

**State of California  
Office of Administrative Law**

**In re:**  
Acupuncture Board

**Regulatory Action:**

**Title 16, California Code of Regulations**

**Adopt sections:**

**Amend sections:**

**Repeal sections:** 1399.407, 1399.407.1,  
1399.407.2, 1399.407.3

**NOTICE OF APPROVAL OF CHANGES  
WITHOUT REGULATORY EFFECT**

**California Code of Regulations, Title 1,  
Section 100**

**OAL Matter Number: 2021-0624-02**

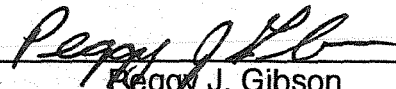
**OAL Matter Type: Nonsubstantive (N)**

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This action without regulatory effect by the California Acupuncture Board repeals Sponsored Free Health Care Events regulations as the statutory authority has been repealed for these regulations.

OAL approves this change without regulatory effect as meeting the requirements of California Code of Regulations, title 1, section 100.

Date: August 6, 2021



Peggy J. Gibson  
Senior Attorney

For: Kenneth J. Pogue  
Director

Original: Benjamin Bodea, Executive  
Officer

Copy: Kristine Brothers

# NONSUBSTANTIVE

STATE OF CALIFORNIA—OFFICE OF ADMINISTRATIVE LAW  
**NOTICE PUBLICATION/REGULATIONS SUBMISSION**

See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

|  |                                 |   |                                    |
|--|---------------------------------|---|------------------------------------|
| <b>OAL FILE NUMBERS</b>  | <b>NOTICE FILE NUMBER</b><br>Z- | <b>REGULATORY ACTION NUMBER</b><br>2021-0624-02 | <b>EMERGENCY NUMBER</b>            |
| For use by Office of Administrative Law (OAL) only   |                                 |   |                                    |
| NOTICE   |                                 | REGULATIONS                                     |                                    |
| <p style="text-align: center;">2021 JUN 24 P 4: 30</p> <p style="text-align: center;">OFFICE OF ADMINISTRATIVE LAW</p> |                                 |   |                                    |
| <b>AGENCY WITH RULEMAKING AUTHORITY</b><br>California Acupuncture Board – Department of Consumer Affairs               |                                 |   | <b>AGENCY FILE NUMBER (if any)</b> |

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

AUG 06 2021

2:34 PM

### A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

|  |  |                          |                        |                               |
|--|--|--------------------------|------------------------|-------------------------------|
| 1. SUBJECT OF NOTICE   |  | TITLE(S)                 | FIRST SECTION AFFECTED | 2. REQUESTED PUBLICATION DATE |
| 3. NOTICE TYPE<br><input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other |  | 4. AGENCY CONTACT PERSON | TELEPHONE NUMBER       | FAX NUMBER (Optional)         |
| <b>OAL USE ONLY</b>  | ACTION ON PROPOSED NOTICE<br><input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn |                          | NOTICE REGISTER NUMBER | PUBLICATION DATE              |

### B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

|  |   |  |  |
|--|---|--|--|
| 1a. SUBJECT OF REGULATION(S)<br>Repeal Title 16, Article 1.5 - Free and Sponsored Health Care Events   |   | 1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)                   |  |
| 2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)  |   |  |  |
| <b>SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</b>   |   | ADOPT  |  |
|  |   | AMEND  |  |
| TITLE(S)<br>16   |   | REPEAL<br>1399.407, 1399.407.1, 1399.407.2, 1399.407.3                     |  |
| 3. TYPE OF FILING  |   |  |  |
| <input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)   | <input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. | <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))        | <input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) |
| <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §511349.3, 11349.4)  | <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)   | <input type="checkbox"/> File & Print                                      | <input type="checkbox"/> Print Only  |
| <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))  | <input type="checkbox"/> Other (Specify) _____  |  |  |
| 4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) |   |  |  |
| 5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)   |   |  |  |
| <input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))  | <input type="checkbox"/> Effective on filing with Secretary of State  | <input checked="" type="checkbox"/> §100 Changes Without Regulatory Effect | <input type="checkbox"/> Effective other (Specify) _____   |
| 6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY   |   |  |  |
| <input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)   | <input type="checkbox"/> Fair Political Practices Commission  | <input type="checkbox"/> State Fire Marshal                                |  |
| <input type="checkbox"/> Other (Specify) _____   |   |  |  |
| 7. CONTACT PERSON<br>Kristine Brothers   | TELEPHONE NUMBER<br>916.515.5216  | FAX NUMBER (Optional)  | E-MAIL ADDRESS (Optional)<br>Kristine.Brothers@dca.ca.gov  |

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

|  |                    |
|--|--------------------|
| SIGNATURE OF AGENCY HEAD OR DESIGNEE<br><i>Benjamin Bodea</i><br><small>Benjamin Bodea (Jun 24, 2021 34:35 PM)</small> | DATE<br>06-24-2021 |
| TYPED NAME AND TITLE OF SIGNATORY<br>Ben Bodea, Executive Officer  |                    |

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**

AUG 06 2021

Office of Administrative Law