

Washington Acupuncture and Oriental Medicine Association

Acupuncture Scope of Practice/Title Sunrise Review Response to Public Comments and DOH Public Hearing Panel Questions

This document is the Washington Acupuncture and Oriental Medicine Association's (WAOMA) response to the public comments and panel discussion questions from the Acupuncture Sunrise Review hearing on July 30, 2009, at the Washington State Department of Health (DOH).

Since the deadline for submission for our comments as the applicant was the same as the public comments, we may not have been able to address all comments submitted by stakeholders as we have not had the opportunity to review all of them yet. There is additional information pending from national organizations and other sources that we will also submit as available. References to Asian Medicine in this document refer to the Acupuncture/Oriental medicine in current statute (RCW 18.06). We have identified the main subject areas of concern from stakeholders and the panel and addressed them, by category, below.

Title Change

We believe that our proposed title change will ultimately reduce confusion by the public. After a year and a half of extensive stakeholder work around the state and out of great consideration for the effort that will be required to re-brand our title. Acupuncture is currently just one of ten techniques in our scope of practice. The name is inherently limited and confusing to the public and other practitioners because it does not identify that we practice a system of Asian medicine utilizing multiple techniques. Until a title is used that reflects our full scope, our profession will continue to be misunderstood by the public and other health care practitioners and thus the understanding of the breadth of our services will remain limited.

One of the challenges the profession faces with respect to its current title is that "Acupuncturist" turns off many people who have an aversion to needles. Many prospective patients are misled by the term, not knowing we offer other services that do not involve the insertion of needles. Using an overarching term for all our techniques that does not instill aversion to needles will help reduce this confusion.

We believe that in the long run this change in nomenclature will help strengthen the profession's identity, affirm its positive attributes, and ultimately create greater clarity for the public and other professions. As demonstrated by the public comments, there is broad support and little opposition from our profession for our proposed changes.

- **Confusion between Asian and Western medicine systems:**

By changing our name from "Acupuncturist" to "Asian Medicine Practitioner" an even clearer distinction is made between Asian and Western medicine. Training for an Asian medicine diagnosis is required by WAC 246-802-050 and 246-802-060. Also, current WAC 246-802-120 requires that we make such distinctions clear in our informed consent that is signed by the patient prior to initial treatment.

- **Reference to Acupuncturist in bill draft:**

- The bill draft language states that an "Asian Medicine Practitioner" may continue to refer to him/herself as an "Acupuncturist". Refer to Sections 1.3 and 1.5 (4) of bill draft.

- **Concerns with the practice of "medicine" - Section 1.3:**

- Diagnosis is made based on Asian medicine diagnostic principles and Western medicine diagnostic principles, as required by licensure requirements. Please refer to WAC 246-802-040, WAC 246-802-050 and WAC 246-802-060 and refer to NCCAOM certification requirements for licensure. [See Attachment 1 (NCCAOM Foundations of Oriental Medicine

Module Content Outline) and Attachment 3 (NCCAOM Biomedicine Module Content Outline) of “Responses to Acupuncturist scope/Title Sunrise Review Follow Up Questions on Applicant Report.”]

- **Concern expressed that we are asking to be designated as primary care providers:**
 - Nowhere in our proposal does it state that we are seeking a change in designation to primary care provider, nor is this our intent.

Educational Requirements / Continuing Ed/ Grandfathering

- **License Requirements for Acupuncturists:**
 - Pursuant to WAC 246-802-090, an applicant for certification as an Acupuncturist shall pass the examination offered by the National Certification Commission For Acupuncture and Oriental Medicine (NCCAOM) in Acupuncture.
 - In order to take the NCCAOM exam, the applicant must meet NCCAOM requirements, which include having graduated from a school accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) at the graduate level. Therefore NCCAOM and ACAOM requirements are the minimum requirements for licensure for newly certified applicants.
 - The NCCAOM standards are regularly updated. This assures that educational requirements for licensure in Washington State are continuously updated for newly certified applicants, providing an increasingly higher standard.
- **Curricular Requirements of the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM):**

The minimum length of the professional acupuncture curriculum must be at least three academic years (a minimum of 105 semester credits or 1905 hours). This must be composed of at least:

 - 47 semester credits (705 hours) in Oriental medical theory, diagnosis and treatment techniques in acupuncture and related studies,
 - 22 semester credits (660 hours) in clinical training,
 - 30 semester credits (450 hours) in biomedical clinical sciences, and
 - 6 semester credits (90 hours) in counseling, communication, ethics and practice management.
- **Western sciences - Requirements from WAC 246-802-040:**
 - The training in western sciences shall consist of forty-five academic credits based on the quarter system in which a credit equals ten classroom contact hours at the collegiate level of instruction or equivalent. These forty-five academic credits shall consist of the following:
 - (1) Anatomy; (2) Physiology; (3) Microbiology; (4) Biochemistry; (5) Pathology; (6) Survey of western clinical sciences; (7) Hygiene; and (8) Cardio-pulmonary resuscitation (CPR).
 - Training in hygiene and CPR shall consist of a minimum of one academic credit hour or equivalent in each subject. Red Cross certification or documentation of equivalent training may be substituted for one academic credit hour in CPR.
- **Acupuncture sciences - Requirements from WAC 246-802-050:**
 - The training in acupuncture sciences shall consist of seventy-five academic credits based on the quarter system in which a credit equals ten classroom contact hours at the collegiate level of instruction or equivalent. These seventy-five academic credits shall include the following subjects:
 - (1) Fundamental principles of acupuncture; (2) Acupuncture diagnosis; (3) Acupuncture pathology; (4) Acupuncture therapeutics; (5) Acupuncture meridians and points; and (6) Acupuncture techniques, including electroacupuncture.
- **Clinical training - Requirements from WAC 246-802-060:**
 - A student must complete a minimum of five hundred hours of supervised clinical training consisting of up to one hundred hours of observation which includes case presentation and discussion.

- A qualified instructor must observe and provide guidance to the student as appropriate, and must be available within the clinical facility to provide consultation and assistance to the student for patient treatments. Prior to initiation of each treatment, the instructor must have knowledge of and approve the diagnosis and treatment plan,
- "Patient treatment" includes:
 - Conducting a patient intake interview concerning the patient's past and present medical history;
 - Performing acupuncture examination and diagnosis;
 - Discussion between the instructor and the student concerning the proposed diagnosis and treatment plan;
 - Applying acupuncture treatment principles and techniques; and
 - Charting of patient conditions, evaluative discussions and findings, and concluding remarks.
- **NCCAOM Biomedicine Module:**
 - To achieve ACAOM accreditation, schools must offer a minimum of 30 semester credits (450 hours) in graduate level biomedical clinical sciences, many schools exceed this requirement. According to our findings, the biomedicine module exam has been required by the NCCAOM since 2004 for certification in Acupuncture. It is our understanding that all Washington State applicants who received NCCAOM certification after 2004 were required to meet this standard by the NCCAOM.
- **Continuing Education:**
 - To reiterate our oral testimony, in the process of doing stakeholder work leading up to the creation of this proposal, we met with the Department of Health and were told continuing education requirements are not likely to be required nor implemented, in part because the complaint rate against our profession is very low, and also due to budget considerations. Most acupuncturists get continuing education on a regular basis, regardless.
 - Because of the ACAOM and NCCAOM requirements, the Acupuncture programs in the United States do an excellent job of providing education that well prepares Asian medicine practitioners to care for patients, perform research, teach, etc. But the practice of Asian medicine, indeed any practice of medicine, is not static. Because of this fact, and the fact that science and technology are certainly not static, it behooves all health care practitioners to attend continuing education seminars. Most of the continuing education courses offered for Acupuncturists are NCCAOM approved courses. More commonly these days continuing education courses are attended by colleagues in other professions including Acupuncturists, medical doctors, naturopathic physicians, nurse practitioners, etc., and for which the continuing education credits are the same regardless of the practitioner's license. (Attachments forthcoming.) Increasingly the course contents are including an integrated approach to the science of health care and Asian and Western medicines, including research and use of diet, nutrition and supplementation, and testing (laboratory and in-office). (Attachments forthcoming.)
- **Grandfathering:**
 - As is standard practice in every profession, longer-practicing Acupuncturists who may not have training up to current standards, will slowly phase out through attrition and aging. The majority of Licensed Acupuncturists in Washington State have been licensed in the last 10 years and meet NCCAOM standards.

In-Office Testing (blood, urine, saliva, stool)

We are already held to modern medical standards, in that we are required to make a determination as to whether someone has a “serious condition” or “any such condition” and refer the patient to a physician (see WAC 246-802-110). We believe since we are held to modern standards in this way, it logically follows that we would have access to some basic modern tools to help make such a determination. These in-office tests are simple to perform, safe for patient and practitioner, and would help us determine when a condition is “serious,” when the symptoms as reported by the patient are not otherwise clearly “serious”. There are times when patients are more likely to follow our advice to follow-up with a physician when this recommendation is based on objective data. We believe the ability to utilize in-office testing will improve quality of patient care at a negligible cost to patients or the health care system.

• **Cost to patients of tests should be minimal:**

- For example, at a local laboratory the patient price of a serum lipid (cholesterol) panel that includes triglycerides, HDL, LDL, and total cholesterol is \$99.00, which requires a venous draw of \$33.00. If done separately, those four tests would cost the patient \$142.00, plus a draw fee of \$33.00 per each. The Cholestech LDX , a point of care (in-office), CLIA approved, lipid (cholesterol) and glucose analysis, typically costs the patient \$25.00 per test, and requires no draw fee as the test is achieved via a drop of blood from a finger stick.
- For example, at a local laboratory the patient price of a random/fasting blood glucose (sugar) test is \$41.00, and requires a venous draw of \$33.00.
- For example, at a local laboratory the patient price of a urine analysis (urinalysis) via dipstick that tests glucose, bilirubin, ketones, specific gravity, blood, pH, protein, nitrite, and leukocytes, is \$33.00. The same point of care (in-office), urinalysis via dipstick typically costs the patient under \$10.00.
- For example, at a local laboratory the patient price of the Genzyme OSOM Ultra Strep A Test is \$46.00. The same point of care (in-office), test can typically cost the patient approximately \$10.00.
- Additional supporting documentation of CLIA-waived tests available upon request.

Summary of some common tests, costs, and time for results:

	Laboratory Testing	Point of Care (In-office) Testing
Lipid panel	\$99.00	\$25.00
Glucose	\$41.00	Included with lipid panel
Venous draw fee	\$30.00	None required
Total	\$170.00	\$25.00
Time for results	Days to weeks	In 5 minutes
Urine Analysis	\$33.00	Less than \$10.00
Time for results	Hours to days	Within 2 - 3 minutes
Ultra Strep A	\$46.00	\$10.00
Time for results	Hours to days	In 5 minutes

- Further, pursuant to SHB 1869 “An act relating to transparency of health care cost information,” which goes into effect July 26th, 2009, all practitioners are required to provide an estimate of fees and charges for services upon patient request.
- Testing would be voluntary based on the patient’s choice at the time the service is offered, and as with any procedure the patient has the right to refuse the procedure.
- Since these CLIA-waived simple in-office tests are inexpensive, even if this results in some duplication of tests within the health care system, the cost to the health care system will be minimal.

- This may even result in cost savings to the patient, particularly due to catching potentially serious conditions early, and therefore be cost beneficial to the health system.
- **Impact on other health care providers:**
 - It is neither the effect nor the intent of our proposal to limit the use of tools, such as the use of solid needles, that are within any given profession's scope of practice.
- **Dual license holders:**
 - In response to dual licensed practitioners responding to MTS or other requirements: We agree that dual licensed practitioners with equivalent or greater license requirements would not need to duplicate requirements for in-office testing, and are amenable to adding that into the bill draft.

Pharmacopoeia/Dietary Advice

For a breakdown in pharmacopoeia hours, we are listing an example of what Bastyr University (a school that meets ACAOM accreditation) requires for the Master of Science in Acupuncture, as to date we have not been able to identify the exact number of hours for Pharmacopoeia related courses required by ACAOM/NCCAOM, of the 450 hours required for the Biomedicine Module.

- Pharmacology overview for AOM (44 hrs)
- TCM whole foods (22 hrs)
- Nutrition and dietary systems (33 hrs)
- For a total of 99 hours.

Educational requirements also include the foundation classes in microbiology, biochemistry, and pathology, which are the building blocks for understanding pharmacology and often include information tailored to the profession's practice in herbal/dietary advice and potential drug interactions. There are also requirements in Asian/Oriental Medicine theory (47 semester credits/705 hours), which is the foundational theory of Asian medicine practiced through each modality, including dietary advice.

Pharmaceuticals and supplementations is 15% of the Biomedicine section of the NCCAOM Biomedicine Module. To further illustrate this, we have referenced the NCCAOM Study Guide pertaining to pharmaceuticals and supplementations in the Biomedicine Module (listed below), which is required for certification in Acupuncture:

- Classification of prescription and non-prescription (OTC) medications.
- Knowledge of major classifications and sub-classifications (e.g., anticoagulants, antidepressants, antibiotics, antilipidemic, antihypertensive, diuretics, corticosteroids, hormones, narcotics, drugs of abuse).
- Ability to reference medications according to brand or generic names common mechanisms of action, action and side effects of prescription and non-prescription (OTC) medications, including drugs of abuse.
- Knowledge of actions and common side effects of major drug categories (e.g. SSRI, beta-blockers, opiates, amphetamines).
- Knowledge of mechanisms of major categories (e.g., SSRI, loop diuretic, beta-blocker).
- Ability to reference common actions, precautions and side effects.
- Ability to recognize adverse drug reactions and make appropriate referral.
- Knowledge of routes of administration (e.g., intravenous, oral, subcutaneous).
- Knowledge of the effects of the use of tobacco, alcohol, and street drugs.

Supplements -Vitamins/minerals/herbs:

Given that neither the RCW nor WAC defines “Dietary advice”, we refer to the usual and customary practice for Acupuncturists. Dietary advice has included recommendations and selling of diet and nutrition, vitamins, mineral and herbal supplementation to the level that the practitioner is educated and competent for the past 24 years in Washington State with no complaints filed against an Acupuncturist that we are aware of.

Nothing in our proposal negates the legal requirement for each practitioner to practice within his or her level of competency. Please refer to the Uniform Disciplinary Act, RCW 18.130.

With no complaints to date, 24 years of usual and customary practice, and given the 450 hours of biomedicine education required for NCCAOM certification in Acupuncture, it is appropriate to more explicitly include Section 1.4(r) of the bill draft in statute so that the public is aware of our rights and responsibilities.

Classification of dietary supplements: (From the study guide for the NCCAOM exam in Acupuncture, which reflects the ACAOM required curriculum, all required for licensure in Washington State)

- Knowledge of major classifications (e.g., vitamins, minerals, amino acids, antioxidants).
- Ability to reference supplements to a reliable source,
- Known mechanisms of action and side effects of supplements.
- Knowledge of actions and common side effects of major categories (e.g., fat soluble, water soluble vitamins, phyto-estrogens, minerals).
- Ability to reference common actions and side effects.
- Ability to recognize signs and symptoms associated with excess or deficient states.
- Ability to recognize adverse reactions to supplements (e.g., diarrhea associated with ascorbic acid, niacin flush).”

Concerns about the term “Dispensing”:

- It is our intent to replace the word “dispensing” with the word “selling” in Section 1.4(r) of the bill draft so that the bill language reads “Recommendations and selling...”

Asian Massage

The NCCAOM requirements for sitting for the Acupuncture exam include having graduated from an ACAOM accredited program in Acupuncture, all of which include the system of Asian/Oriental medicine (47 semester credits/705 hours in Oriental medical theory). The classes are taught at the graduate level, which is not the case in massage therapy programs.

To achieve ACAOM accreditation, schools must offer 30 semester credits (450 hours) in graduate level biomedical clinical sciences, which exceed the biomedical science requirements for becoming a Licensed Massage Practitioner.

Our overall training also exceeds the requirements to become a massage practitioner, as our training includes: Anatomy, Physiology, Western Pathology, Asian/Oriental Medicine Pathology, Foundations in Asian/Oriental Medicine Theory, Asian Massage techniques such as Acupressure/Shiatsu and Tui Na. Moreover, clinical experience in these areas is included along with Acupuncture in the core clinical requirements for an Acupuncturist (22 semester credits/660 hours in clinical training). From our perspective, we are very qualified to perform Asian massage. We plan to change the term “Massage” in Section 1.4(p) of the bill draft to “Asian Massage”, as it is a more accurate description of what we are trained in.

The Application of Heat and Cold Therapies

We would be amenable to the use of the term “superficial hot and cold” so long as the below listed techniques are included with moxibustion, infrared, and electro-acupuncture, which are already in our scope of practice under RCW 18.06.010 and have been practiced safely since 1985.

- The training and testing that Acupuncturists receive through the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) covers the following techniques: [See Attachment 2 (NCCAOM Acupuncture With Point Location Module Content Outline, Section B(4)) of “Response to Acupuncturist Scope/Title Sunrise Review Follow Up Questions on Applicant Report,” and also at http://nccaom.org/exams/pdfdocs/APLA_Content.pdf]
 - (a) Heating lamps, (b) Hydrocollator packs, (c) Microwave heat pads, (d) Chemical heat pads, (e) Herbal heating pads, (f) Spray and stretch (vapor coolant), (g) Ice packs, (h) Hot compresses, (i) Cold compresses, (j) Other methods.

Exercise Techniques

- Concerns that the term “exercise techniques” found in Section 1.4(l) is not defined and is overly broad.
 - It is our understanding that this term would be further defined in Rule within the bounds appropriate to the education of an Asian Medicine Practitioner, following the passage of our bill.