean-language applicants, the Board will permit the applicants to retake the test after it has been properly translated at no additional cost to the applicants.

Additional challenges include low pass rates and exam subversion. The average pass rate for the last exam was only 59% (see below). It appears that the integrity of the state exam has been compromised. According to a capitolwatch.org story on May 16, 2011, the Board has found that students could purchase "study guides" containing many of the answers from previously administered licensing exams.

<b>Table 8. Examination Data</b>				
<b>California Examination (include multiple language) if any:</b>				
License Type		Acupuncture		
Exam Title		California Acupuncture License Examination		
Language		English	Chinese	Korean
FY 2007/08	# of Candidates *	686	187	250
	Overall Pass %	55%	60%	74%
FY 2008/09	# of Candidates *	602	201	245
	Overall Pass %	54%	56%	66%
FY 2009/10	# of 1 <sup>st</sup> Time Candidates	422	124	200
	Overall Pass %	59%	55%	70%
FY 2010/11	# of 1 <sup>st</sup> time Candidates	369	126	163
	Overall Pass %	66%	60%	50%
Date of Last OA		December 2008		
Name of OA Developer		Office of Professional Examination Services		
Target OA Date		2013		

\* The total number of candidates referenced in the above chart for FY 2007/08 and FY 2008/09 include all candidates, not just 1<sup>st</sup> time candidates. In 2005, the Board switched to a

new exam database, which did not capture the previous exam taking history. This prevented the Board from reporting statistics on 1<sup>st</sup> time candidates versus re-examinees for a couple of years.

In terms of costs of the examination, the Board spent approximately \$660,000 (or 43% of its entire operating budget) in the last two fiscal years on its exam. This is more than it has spent on its entire enforcement program, which was about \$590,000. This raises the question of whether the examination fee is sufficient to pay the cost of administering the exam.

**Staff Recommendation:** Because of the problems the Board has encountered with providing a state licensing examination for acupuncture, and the associated costs of this exam, and because of the existence of a national examination which appears to be adequate to test entry-level practitioners, the Board should justify to the Committee why it believes a state only examination for the practice of acupuncture in this state is necessary. If the national exam was adopted in California, would it not provide better reciprocity for applicants from other states who wish to practice in this state?

### **ENFORCEMENT ISSUES**

**ISSUE #7: (DISCIPLINARY CASE MANAGEMENT TIMEFRAME STILL TAKING TOO LONG.)** Will the Board be able to meet its goal of reducing the average disciplinary case timeframe from 2 ½ years or more, to 12 to 18 months?

**Background:** The Board is responsible for regulating the practice of approximately 10,000 acupuncturists. The Board receives an average of 145 complaints per year (see table below). The Board also receives reports when an applicant or licensee is arrested or convicted. These reports have increased from 56 in 2008/09 to 92 in 2010/11. The increase may be due to a new requirement that all licensees are fingerprinted - not just those who were licensed in 2001 - as was previously the case. The Board reports that the majority of enforcement cases are cases relating to unprofessional conduct, ethical issues, practice management issues and sexual misconduct.

Complaints are categorized into 4 distinct groups: complaints received from the public, other governmental agencies, licensee/professional groups and complaints labeled as "other." Complaints classified as "other" include mandatory reports from specific entities; including settlements and malpractice judgments pursuant to Business & Professions Code Section. The table below summarizes the sources and number of complaints received by the Board from 2008-2011.

<b>Source of Complaint</b>	<b>2008-2009</b>	<b>2009-2010</b>	<b>2010-2011</b>
Public	74	53	59
Governmental Agencies	33	17	20
Licensee/Professional Groups	12	7	19
Other (does not include arrest/conviction reports)	29	74	37
<b>Sub Total</b>	<b>148</b>	<b>151</b>	<b>135</b>
Arrest/Conviction Reports	56	85	92
<b>Total</b>	<b>204</b>	<b>236</b>	<b>227</b>

The cycle time to process complaints is affected by several factors including the length of time it takes to process complaints, conduct investigations, file accusations by the AG's Office and schedule and hold hearings with the Administrative Law Judges. Lastly, the case goes back to the board for a final decision.

A complaint that has merit is referred to investigation and assigned an investigator with DCA's DOI. At the conclusion of an investigation, if it is determined that there has been a violation of the Acupuncture Act, the case is referred by the investigator to the Office of Attorney General (AG's Office) for preparation and review of the administrative accusation.

It takes an average of two and a half years for the Board to take discipline on its licensees. As with other health care boards, the biggest bottleneck in pursuing discipline occurs at the investigation and prosecution stages of the process.

	FY 2008/09	FY 2009/10	FY 2010/11
Average days to complete desk investigation	45	83	115
Average days to complete sworn investigation	608	660	467
Average days to accusation	1041	837	840
Average days to complete discipline	1105	711	706

On August 17, 2009, this Committee held an informational hearing entitled "*Creating a Seamless Enforcement Program for Consumer Boards.*" This hearing revealed that Deputy AGs within the AG's Licensing Section handle both licensing and health care cases in a similar fashion without any expertise devoted to the prosecution of those cases involving serious health care quality issues. Moreover, the AG's staff often allows respondents to file a notice of defense long after the 15-day time limit has ended, which lengthens the time a case is processed by the AG's Office.

The DCA's cases are not given a higher priority and are calendared according to available hearing dates and Administrative Law Judges (ALJs) assigned. Cases on average can take up to 12 months or more months to be heard. Also, the DCA's boards and bureaus have over 40 different laws and regulations with which ALJs must be familiar. This lack of specialization and training for the cases referred by the other health care boards creates a situation in which judges are issuing inconsistent decisions. A board is then placed in a position of non-adopting the decision of the ALJ and providing for a hearing of its own to make a different determination regarding the disciplinary action which should be taken against the dentist.

The Board points out that there is one CPEI position currently vacant in the Enforcement Unit. It should be noted that CPEI positions were created to expedite and maximize the efficiency of handling all pending disciplinary actions and are dedicated to tracking of AG cases. The goal of CPEI is to reduce timeframes for enforcement cases to 12 to 18 months. However, it is unclear if these positions will be filled and may be in jeopardy because of the recent hiring freeze ordered by the Governor. (It is unknown whether the hiring freeze may have been lifted for this Board.)

The Board's data shows that it is taking, on average, 70 days longer to complete desk investigations. On the other hand, the timeline for investigations conducted by the Department of Consumer Affairs Division of Investigations has decreased from 608 days in FY 2008-09 to 467 days in FY 2010/11.

According to data provided by the Board, in FY 2009/10 and FY 2010/11, the average days to file an accusation exceeds the average number of days it took to complete discipline. By definition, it should take longer to complete discipline than it takes to file an accusation. Therefore, the Board should explain its data to the Committee.

**Staff Recommendation:** *In order to improve case processing and case aging, and to meet its goal of reducing the timeframe for the handling its disciplinary cases, the following recommendations should be considered:*

- 1) *Continue to reduce the amount of time to process and close complaints.*
- 2) *A Guideline for case assignments must be established, taking into consideration the skills or experience level of staff and other factors.*
- 3) *Making Case Processing and Aging a major focus of the Board's improvement planning.*
- 4) *Prioritize the review of aged cases.*
- 5) *Establish reasonable elapsed time objectives for each step of the case processing.*
- 6) *Monitor performance by establishing regular oversight of case progress and staff productivity.*
- 7) *A policy or procedures for supervisory staff in performing case reviews should be established.*

*The Board should develop a form to standardize 801 reports. The Board should explain why the data it provided indicates that it took longer to file accusations than it did to take formal discipline in 2009/10 and 2010/11.*

### **CONSUMER NOTICE ISSUE**

**ISSUE #8:** (NOTICE TO CONSUMERS NEEDED.) **Should the Board promulgate regulations pursuant to a statute enacted in 1999, to require acupuncturists to inform patients that they are licensed by the Acupuncture Board?**

**Background:** Section 138 of the Business & Professions Code requires that DCA board and bureaus, including healing arts boards such as the Acupuncture Board, initiate the process of adopting regulations on or before June 30, 1999, to require its licentiates, to provide notice to their clients or customers that the practitioner is licensed by this state. A board is exempt from the requirement to adopt regulations if the board has in place, in statute or regulation, a requirement that provides for consumer notice of a practitioner's status as a licensee of this state. The purpose of this statute is to inform consumers the appropriate regulatory body that regulates a particular licensee or practitioner.

Recently, the MBC promulgated regulations pursuant to Section 138 to require physicians and surgeons to inform their patients that they are licensed by the MBC, and includes the board's contact information. In the same manner, the Acupuncture Board should implement Section 138 and adopt regulations to require dentists to inform their patients that they are licensed by the Board.

**Staff Recommendation:** *Pursuant to Section 138 of the B & P Code, the Board should adopt regulations to require acupuncturists to inform their patients that they are licensed by the Acupuncture Board.*

## **BUDGETARY ISSUES**

**ISSUE #9: (ARE RECENT LICENSING FEES SUFFICIENT TO COVER BOARD COSTS?)**  
**Is the Board adequately funded to cover its administrative, licensing and enforcement costs and to make major improvements to its enforcement program?**

**Background:** The Board is a self-supporting, special-und agency that obtains its revenues from licensing fees of acupuncturists, acupuncture schools and continuing education providers. The collection of fees supports the Board’s ability to operate its enforcement, licensure, examination, renewal, its continuing education efforts. The Board’s primary source of revenue is the biennial renewal for acupuncturists. The Board currently charges acupuncturists a \$325 renewal fee. The statutory maximum is \$325. There have been no fee increases to license or renewal fees since 1996.

The Board has had a healthy reserve the last five years. This led to a \$1.5 million loan to the General Fund in 2003/2004. This loan was repaid in 2006. The Board again will make a \$5 million loan to the General Fund in 2011/2012. This loan will drastically reduce the months in reserve to 2.1. The \$5 million loan is to be paid back by FY 2013/14 with interest.

**Acupuncture Board Updated Fund Condition Table**

<b>Table 3. Fund Condition</b>						
(Dollars in Thousands)	FY 2007/08	FY 2008/09	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13
Beginning Balance	3,426	4,040	4,745	5,286	5,771	791
Revenues and Transfers	2,305	2,492	2,367	2,437	-2,395	2,557
<b>Total Revenue</b>	<b>\$2,305</b>	<b>\$2,492</b>	<b>\$2,367</b>	<b>\$2,437</b>	<b>\$2,605</b>	<b>\$2,557</b>
Budget Authority	2,681	2,519	2,457	2,558	\$2,580	
Expenditures	1,707	1,787	1,901	1,952	2,667	2,721
<b>Fund Balance</b>	<b>\$4,040</b>	<b>\$4,745</b>	<b>\$5,286</b>	<b>\$5,771</b>	<b>\$791</b>	<b>\$684</b>

**Staff Recommendation:** *The Board should assure the Committee that it will have sufficient resources to cover its administrative, licensing and enforcement costs and to provide for adequate staffing levels for critical program areas.*

**ISSUE #10: (LACK OF STAFF CONTINUES TO HAMPER THE BOARD’S PRODUCTIVITY.)** The Board should explain to the Committee the negative impact of staff vacancies to its overall functions.

**Background:** The Board is authorized 9 staff positions. As of February 2012, three of the nine positions were vacant – one OT in administration, one investigator in enforcement and one OT in licensing.

The Board has not submitted any requests to increase staff in the past several years. However, a Department-wide request for additional enforcement staff via the CPEI was approved for one non-sworn investigator. The Board has not obtained authority to fill that position due to the hiring freeze.

The Board has discussed the impact of the hiring freeze and staff vacancies on its CE program and its school approvals. Specifically, there is insufficient staff to conduct CE audits and they cannot travel to conduct onsite visit of acupuncture schools. It is unclear how the vacancies have affected other aspects of the Board's operations but does appear to cause problems with processing of consumer complaints and taking further disciplinary action in a timely fashion.

**Staff Recommendation:** *The Board should explain to the Committee the impact of being unable to meet the staffing needs of its various critical programs, especially that of its enforcement program, and the impact that it will have on its ability to address the problems identified by this Committee, especially as it concerns its goal to reduce the timeframe for the investigation and prosecution of disciplinary cases and oversight of acupuncture schools.*





April 11, 2012

Senator Curren Price, Jr., Chair  
Senate Business, Professions and  
Economic Development Committee  
State Capitol, Room 2053  
Sacramento, CA 95814

Dear Senator Price and Committee Members:

Thank you for the opportunity to respond to your concerns addressed in the Committee's Background Paper for the Oversight Hearing held on March 12, 2012. The responses are in the order they are addressed in the Background Paper.

Issue #1: Board Lacking in its Overall Operation.

The report states that the Board struggles with decision making and lacks follow through. One of the examples given was that the Board approved six different regulation changes (transfer credit, independent study, clinical training, repeal of non-English exam and disciplinary guidelines) and none of these were mentioned in our sunset report and no further action was taken on these regulations. The regulation changes regarding transfer credit, independent study, and clinical training were all proposed amendments/changes that were decided at different meetings yet basically affected the same section of the regulations. In an attempt to avoid confusion and multiple regulatory packages affecting the same section, each time a new change/proposal was made, the regulatory process started over for that specific section. It was recently discovered that we could not make any of those changes until such time as legislation was passed amending section 4939 giving us authority to request those changes. Section 4939 states that on or before January 1, 2004, the Board shall establish standards for the approval of schools. The above regulatory changes are all standards for the approval of schools and therefore, cannot be changed until 4939 is amended removing the date.

The regulatory package for disciplinary guidelines which does include the Uniform Standards Related to Substance Abuse has been completed and is currently with legal. This package had been held up based on the issues surrounding the uniform standards, specifically conflicting legal opinions issued by legislative counsel and the attorney general's office.

At our August 2011 meeting, the Board voted to begin the regulatory process to repeal the multi-lingual exam. Proposed language was brought back to the Board at their November 2011 meeting. A vote on the proposed language did not occur and the matter was referred to a newly formed "English Language Exam Committee".

An error was made in not mentioning the above regulations in our Sunset Report; however, appropriate action and follow through has been taken on these proposals.

Another example given for lacks follow through was regarding a "Blue Ribbon Panel", which was established to look into important issues regarding primary care definition, scope of practice and related educational requirements. It is true that this Blue Ribbon Panel has not met; however, the issues had been delegated to the Education Committee, which did meet in a public forum in February 2012.

The majority of Committee Meetings have been held in a public setting. To my knowledge, the only time the committee meetings have not been public is when the members of the committee, which is comprised of less than 3 members, have met to plan for the meetings.

The background paper indicates that in 2009, the Board decided to make important changes to the law regarding school approvals but ended up deferring to a national acupuncture association and hasn't moved forward with dealing with problems surrounding school approval. I'm not sure what is meant by deferring to a national acupuncture association. The Board did sponsor legislation to require the approval of schools by an accrediting agency recognized by the U.S. Department of Education; however, the Board was retaining its authority over the training program/curriculum. This legislation was opposed and was subsequently amended to delete all reference to acupuncture

Another issue addressed is in regards to the Board's compliance or adherence to its Strategic Plan. The Board believes it is meeting or has attempted to meet the majority of its goals and objectives. Attached is a copy of the Board's Strategic Goals and Objectives, which indicates which goals have been met and which have remained unresolved. It was a fairly new board when the strategic planning session was held with an outside contractor being the facilitator and I don't believe the facilitator guided the board correctly. A 2012 Strategic Planning Session is scheduled to be held on August 8, 2012 in Sacramento with the Department of Consumer Affairs being the facilitator and not an outside contractor.

The background paper also indicates that the Board has problems with its scheduled meetings. I am unaware of our meeting materials being insufficient to foster meaningful discussion or decision making by the Board. It's true that prior to posting our meeting materials on our website they were not available until the day of the meeting; however, since we started posting them, they are usually available somewhere between 3 and 7 days in advance of our meetings. The Board is in total agreement with having our meetings webcast and has done so and will continue to do so when feasible.

Issue #2: Quorum Problems.

In 2006, the Board was reconstituted creating a new Board of seven members, 4 public members and 3 licensed members. The quorum requirement was changed from a majority of the members to 5 members. This did affect the Board's ability to conduct business. In 2009, legislation changed the quorum requirement to four members which included the requirement that at least one acupuncturist must be present to establish a quorum. Currently the Board has two licensed positions vacant and, therefore, it is critical for these vacancies to be filled so it does not affect our ability to conduct business. The Board is in total agreement with the Committee that the Governor should appoint two licensed acupuncturists as soon as possible.

Issue #3: Board Overly Involved in Scope of Practice Issues.

The Board is in total agreement with staff recommendations and all scope of practice changes will be referred to the Legislature.

Issue #4: Additional Improvements Needed to Board's Oversight of Schools.

The Board had previously worked closely with the BPPVE on school site visits as they had expertise on the overall school operations and the Board had expertise with the schools training program/curriculum. When the BPPVE was sunsetted, the Board sponsored legislation to require approval by an accrediting body of acupuncture schools recognized by the U.S. Department of Education; however, the Board was retaining its authority over the training program/curriculum. This legislation was opposed and was subsequently amended to delete all reference to acupuncture.

I am in agreement that consideration should again be given to require acupuncture schools to obtain approval from an accrediting agency recognized by the United States Department of Education. This could also provide for better reciprocity for applicants from other states who wish to practice in this state. This would require legislation.

Issue #5: CE Audits Needed.

The background paper questions whether the Board has sufficient oversight of its continuing education program. The Board believes that if we were fully staffed, there would be no issue with our ability to audit at least 25 licensees per month for CE compliance. On a biennial renewal cycle, an average of 400 licenses are renewed each month and 25 of that number is approximately 6.2% of renewed licenses. Our ultimate desire would be to audit at least 50 licensees per month, which would be approximately 12.5% of renewed licenses each month.

The background paper also discusses the number of CE course approvals that occur each month and that we do not charge for approving individual CE course requests. The Board agrees this is a significant workload and has just started researching other Boards that charge for individual course requests and the conditions surrounding that charge. The Board hopes to pursue legislative authority to assess a fee for CE course approvals.

Issue #6: Licensing and Examination Issues (Eliminate State-Only Licensing Exam?)

The Board is still of the belief that the California Acupuncture Licensing Examination (CALE) should remain the state's licensing exam. The background paper mentions the possible use of the national examination. I have been advised that it is a misnomer to state there is a national examination. There is no national standard and no uniform examination administration for acupuncture licensing. The National Commission for Certification of Acupuncturists exam is made up of five different modules to encompass the different states requirements. The cost for this examination is approximately \$1,350 as compared to the Board's examination fee of \$550. The adoption of a national examination would require legislation.

Issue #7: Enforcement Issues (Disciplinary Case Management Timeframe Still Taking Too Long)

The Board's enforcement program is our number one priority. The Board accepts staff recommendations and will take all steps necessary to meet our goal of reducing the timeframe for handling our disciplinary cases. The Board will develop a guideline for case assignments and a policy or procedures will be established for supervisory staff in performing case reviews. The Board will be developing a form to standardize 801 reports and we will be contacting other health care boards for some guidance.

Issue #8: Consumer Notice Issue (Notice to Consumers Needed).

Business and Professions Code section 4961(b) requires that an acupuncturist post his or her license in a conspicuous location in all places of practice. The license clearly states that the acupuncturist is licensed by the Acupuncture Board, Department of Consumer Affairs. However, I will bring this issue to the Board for them to consider adopting regulations to require acupuncturists to inform their patients that they are licensed by the Acupuncture Board.

Issue #9: Budgetary Issues.

The Board has a total budget of \$2.5 million. The Board has always had a healthy reserve, however, with the recent loan to the general fund and the required move of the Board (rent was \$57,912 annually and in 2012-13 our rent will be \$102,542 in which our rent almost doubled), we will

have to monitor our budget very carefully. It was projected that we could possibly be in the red by 2014; however, the \$5 million is to be paid back by 2013/14.

Issue #10: Lack of Staff Continues to Hamper the Board Productivity.

The Board has been crippled with three vacancies over the last year and now has another position vacant due to a medical leave; however, these vacancies have not hampered our productivity. Long hours by the executive officer and the dedication of staff, has helped to keep the workload of all programs at a maintainable level. Processing of consumer complaints and taking further disciplinary action in a timely manner remains our number one priority. The one position that is vacant due to a medical leave is the enforcement position; however, the Department's Division of Investigation has offered their assistance in the processing of our complaints/investigations. The Division's assistance has played a major role in assuring that complaints are handled in a timely manner. In addition, the Board is happy to report that we have filled one of our vacancies to be effective April 16, 2012.

Our inability to fill these positions was a result of the hiring freeze; prohibited appointments of permanent, limited term, seasonal, permanent intermittent and temporary staff; prohibited increases to time bases; and prohibited interdepartmental transfers of employees.

Thank you for this opportunity and if you have any questions, please do not hesitate to contact me at 916-515-5208.

Sincerely,

JANELLE L. WEDGE  
Executive Officer

# STRATEGIC GOALS AND OBJECTIVES

## 1. Advance higher education standards.

- Clarify issues regarding the title of Doctor. Regulatory language had been developed a few years ago but further investigation was necessary. New regulatory language is being drafted to present to the Board for their review. (objective 1.1 in process of being met)
- Objective 1.2 - Upgrade MAc level practitioner standards

## 2. Review, clarify and disseminate the scope of practice.

- The Board has consulted with legal counsel regarding existing scope of practice and it is agreed that any changes need to be pursued via legislation and not regulation. Board needs to find an author to proceed with any changes. (objective 2.1 and 2.2 met)

## 3. Promote ethical conduct of licensees and students

- Depending on the degree of violation, the Board routinely sends letters to licensees to educate them on the laws and regulation. (objective 3.1 met)
- Information regarding filing a complaint has substantially improved. The information on our website as well as our consumer guides has assisted consumers. Our consumer guides are published in English, Chinese and Korean. (objective 3.2 met)
- Objective 3.3 - Enable spot inspections
- Addressing false and inappropriate advertising is an ongoing function of the Board. Numerous letters are sent to licensees to educate them on the laws and regulations (objective 3.4 met)
- Enforcement options were addressed through the CPEI (objective 3.5 met)

## 4. Reduce or Eliminate unlicensed activity.

- A Legislative Proposal Concept Paper 2008 was submitted to strengthen the penalties for unlicensed activity. The proposal did not proceed as one of the penalties included possible imprisonment in a county jail and we were informed that with the overcrowding in jails it was unlikely an author would be found. (objective 4.1 met)

## 5. Clarify the process of school approval.

- In 2009, the Board sponsored legislation to require approval by an accrediting body of acupuncture schools recognized by the U.S. Department of Education; however, the Board was retaining its authority over the training program/curriculum. This legislation was opposed and subsequently amended to delete all reference to acupuncture. (objective 5.1 met)
- Approval of online courses is currently being explored with the Bureau for Private Postsecondary Education (objective 5.2 in process of being met)

## 6. Re-evaluate and improve continuing education standards.

- In August 2008, regulations were amended simplifying the approval process for both on-site and distance learning courses. (objective 6.1 & 6.2 met).
- Unfortunately with budget constraints and travel restrictions an audit process for providers has not been fully developed. (objective 6.3 in process of being met)

## 7. Improve communication with industry and consumers.

- The Board has not been issuing a newsletter but instead posts important information on our website. This allows for immediate broadcasting of relevant information. (objective 7.1 met)
- The Board has translated and distributed it's Consumer's Guide to Acupuncture and Asian Medicine into Chinese and Korean. We have also posted these guides in all 3 languages on our website. (objective 7.2 met)
- In addition, the Board has either manned or supplied information for distribution at trade shows and consumer fairs (objective 7.3 met)