

**Acupuncture Scope of Practice and Title Sunrise Review
Public Hearing Summary
July 30, 2009**

Kristi Weeks opened the hearing. Ms. Weeks is the Director of Policy and Legislation in the Health Systems Quality Assurance Division of the Department of Health. She introduced the panel members and other staff:

- Dianna Staley and Meghan Young from the Health Systems Quality Assurance Division, panel members.
- Luisa Parada, from the Community and Family Health Division (replacing our public panel member who had a last minute conflict).
- Jason Hoeft, staff attorney.
- Sherry Thomas, Health Systems Quality Assurance Division, coordinator of the sunrise process.

Kristi explained how the hearing will work and asked participants to focus on the statutory criteria when presenting or testifying. She included an explanation of the panel and that the draft report should go to the Secretary of Health in October. She also explained there is an additional 10-day comment period beginning today through August 9 at 5:00 PM for stakeholders to comment on anything they feel has not been addressed or to follow up from the hearing.

Lisa vanHaagen, Sunrise Applicant

My name is Lisa vanHaagen. I am a licensed acupuncturist and licensed massage therapist in Washington. I am here representing WAOMA, which has over 200 members. I would like to begin by thanking the Department of Health for all of their assistance during this process.

(Ms. vanHaagen used a PowerPoint presentation. We will post it to our Web page once we receive a copy.)

I was told the panel members may not be very familiar with acupuncture, so I will give a brief history of the RCW. In the 1970's physician assistant acupuncturists were allowed to practice acupuncture within their scope of practice. We recently had a birthday. On July 28, 1985, the profession began under RCW 18.06, certified acupuncturists. There was a September 1993 sunrise review to change the title from certified to licensed acupuncturists.

Although the type of licensure has changed, the scope of practice has not been updated in 24 years. Licensed acupuncturists play an important role in health care for the citizens of Washington State. Most licensed acupuncturists are continuing to see their practices grow even in the recent downturn of the economy. I think this is a testimony to the effectiveness and affordability of this medicine. The modalities and techniques in RCW 18.06, as I said, have not been updated since 1985. The current scope of practice does not reflect current standards of practice, advances in science and technology, or education and testing standards of the profession. We could continue to practice as we have for the past 24 years, but the health of the citizens of our state could be that much better by utilizing the requested seven modalities and techniques.

In our current statute, the term acupuncture is used to refer to both the system of medicine and the modality or technique. Acupuncture referring to a system of medicine is synonymous with oriental and Asian medicine. In the following list of modalities in our current scope, I've added commonly accepted definitions of these modalities that are not defined in statute or WAC.

Acupuncture is a health care system based on an oriental system of medical theory utilizing oriental diagnosis and treatment to promote and treat organic and functional disorders by treating specific acupuncture points and meridians. Acupuncture includes the following techniques in the current definition:

- Use of acupuncture needles to stimulate acupuncture points and meridians.
- Use of electrical, mechanical, or magnetic devices to stimulate points and meridians, and where you see parentheses, they are definitions I put in because once again, we don't have definitions in our statute.
- Moxibustion, which is heat applied directly or indirectly to the body.
- Acupressure, which is soft tissue manipulation of the acupuncture or ashi points, which literally means "that's it."
- Cupping, which is the application of suction cups, the use of which is determined by tongue and pulse diagnosis.

It's very very important to realize that not all patients will be treated with all of the techniques you see. There are times when it is appropriate and times when it is not. It's very important to make sure we have a diagnosis before we treat the patient.

Our current scope also includes:

- Dermal friction technique which is a direct contact with the patient's body either by direct touch or tools. Historically those tools were made from bone or porcelain. Today it might be plastic or other materials.
- Infrared which is frequency specific.
- Sonopuncture, which is the use of direct and indirect sounds that affect the body's meridians. You might be asking what this is. Actually, a good way to explain this would be to use tuning forks. They are actually applied to or near the body to affect meridians.
- Laserpuncture, the use of direct and indirect lasers to affect the body's meridians.
- Point injection therapy or aquapuncture, which is the injection of liquid substances into the body to affect the meridians and acupoints.
- Dietary advice based on oriental medical theory provided in conjunction with the techniques under (a) through (j) of the subsection, utilized with everything above.

The definition of the term acupuncturist means a person licensed under this chapter.

Education. Licensed acupuncturists must complete a rigorous course of study that is approximately three and a half years in length, and a minimum of approximately 1,700 hours. Most schools average around 2,400 hours for the Masters of Science in Acupuncture, which is also known as an MSA program. Approved programs include:

- Acupuncture school.
- Acupuncture program.
- Acupuncture apprenticeship or acupuncture tutorial instruction.

It is my understanding that the apprenticeship may be being phased out. I'm not sure. We have courses in western sciences which include anatomy, physiology, biochemistry,

pathology, survey of western clinical sciences, hygiene and CPR. Survey of western clinical sciences is where we do a lot of the hands-on techniques as far as height, weight, blood pressure, etc. We also have acupuncture sciences, which includes fundamentals of acupuncture, acupuncture diagnosis, acupuncture pathology, acupuncture therapeutics, acupuncture points and meridians, and acupuncture techniques, including electroacupuncture, which is where a low current electrical device is used for stimulation. That is approximately 750 hours, and the clinical training is usually a minimum of 500 hours of supervised clinical training consisting of up to 100 hours of observation.

Graduation from a Washington approved program is necessary to take the NCCAOM exam, which is also the state exam for Washington, as you are probably aware. NCCAOM is the National Certification Commission for Acupuncture and Oriental Medicine. In WAC, it still lists the old acronym, I believe NCCOM, which is why this looks a little different. NCCAOM requires a written exam, a point location exam, and an NCCAOM approved clean needle technique course. Are you familiar with this? We have to prove we can keep a clean field, that we aren't touching the needles, that we aren't taking a used needle and taking it over a clean field. A clean field is where the clean needles are kept. We have things appropriately laid out. The NCCAOM now has more stringent testing requirements that do not reflect the current WAC. There is also a third exam starting in about six months, which is the NCCAOM biomedical module exam. If you go to the responses packet, you will find attachments one, two, and three are the outline for the module exams, and attachment 3A is the biomedicine study guide.

In our proposed new scope, there is a new intent section, and I would like to read it so I can point out a couple of things showing why we feel it is important.

A new section is added to Chapter 18.06 RCW to read as follows:

The legislature intends to recognize that acupuncturists licensed by the state of Washington engage in a system of medicine of medicine to promote wellness and to prevent, diagnose, and treat disease, drawing upon the experience, learning, and traditions originating in East Asia which require more than just acupuncture alone. To reflect this reality, the legislature intends to change the state's professional designation of acupuncturists to Asian medicine practitioners and to incorporate current statutory provisions governing acupuncture while recognizing treatments, methods, and techniques used in Asian medicine. The legislature does not intend to require persons licensed under this act to change the business name of their practice if otherwise in compliance with this act.

If you recall back to earlier, with our current scope, both the system of medicine and treating with a needle are called acupuncture. What we are proposing will make a clear delineation that acupuncture is a technique and that the system of medicine we practice is not acupuncture. The proposed techniques include breathing, relaxation, and exercise techniques. These are techniques of breathing, visualization and movement therapy, where the practitioner directs the patient in the use of these techniques to improve and maintain health and achieve physical and mental relaxation and strengthening. I am going to repeat what I said earlier. In all patients we make an OM diagnosis, oriental or Asian medicine diagnosis. Any of the techniques we use are always based on that diagnosis. It is very patient and situation specific.

- Qi gong, a form of Chinese exercise stimulation therapy that includes techniques of breathing, visualization and movement., is based on the theories of Asian medicine, Yin Yang, and the five elements. Qi gong can be divided into external qi

gong in which the practitioner encourages and directs the free flow of qi, the body's energy, for the patient; and internal qi gong where the practitioner teaches the techniques to the patient for use at home or away from the office.

- Also we are proposing health education, which would be health education directed at the patient that attempts to improve, maintain, and promote health.
- In-office testing of temperature, blood pressure, auscultation (which is listening to heart, lung, valve tones, etc.), weight, body fat, urine, saliva, stool, and blood to assist the practitioner in determining the need for referral to a primary care physician and to assist in treatment. Simple in-office testing of these body fluids for pregnancy, ovulation, urine and stick analysis, blood, cholesterol, blood glucose, and others by CLIA-waived testing. These are simple in office tests and as I mentioned earlier, as far as the hands-on of temperature, blood pressure, auscultation, they are taught in the western sciences courses. The Department of Health has a wonderful web site that talks about the CLIA-waived tests that is full of good information.
- Massage, which we are now changing to "Asian massage," is the manipulation of the soft tissues of the body for the purpose of normalizing those tissues and to assist in manual techniques that include applying fixed or moveable pressure, holding or causing movement of or to the body.
- Tui na, which is a therapeutic form of manual therapy body work that originated in China. The application of various tui na techniques is based on the theories of Chinese medicine, yin yang, the five elements, and the meridian view of the body. The goal is to encourage the free flow of qi, the body's energy. The object is to treat acute conditions as well as constitutional disharmonies. Tui na techniques include, but are not limited to, massage, acupoint stimulation, and forceful maneuvers including pushing, rolling, kneading, rubbing, and grasping of bones, viscera, and soft tissue.

I mentioned we are now going to be calling massage Asian massage. We will probably be putting in an amendment for the bill. We got some feedback from the massage therapists and they would be more comfortable with Asian massage than just massage, and we agree with them.

- Heat and cold therapies, which are direct and indirect application of heat and cold to the body.
- Recommendations and dispensing of herbs, vitamins, minerals, and dietary and nutritional supplements, recommendations and dispensing based on the practitioner's diagnosis of the patient.

I have some information on in-office testing. The Office of Laboratory Quality Assurance's mission is to ensure the public receives accurate, reliable, clinical laboratory services and test results by monitoring and evaluating test sites with minimum standards of quality assurance for clinical laboratory testing. The tests we are proposing are CLIA waived. The reality is that a hospital has very different needs than a clinic, solo practitioner, or small clinic. What is interesting to me is that when the federal program decided states could oversee their own testing sites, Washington State was the first state in the country to be approved. CLIA waived tests are by definition simple lab examinations or procedures cleared by FDA for home use with a negligible likelihood of erroneous results and no reasonable risk for performing incorrectly. Practitioners would opt-in by completing a professional development class that would cover these in-office tests. The reason that is there is because currently schools are not teaching it. My

hunch is that one of the reasons they aren't teaching it is because it's not in the scope of practice. Currently, many continuing education seminars that are approved by the NCCAOM, our licensing exam, discuss results and CLIA waived tests. There is also a list in the original packet we submitted of all the different states. Many states have a much broader expanded scope in excess of what we are proposing in this sunrise review in terms of both modalities and medical testing. Once again, these tests are simple to use and do not include venipuncture or drawing of blood. We have a technique in Asian medicine called bleeding where we pick a point to release heat. We could use that drop of blood to check cholesterol or blood glucose. It's not a technique that is foreign to us and we do it commonly. Bleeding points is absolutely a very strong part of this. Most of the requested techniques are taught in schools and tested for by the national licensing exam. You will find in the back of our responses attachments one, two, and three, which talks about testing. The CLIA waived tests do not pose a hazard to patients or the practitioner. Also, the complaint rate for acupuncturists is very, very low. In 2007/2008 for instance, for acupuncturists there were five disciplinary actions. For all professions, there were 1,199. In that 2007/2008, there were 16 complaints received. Of all the other professions, there were 7,006. The number of complaints closed without investigation was two. Looking at all professions, there were 2,839. The number of acupuncturist complaints closed after investigation as eight. The total for all professions were 2,177. We have a very, very low complaint record but also a low disciplinary action. I think in part it is because our colleagues. I think we are caring, thoughtful people and very, very competent. We bridge between two systems of medicine. We deal with western medicine. Many of us are westerners and have grown up using western medicine. Our patients are mostly westerners. Also, we do a lot of referring back and forth with western medical providers. At the same time, we specialize; in fact I would say we are experts, in Asian medicine. Based on the disciplinary complaint rate of acupuncture, I would guess they will remain very low. Most important, acupuncturists are also working for a safer and healthier Washington.

Questions from Panel

Meghan Young: In the education portion it does not talk about massage and you want to add massage to the scope of practice. What type of education do you have and does it have as many hours as massage practitioners? How does it compare?

Applicant's Response: Currently, my recollection is that the total massage program is 541 hours, including coursework. I don't recall what the breakdown is for clinical hands on training. With the definition of massage, we are suggesting Asian massage and Tui na, and there is also a suggestion to add shiatsu. It is another form of Asian bodywork. We receive many hours of training. I will get back to you on this. In the response section of the proposal, if you turn to attachment B you will see it is 39% of the exam. Also attachment F is stretching, etc., and attachment 4 is acupressure, shiatsu, and Tui na.

Kristi Weeks: Do you anticipate practitioners using massage for wellness also, or only in conjunction with treatment?

Applicant's Response: We will not refer to ourselves as massage practitioners unless we are dual licensed, but it may be included for wellness. We like the term massage because the public is more familiar and comfortable with that term than they are with Tui na.

Dianna Staley: We currently use the term licensed acupuncturist, but that would go away and you won't be able to use it with this proposal.

Applicant's Response: Yes. That's true.

Dianna Staley: Are there schools that won't qualify with this new scope?

Applicant's Response: I know of one situation, a tutorial or apprenticeship program that may not.

Derek Kirkham, member of WAOMA, helped answer some of these questions...

Luisa Parada: Regarding in-office pregnancy tests, wouldn't you refer them to a doctor who would then do the same test so, they would have to pay double?

Applicant's Response: I don't know. The in-office tests are extremely reliable and affordable. You can test a drop of blood for \$10. It's always better to err on the side of caution. I don't know if insurance would pay. There are CPT codes for these tests but I don't know. The charge for an office call for an acupuncturist is usually way less than for other providers.

Meghan: Don't you think the title change will be confusing?

Applicant's Response: There is brand-name recognition. As a profession, we will have to deal with it. We as practitioners will have to deal with things like Yellow Book with nationwide categories. There are pros and cons for the title change, but the pros of benefits to patients outweigh the cons. Also, to clarify from earlier, we cannot refer to ourselves as licensed acupuncturists in this proposal, but can still use acupuncturist.

Luisa Parada and Dianna: Both tried to clear up the issue of acupuncture being a component of Asian medicine.

Applicant Response: It is confusing to people that acupuncture is just a modality. Historically acupuncture has been used to treat pain, so the public is surprised that we treat more than pain. It will benefit the public because they will realize this is a system of medicine.

Jason Hoeft: Regarding the process of sitting the examination, there are four or five different modules, but only three are required in Washington. I've heard there are a biomedicine module and an herbology module which are not currently required. When you sit the exam, are you tested for all portions, or only on the ones required for that particular state?

Applicant Response: They are not currently required but we are anticipating in 2010 for them to be added.

Jason: You state that acupuncturists are cheaper than primary care doctors. Will you offer pregnancy diagnosis?

Applicant Response: There are points on the abdomen and lower back corresponding to the uterus, as well as points discally (meridians). A lot of us can detect pregnancy by the pulse. I would rather be 99% sure of pregnancy. Acupuncture can possibly disrupt pregnancy by interrupting the qi, so I would rather be sure.

Jason: Do you think tests will make diagnosis more like western?

Applicant Response: We have different ways of describing the physical body. It is the same body but we use different words. Cholesterol is cholesterol, but in Asian medicine we refer to it differently. This increases compliance because the patients can see that treatment is helping. Right now I work within my scope to lower a patient's cholesterol, but I have to follow up with a doctor to check test results. If I stay with them they stay motivated. It's a way for us to see if things are working.

Also, I would like to clarify that it is never our duty to alter a prescription. We refer back to a primary care physician if a change needs to be made. I don't see a conflict there.

Public Testimony

Kristi Weeks opened up the public testimony period and set the ground rules. There was no time limit put on testimony because there were only six people signed up. She reminded them to focus on the sunrise criteria.

Curtis Eschels

Mr. Eschels sent a letter prior to the hearing. These are included on the Summary of Written Public Comments on the Web page (<http://www.doh.wa.gov/hsqa/sunrise>). Here are the points he made during the hearing.

I am please to see a well balanced list of modalities being proposed. I feel Washington citizens are well-served by the sunrise process. Here are the high points of my comments:

Right now is the time for adding dietary advice. Qi gong and breathing are low cost practices to increase health. We will contribute to cost-containment for health care reform by adding these to our scope of practice. In-office tests are designed for lay people. The Department of Health can already assure competence for these tests through their Clinical Laboratory Improvement Amendments. These tests will only be used for two purposes, making a decision to refer and to quantitatively assess how treatment is going.

All of these elements would be within the scope of practice of all acupuncturists if the bill is enacted. Two questions have been raised: What if some are not trained to perform these activities, and What if an acupuncturist doesn't want to perform some? As to the first, the Department of Health also requires acupuncturists to meet an accepted standard of care. One aspect of that standard is that a practitioner must be trained in a procedure before performing that procedure – it's already covered as part of our regulation. Also, those who do not have the training will not use it. It is not a problem. The modalities are allowed, not required. In closing, why are we proposing to expand our scope. Patient health is foremost. These additions give us tools to prevent illness and restore health. Although our nouns and verbs differ, western providers and we work

with the same human body. It is important that acupuncturists communicate with some of the same terms, and that's another reason why our using a few simple tests helps us and conventional providers understand each other. I have some handouts for the panel that illustrate our integrating acupuncture/Asian medicine with conventional medicine.

These are welcome additions for Washingtonians. I recommend your support for the proposal.

Jason Hoeft: I am trying to understand what the office-based tests will be used for. You say in your written materials that DOH rules will define or limit what acupuncturists can do under the expanded scope. What are those limitations?

Response: The primary one is the application of the Clinical Laboratory Improvement Amendments. It is an existing body of regulation that specifies which tests are allowed and how they are administered, etc.

Jason Hoeft: You also say the tests will primarily be used for two purposes; for referrals to a PCP and to quantitatively assist in the treatment. If a patient comes in to get this test and an acupuncturist decides a referral is needed, isn't the patient going to incur a double cost?

Response: Possibly, but it wouldn't have to. I think if the referral included the results of the test. Let me turn it around. I ask my patients to bring MRI written reports so that I know which vertebra is affected. From a western standpoint of the problem, I would anticipate the same kind of referral if I was doing a test.

Ezra Eikemeyer

Representing Advocates for Advancement of Asian Medicine (AAAM)

I am a lobbyist and political consultant, not an acupuncturist. I will only answer questions I'm qualified to answer. First of all, I would like to take a step back and address the overview of what Asian medicine is. What we are dealing with is a system of medicine that was developed in many cultures across Asia literally for thousands of years using a very basic form of the scientific method, trial and error. This includes recording results, coming up with theories and concepts, and then testing them in real life. This is not a belief system or an alternative modality of medicine. This is a complete system of medicine that was developed in many cultures thousands of years ago. There is an incredible amount of experience and data success with the practices that go on within the system of Asian medicine. I would encourage all of you to do some research into the history of this incredible system of medicine and its effectiveness in some parts of Asia. They are taking that system of medicine and also applying western medicine to it with incredible results. For example, MRI testing can give you insight into the body that no level of pulse diagnosis ever could. There is no reason to not use the two in tandem.

Let me give you an example of an acupuncturist, or practitioner of Asian Medicine as people want to call them next year, who does a pulse diagnosis and discovers there may be something going on with the heart that they can't exactly identify. If they can have the authority to order a more scientific test from a trained professional in a licensed clinic to more specifically identify what is going on in the heart, they can help get the patient quicker knowledge of the condition. As opposed to the acupuncturist having to refer

them to a primary care physician who then refers them to a specialist who then gets the test done. That list of events costs our society a whole lot more time and money with possibly slower results than if an acupuncturist referred to a specific type of testing.

Additionally, with in-office testing for example, there has been talk about pregnancy. If an acupuncturist who has been seeing a patient for two years and is familiar with their pulse, were to feel something different and suspect it's a pregnancy... a pregnancy test these days is something we can all do at home with a great deal of accuracy. If they had the authority to do a test right there on the spot within their scope of practice, not only would that give them instant knowledge about how to alter their treatment if needed within the system of patient medicine; that test may not need to be duplicated by a Department of Health licensed MD or physician if that patient needed assistance for the pregnancy or needed to confirm the pregnancy. It is my interpretation and my personal perception with all of this, knowing something about the health care industry that having the ability to do these basic in-office tests would actually decrease the rates of duplicity in testing.

Additionally with the change of title and listing of these practitioners as acupuncturists, I would like to turn it around a little bit. I will give you a very fantastical scenario. Let's imagine a western doctor who is trained in a whole system of medicine, went to an Asian country where they had very little knowledge of western medicine, and got a very basic license, called a prescriber of pharmaceuticals. All they were allowed to do in their scope of practice in this mythical country would be to examine and question the patient and prescribe pharmaceuticals and that was it. A whole portion of their training would have gone to waste. There would have been a complete lack of recognition about the system of medicine and it would lead to some confusion if that practitioner was to utilize some of the additional skills they were trained for. This is one of the reasons this scope of practice process is so important. It is crucial that we recognize this holistic system of medicine which acupuncture is one method of treatment, and recognize that practitioners of Asian medicine are trained in diagnosis through very quick examinations that can give patients a very quick and very accurate understanding of their health condition. This is one of the reasons we have so many return clients to Asian medicine practitioners, acupuncturists, because of the effectiveness and precision of which they can determine what is going on with a patient. Also, they are trained about when to say that they don't know and when to refer. With that, I encourage this panel really get a great understanding of the history and scope of the magnitude of the system of medicine these people are trained in.

Meghan: Since this is such an old type of medicine, why weren't these modalities, aside from in-office testing, discussed when the scope of practice was developed for acupuncturists? If they have been learning and doing these for so many thousands of years, why wasn't it included?

Response: Why didn't these things come up in 1985 when the initial license was granted to the practitioners? I'm going to speak second-hand, so anyone with better information please feel free to refute what I'm about to say on this matter. I believe at the time, based on talking to people who were loosely involved, it was an even lesser known model of medicine. People who were writing the scope wanted a very basic scope of practice that basically opened the door for licensing in this state. But the intention was for us to refine it over the coming years as a greater understanding from

society of this system of medicine came about. At the time politically, from what I understand (since I was only seven years old and wasn't there).

Richard Brighthouse
WAOMA Member

I wanted to clarify a couple of things. I know acupuncturists in other states, California, New Mexico, and Florida, and they have a much broader scope of practice than we do, especially with testing. It has been very positive in their states. We are highly educated here in Washington State, but we actually have much less in terms of what we can do than other states. If you look at those three states with a broader scope, you see a lot of safety. I think in California and Florida, they are primary care providers, so you can see how far behind we are. We are just trying to bridge the gap a little bit. So many patients that come in really need help. We would run a simple test and refer them to a licensed doctor or naturopath and have them do more investigation. Sometimes a patient goes two or three years without have any tests done. If you do a simple thing that can pinpoint little things, other licensed practitioners licensed in those specific fields can help. Sometimes referral is sketchy and you don't know what is going on with a patient because of so many different doctors. In some cases they haven't been to a doctor in three years. So if you can pick up something with simple tests and then have someone you feel comfortable with to refer to, it will increase the whole health of that patient and bring confidence to the profession.

We are trying to integrate western medicine, as Curt said so well, because so many of our patients come in with fibromyalgia and arthritis, all these western terms, but we have Chinese versions of what causes that. Also, there are other things going on. It would be very important for us to be able to exchange information with your family physician. They may need to do more testing, but at least you can give them an indicator of what tests are needed, or where they may need to take a more focused look. We are not trying to diagnose as much as figure what is going on and then refer to other people who are qualified to treat those things. I think if it's used in this context, we are going to have greater success and actually lower health care costs. Like I said, Florida, California, and New Mexico are a lot further ahead than we are and this is a very alternative, holistic state, and I think we need to move in that direction with our scope of practice.

I would also like to talk about incorporating supplements and other things besides just Chinese herbs into our practice. Many patients need vitamins or something to help them overall, and they aren't getting this information from their MD. He's not telling them to take more calcium or magnesium. He's telling them to take Tums, which is not what you should do. I think in some ways we need to increase that to where we can talk to patients about a broader perspective of what they are taking in food-wise and include nutritional things to help protect them from disease. This affects health care costs in our country. Medical doctors are not preventing disease and we need to be part of that. Alternative people need to tell people what they need to take, such as antioxidants. Studies have proven they help prevent disease.

Luisa Parada: On the application it says there are about 1,200 practicing acupuncturists in Washington and about 200 members of WAOMA. Would you anticipate more people joining your ranks? I don't know if that's a big number or not. But would you anticipate more people because of an increased scope?

Response: That would be really nice. There are a lot of licensed acupuncturists that have a lot more knowledge than just sticking needles in people. Because we do a lot of trainings and have a lot of incorporated stuff, emotional work and different things like that in acupuncture. The acupuncture guidelines can work with many facets of a person's health from a very safe standpoint. We are not going to be prescribing or talking to them about things that are going to do any harm. It's all about things in support of the body. But as far as numbers, I think it would increase them having a bigger scope. I think a lot of us feel sort of limited now in what we can do and we have much more potential. We're not scared to tell someone they should take a multiple vitamin in the morning. If you go to a health food store, that's what they'll tell you. Here is a multi-vitamin that will help with this, this, and this. We should have the right, because we are much more knowledgeable than someone at a health food store. We can tell them about studies that show antioxidants have proof and they can protect you against all these diseases you are taking all these drugs for.

Jason Hoeft: With vitamins, would you talk about the benefits of Vitamin D, or would you say they should take this level of Vitamin D.

Response: I think that's a good question. There are a lot of conflicting views on this issue. There is tons of information out on it. I think the best thing to do would be to say you feel Vitamin D would be good for you. Here are some of the studies and recommendations. It's up to them. I can tell them how much I take. I take 50 mg of B Complex and it makes me feel better personally, but that may not be what is right for you. I don't think it's prescribing a certain amount, but generally saying that B Complex for nervous systems is very good.

Jason Hoeft: So it won't be like the use of Chinese herbs with a specific amount for a specific problem for treatment. It is more in the nutritional/lifestyle counseling. Could you talk a little bit about your understanding about acupuncturists or studies of Asian medicine, their education in vitamins and more broadly?

Response: I think we learn in school about a lot of the items in terms of how they affect the body, in terms of heat and dampness, and protection against pathogens and getting sick. I think that is in some of the training I've had. Many acupuncturists or Asian medicine practitioners have learned a lot more. I've been doing acupuncture for 11 years now and had a massage therapist license in this state since 1984, and I started studying nutrition in 1980. I know a lot about nutrition because of my background. A lot of vitamins are very beneficial without the risk of overdose. Taking too much vitamin B Complex doesn't hurt you. Taking too much calcium doesn't hurt you. If someone has sore muscles, you can ask if they've heard about magnesium. Taking magnesium for some people does help to relax muscles. If you look at the physiology of magnesium, that's exactly what it does. It actually prevents heart attacks. Many people are more convinced that calcium is what they need, because that's what they've been told. But magnesium is more important for bone growth.

Kristi Weeks stated we are making the distinction here between giving advice and sharing information without prescribing... giving suggestions.

Carl Nelson

Representing the Washington State Medical Association (WSMA)

WSMA has some concerns about the proposal. We will submit written comments as well, but I would like to make a few points.

- Asian medicine practitioners as a system of medicine – many blur the distinction between eastern and western medicine. This may confuse patients, especially the elderly.
- The definition is now very close to RCW 18.71 in regard to diagnosis.
- We are concerned about the use of lancets, using a sharp, pointed instrument and the incision it might make.
- Testing is a big concern
 1. Primary physicians will retest.
 2. Someone has to pay the Department of Health for the MTS license/CLIA waiver.
 3. If tests are done by an acupuncturist and then the primary care physician, there will be additional costs. The insurance carriers will have to pay for them because of the any category of provider law, which includes acupuncturists. But I don't know how the carriers will treat these tests by more than one provider.
- There is a medical acupuncture specialty. MDs use medical acupuncture
- We are in the process of instituting health care reform. The big issue in health care reform is cost, cost, cost. We are here talking about expanding the scope, which will add more costs. We are going to allow tests, so there will be tests at the acupuncture office and at the physician office. All of this will add costs. I understand that is part of the sunrise criteria. It seems to me that most scope issues add costs and that is a concern to us. But obviously that is for you to determine and report back to the legislature.

Jason Hoefft: Could you talk a bit more about your concerns around the confusion of blurring the lines between east and west from a patient perspective?

Response: I think with the term of Asian Medical Practitioner, the average consumer doesn't know what that is. Granted, acupuncturists are going to do branding of some sort, but we see this time and time again where particularly elderly patients don't know the difference between the two.

George Whiteside

WAOMA President

I've been on the board five years and practicing as an acupuncturist/oriental medicine practitioner since 1997. There were some comments not on the web site that came in I would like to address. One in particular stated concern that Asian is perhaps too broad. Oriental is also broad, but it's what we do. We've been looking at how we could best deal with that. We've considered practitioner of East Asian medicine, which would be a little more accurate, but can you imagine how confusing the acronym would be. AMP could certainly be defined well in our statute and in WAC. The distinction between the elements of the bridge between east and west medicine could easily be defined in our informed consent document patients have to sign. We can work with Department of Health to make it perfectly clear we are not primary care providers of western medicine. I would also like to mention that there are people with religious and spiritual beliefs that tend to shy away from western medicine and we actually don't deter people from western medicine. I think the opposite is more common. People are reluctant and like the fact that we are alternative and they come to us and we see a condition and tell them

they should really see a primary care provider. They are more likely to see a primary care provider at that point. So, it is important to see that we are a bridge between different philosophies and perspectives and I think our existence helps to improve the medical profession and health care.

We have included the change in title. Some may see it as a change in scope or creation of a new profession. We believe it is merely a correction in emphasis that would have been best made originally. But this system was probably too obscure and foreign for the public to understand before now. We also have found through our work with SB5320 last session that the term Asian medicine is more socially acceptable than oriental medicine. At this point the profession uses the term oriental medicine with positive associations. However, there are elements within the culture that are offended by the term and some even personally hurt by the term. We think it is time to shift away from the term oriental medicine. Our focus on verification in title was prompted by the broad trend in use of the professional nomenclature that defined who we are, what we do, and how we as practitioners are perceived by regulators, other professions, and the public. The term acupuncture from the beginning has been used to both describe a single procedure and an overarching system. Pertaining to the system of Asian medicine, practice through the other modalities are within our scope. Inadvertently, the multiple uses of the term acupuncture have created confusion and we need to clear that up by using a true system. Use of the umbrella term acupuncture for medicine in state and national organizations began shifting in the 1990s to acupuncture and oriental medicine. Almost everyone in the profession championed this change as a step forward, bringing new emphasis to an underlying system of medicine that we all practice. By continuing to use a modality name to describe a system makes it easy to mistake our practice as narrowly focused on acupuncture, rather than a unifying system of medicine as the basis of our scope. It is also easy to confuse the way some educational institutions are using oriental medicine. The term oriental or Asian medicine is sometimes used on the diploma to refer to the addition of herbs training, when in fact, oriental or Asian medicine are the foundation for the modalities all acupuncturists practice. Further in the process of considering the new title, it has also become clear that the term oriental in any context is socially and politically unacceptable. California has removed the term oriental from their statutes and there are several other states in this process. I think the profession has realized this new term is more acceptable.

There was a question earlier about why we use the term massage. We are happy to use the term Asian massage. The reason we want to use Asian massage is because Tui na is a Chinese term and Asian medicine comes from many counties and cultures and languages. We would hate for a practitioner to learn a Japanese version under a slightly different name and be brought up because you didn't write down Tui na. That's why we believe it's important to acknowledge that we practice different variations of massage. We understand that the acupuncturists will still be able to refer to ourselves as acupuncturists. And I can imagine there is no law against saying we are licensed practitioners including acupuncturists. There's more to see in terms of branding. There will probably be a transition phase where they will still want to use acupuncturist, and advertise that way.

All professions' standards of care and education evolve. The core curriculum for the acupuncture program requires we take dietary advice classes, including food substances. Many require a basic understanding of Asian medicine. We believe it is part of our curriculum. With respect to herbs and acupuncturists, we have included

herbs in our dietary recommendations to patients throughout time. They have been licensed for dietary advice. Practitioners are educated on herbs at various levels. As herbs are unregulated and available to the general public, and there have been no complaints filed against acupuncturists for herbal practice, practitioners have been practicing within their individual limits of competence and training. Practitioners have used a variety of sources for gaining competence in unregulated substances, from self-study to workshops, to mentorship, to taking additional study of herbs in the certification program, as well as the base training we receive. Most practitioners get additional training on herbs when they want it. Ultimately, each practitioner is liable to practice any aspect of medicine competently and within their training.

Dianna Staley: Of the approximately three and a half years of training for acupuncturists, about what percentage of it centers around pharmacology.

Response: Western pharmacology, or pharmacology in general?

Dianna Staley: Pharmacology in general, because if you are going to be giving advice on herbs and things like that, you obviously would need to know what the contraindications would be for western pharmacology.

Response: It is my understanding, and we can detail this later, that you have to look at the foundation like a pyramid. There are foundations in basic western sciences and then we go up all the way through western pharmacology. Obviously, the level of western pharmacology we take is not what a primary care provider gets, but we need some basic understanding of it because people come to us and sometimes we find that the horrible symptom is a potential side-effect of the medication you are on. Go back to your primary care provider and figure out if there is another option or if this is the cause. That training is very valuable. Did that answer your question?

Dianna Staley: No. What percent or number of hours of your training is pharmacology.

Response: I will get back to you on that.

Rebekah Giangreco: One can learn simple acupuncture in a few days time, as maybe medical acupuncturists have learned to do. Other than the in-office testing, which I can see the controversy around, all these tests we are talking about are ones folks can go to the pharmacy and purchase and administer for themselves. Also, the vitamin recommendations, which again you can go to a supplement store and get lots of information on vitamins, but many people don't know how to get this information. Other than those two pieces, this bill incorporates a body of medicine that I trained for three years to do, and continue to refine in my practice. I would like for you to change our scope to match our education and most of our practices.

Applicant Rebuttal

We commonly use the stethoscope. Most practitioners do. It took 50 years for it to be used commonly.

I want to clarify that the term is not Asian *medical* practitioner. It's Asian *medicine* practitioner. I wanted to make that clear that we are practitioners of Asian medicine.

Regarding MTS licensure, absolutely there is a cost. There is a cost to the practitioner for the license. The process is the practitioner completes an application and I recollect it costs somewhere around \$150 per year depending on the tests that are done. It varies by level, but is pretty low. The cost to the patient for in-office testing can be done very inexpensively. The costs are pretty negligible.

Lances are commonly sold over the counter with no prescription needed. They are a common device for doing finger sticks at home, etc. We use them because that is what we were trained to use. The reason we added them to the scope of practice was that a couple of people wanted us to clarify what sort of needles could be used. There are different types of acupuncture needles. All the programs I'm aware of use the same lancets that sold over the counter, disposable, and single use.

Regarding nutrients and supplementation, many practitioners attend functional medicine seminars. They are NCCAOM approved, and at these seminars you are learning dosing. It's very important because we are the experts. When my patients come to me, it is my duty to know what I'm talking about. If I don't know what I'm talking about, I tell the patient that I don't have an answer. It is much safer for a patient to come to us for advice on nutrients and supplementation than I feel it is for them to go to any grocery store or where they might be getting advice from a non-licensed person. Can harm be done with supplementation? I would say yes, that absolutely it could. One needs to know what one is talking about. It is up to us to have that training and practice within our training. I take this very seriously.

Regarding the comment about elderly patients not knowing the difference between Asian medicine and acupuncture, the bulk of my patient base is made up of seniors. They are all pretty astute, even the ones in their 90s. Some aren't, but I also have some patients in their 30s and 40s who have, shall we say, mental cloudiness. I like to give people the benefit of the doubt as to their intelligence. Our patients are hungry, are thirsty for our knowledge. They come to us expecting and needing an alternative, different treatment. They usually find we have more time to spend with the patient. We take the time, and we answer questions. This is really important.

Another thing mentioned was about pregnancy tests and the benefits of doing that. If we get a positive pregnancy test from a patient, then they can begin prenatal care sooner. That would come from an immediate referral to another practitioner. It's all about patient care, what is best for the patient. On my intake forms, I ask what the date was of their last GYN exam. If more than one year, I recommend they go get an exam. If their primary care provider says it is not needed, I am ok with that and will document it.

The other thing I think it is important to touch on is the consent to treat form. We all have these forms that describe what we do and we could include what an Asian medicine practitioner does. I don't think there will be confusion about this.

Also, I need to make a correction. The biomedicine module is in use now.

Jason: They say on their web site that it is in use now, just not for Washington.

There was some confusion on this issue, so Kristi Weeks asked the applicant to research this issue and report back to us within the next comment period.

Applicant's Response: Regarding the question on pharmacology, from the first part of our education we talk about herbs and western medicine drug interaction. In terms of hours, I will follow up on the percentage.

In Washington, continuing education credits are not required of licensed acupuncturists. We actually approached the Department of Health on this issue because we want it. We were told that it probably wouldn't happen, in part because the complaint rates are very low, and also due to budget considerations because it is costly. Most acupuncturists get continuing education on a regular basis. Let me put it this way, I am a little blip in a system of medicine that is ancient. That doesn't negate the fact that I should be keeping current in western techniques, etc. I need to, if nothing else, know what my patients are talking about. And most of us do talk with other medical providers and it is our job to keep current. It is our responsibility because it is all about what is best for the patient.

Kristi Weeks closed the hearing at 11:20. She gave next steps:

- Beginning today through August 9 at 5:00 PM, there is an additional comment period.
- Between August 9 and the first of September, Jason will be drafting the report.
- When that is done in early September, we will share the draft report with interested parties.
- You will have the opportunity to comment on the draft recommendations.
- We will then incorporate these comments into the report if appropriate and submit the report to the Secretary of the Department of Health for approval in October.
- Then, it goes to the Office of Financial Management for their approval, and then to the legislature.
- Once it is released to the legislature, we will post it on the web site to be available to the public.
- At that point, it is in the hands of the legislature to act on. The report is only recommendations.