

## PROPOSED INCREASED SCOPE OF PRACTICE FOR LICENSED ACUPUNCTURISTS

Pursuant to Arizona Revised Statutes Section 32-3103, this is a Sunrise Application related to the expansion of scope for Licensed Acupuncturists. Contained in this application is information describing the education, practice, and nature of the need for the expansion, as set forth in Arizona Revised Statutes Section 32-3106.

### Nature of Scope Expansion Requested

This request is for the purpose of allowing Licensed Acupuncturists in the State of Arizona to practice to the full extent of their education, qualification, and competence to best serve the health and wellness care needs of the citizens of Arizona. Specifically, the requested scope expansion will:

1. Permit Licensed Acupuncturists to fully use the contemporary tools that are acquired as a part of graduate and post-graduate training but not clearly articulated in scope, and which continue to be researched, developed, taught, and implemented in the practice of Acupuncture Medicine, specifically:
  - a. Use of Laser therapies
  - b. Use of Injection therapies
  - c. Treatment of animals with acupuncture
2. Clarify that **herbal medicine** is fully within the scope of practice of a Licensed Acupuncturist. In the reality of practice and state of the nation, 30 states across the country already have herbal medicine specifically in their scopes of practice, Acupuncturists licensed by the State of Arizona Acupuncture Board of Examiners receive education in the practice of herbal medicine and already incorporate these tools into their practice.
3. Permit the State of Arizona Acupuncture Board of Examiners to create the category of **Acupuncture Assistants**. Creating an assistant designation would put the profession of Acupuncture on the same level as with other healthcare providers and allow Licensed Acupuncturists to delegate certain non-critical functions to allow for greater time and attention to be focused on immediate patient needs and treat even more of the public.
4. Permit Licensed Acupuncturists to specifically request and order **Western Clinical and Radiological Tests** in order to better conduct diagnosis based on these tools. The current training and education achieved by Licensed Acupuncturists provides these professionals with a commensurate level of expertise in the use of tools of Western Clinical diagnostics, as well as use of the Acupuncture medicine tools. Increasingly, states across the U.S. are adding the ability for Acupuncturists to use allied diagnostic techniques (see Arkansas, Florida, New Mexico, and California). Permitting Licensed Acupuncturists to order diagnostics further enables their ongoing integration into a patient's healthcare team and enables more thorough inter-professional communication. Additionally, it supports appropriate patient referral as needed.

### Introduction

The field of Acupuncture Medicine has a robust history in the United States and in Arizona. It is widely used across the globe and is among the primary forms of medicine for much of the world's population. America's first exposure to Acupuncture Medicine came in the 1800's with the Asian workers that arrived to help build the transcontinental railroad. It was not until the 1960's that popularity and the beginning of integration into the American healthcare systems began in earnest. At that time, a reporter traveling with President Nixon to China on a diplomatic trip experienced an appendicitis which required surgery. The operation was performed with acupuncture solely as the anesthetic. The reporter, James Reston, was so amazed and fascinated with his positive treatment that he published an

article in the New York Times which sparked what would become a movement. By the 1990's demand had grown to the point that schools and colleges started opening to teach this medicine. National associations and accreditors created standards for accreditation, education and certification. In 2020, over 50 schools and colleges now teach between 3,500 and 4,000 hours of masters and doctorate level training which includes over 700 hours in supervised clinical practice. The training includes western biomedicine as well as Asian medical didactic theory, point location and indications, pathology, diagnosis, nutrition, herbal medicine, exercise and movement, and intense practical and clinical training.

This medicine has become one of the fastest-growing forms of integrative healthcare practiced in every state. Forty-seven (47) states (and the District of Columbia) require state certification or national certification (by the National Commission for the Certification of Acupuncture & Oriental Medicine, [www.nccaom.org](http://www.nccaom.org)) for state licensure. Many Acupuncture colleges partner with local universities and hospitals for joint education and medical practice. Since the beginning of this massive trend over 30 years ago, the Acupuncture Medicine community continues to grow and evolve. National standards continue to strengthen, Doctoral level education is becoming the norm, and the profession and educational institutions continue to add skills and tools to the scope of training of Licensed Acupuncturists around the country. These independent and often primary care providers are meeting a growing need for balanced, safe, effective, and affordable healthcare.

In 1998, the Arizona legislature enacted its first licensure laws relating to acupuncture. A broad coalition came together to support the Acupuncture statute. This included Acupuncturists, Medical Doctors, Chiropractors, as well as the Acupuncture colleges and many patients. The participants envisioned creation of a vibrant practice act that would evolve over time, just as the study and practice of the medicine has developed over centuries. In the past twenty years since establishment of the State of Arizona Board of Acupuncture Examiners, the number of Licensed Acupuncturists has grown in Arizona to over 650 active licensees. These practitioners—some native-born and educated locally, and others transplanted from around the U.S. and abroad—practice in several distinctive styles and settings. It is now common to find Licensed Acupuncturists working in hospital settings integrating with MD's and other allied healthcare providers, owning private practices, and employing large staff to meet patient needs. They also work alongside other wellness professionals in medi-spas and resorts, with some even supporting small side practices as a way of contributing to the community in the best way they can while supporting their family obligations or health needs.

As the practitioner community has evolved, so has the practice of the medicine. Herbal medicine is the oldest and still the most widely used system of medicine in the world today. It is used in all societies and is common to all cultures. The acupuncture needle is only one of many tools used to administer treatments and restore health and balance to the patient. Herbal medicine has always been a part of Acupuncture/Asian Medicine and has been taught nationally in Acupuncture colleges for two decades, including here in Arizona for 25 years. Forty-seven states and the District of Columbia have acupuncture licensing requirements. Alabama, Oklahoma, and South Dakota are the three states without an acupuncture practice act. In addition, some states required national certification as provided by the National Certification Commission for Acupuncture and Oriental Medicine, ([www.nccaom.org](http://www.nccaom.org)). The Accreditation Commission for Acupuncture & Oriental Medicine ([www.acaom.org](http://www.acaom.org)) approves Doctoral programs with the national standard being a move towards this higher level of training. These Doctors of Acupuncture (DAC) are working alongside conventional physicians and other healthcare providers in hospitals and clinics with patients' healthcare teams to deliver the best possible outcomes.

With higher levels of training, greater integration of tools, and increasing communication among healthcare providers, there is a need to update the Acupuncture practice act. There are also many Acupuncturists coming to Arizona with the

hopes of building a practice or businesses here and who have found themselves constrained by an aging Acupuncture practice act. They are unable to use the highly effective tools that they learned in Acupuncture medical school and in post-graduate training, which they previously had been able to use to help their residents of other states, and which could be highly effective here in Arizona. Recent and soon-to-be graduates here in Arizona, if the scope is not increased, will be unable to fully use their training to serve the public. Similarly, there are seasoned professionals who wish to provide ever-higher levels of patient service by enhancing their skills through continuing education, and who would be unable to do so unless the scope is modernized to meet today's needs. Ultimately, updating the practice act prevents the public from suffering from not having Acupuncturists able to provide the full scope of their training in healthcare settings. And it encourages relocating Acupuncturists to consider Arizona as their new home.

This is the future of Acupuncture Medicine in Arizona. It is a vibrant landscape of highly skilled expert practitioners using tools and methods for which they have been trained and that continue to be developed through research and practice. We seek to release the stranglehold that prevents them from supplying the unique and highly effective system of Acupuncture Medicine and integrative healthcare that Arizonans desire in order to stay healthy, recover quickly, and live more vibrant lives.

For each of the seven (7) required statutory responses for this expansion of scope, we have provided relevant supporting subsections below:

**1. Why an increased scope of practice is beneficial, including the extent to which health care consumers need and will benefit from safe, quality care from practitioners with this scope of practice:**

a. Use of contemporary tools:

The relevant sections of the Acupuncture Practice Act read as follows:

**“32-3901. Definitions**

*In this chapter, unless the context otherwise requires:*

1. *"Acupuncture" means puncturing the skin by thin, solid needles to reach subcutaneous structures, stimulating the needles to produce a positive therapeutic response at a distant site and the use of adjunctive therapies.*
2. *"Adjunctive therapies" means the manual, mechanical, magnetic, thermal, electrical or electromagnetic stimulation of acupuncture points and energy pathways, auricular and detoxification therapy, ion cord devices, electroacupuncture, herbal poultices, therapeutic exercise and acupressure.*

Like other healthcare professions, the practice of Acupuncture Medicine has evolved over time and continues to do so. New treatment modalities are regularly researched and integrated into the medical education and training programs. For example, in China where Acupuncture medicine has become highly specialized and on the same level as conventional western medicine, there is continued development and innovation in the use of lasers and injection therapy. In the United States, graduate students are taught laser acupuncture as part of their regular course of training ranging from 7-15 hours of class plus supervised use during their nearly 800 hours of clinical training where indicated. The Arizona Radiology board has approached the State of Arizona Acupuncture Board of Examiners with suggested language to distinguish practitioner use from the more invasive and dangerous lasers, instead recommending cold laser language.

Laser Therapy Laser Technology uses super luminous and laser diodes to treat diseased or traumatized tissue with photons. These particles of energy are selectively absorbed by the cell membrane and intracellular molecules,

initiating a cascade of complex physiological reactions, leading to the restoration of normal cell structure and function.

In the short term, the body produces and releases beta-endorphins to control the sensation of pain. Cortisol production is increased to combat the stress associated with the trauma or the disease process. Over the long term, ATP (adenosine triphosphate) production is increased resulting in improved cellular metabolism. DNA (deoxyribonucleic acid) production – the protein building block of tissue – is substantially increased. Neurotransmission is facilitated secondary to elevated levels of serotonin and acetylcholine. Mitochondrial activity is stimulated resulting in cell replication for the replacement, regeneration and repair of abnormal cells. The process results in the elimination of symptoms, including pain, and stimulates the body's immune system response, facilitating natural healing. (<https://bioflexlaser.com/science>)

Laser therapy has been a part of Acupuncture Medicine for the past thirty years or more. Margaret A. Naeser, Ph.D., Lic.Ac. is Research Professor of Neurology, Boston University School of Medicine, was one of the leaders in the field of laser therapy applied in Acupuncture for stroke and carpal tunnel syndrome in the U.S. (see Appendix)

In the State of Florida, Section 64B1-3.001 of Administrative rule allows the use of “Laser bio-stimulation in accordance with relevant federal law including Food and Drug Administration rules and regulations.” Similarly, following research and international trends in practice of acupuncture, the State of New Mexico Scope of Practice was written to include the following modules: basic injection therapy, injection therapy, intravenous therapy and bioidentical hormone therapy. (see Appendix, New Mexico Practice Act, 16.2.2.10 paragraphs A and B). This practice act in that state allows licensed acupuncturists that have the appropriate levels of training to perform injection of herbal medicines, homeopathic medicines, vitamins, minerals, amino acids, and other natural substances. These types of therapies have shown high effectiveness in patient outcomes. The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) and the Council of Colleges of Acupuncture & Oriental Medicine (CCAOM), biomedical integrative medicine, include standards for some of this curricular content, with post-graduate training providing the other types of content

In 2014, the Arizona legislature recognized the evolving nature of patient treatment tools when it permitted Physical Therapists (PT) to utilize a technique of Acupuncture called “Dry Needling”, if the PT had appropriate additional education and training as determined by the Arizona State Board of Physical Therapy. The legislature amended the language of the Physical Therapy Practice Act to establish the parameters for the lawful use of dry needling by licensed physical therapists. (Laws 2014, Chapter 220.) Through this sunrise application, we seek similar consideration for this expansion of the Acupuncture practice act. Without amendment, these useful tools such as laser therapy that positively affect patient health outcomes, alleviate pain, and restore wellness will remain outside the defined practice of a Licensed Acupuncturist. Accordingly, these Acupuncture patients in Arizona will be deprived of the opportunity to receive the established benefits, as discussed below.

### Injection therapy

**Acupuncture or Acupoint Injection Therapy** (also known as “Bio-puncture”) is the use of **injections** of medications, vitamins, amino acids, and other substances into trigger points and traditional **acupuncture** points. The **therapy** can be effective for the alleviation of pain, prevention of illness, and improvement of physiological function. It is also used for weight loss protocols, cosmetic acupuncture programs, and even B-12 injections. This is an integrative therapy that blends the best of Acupuncture medicine with conventional medicine. Using tiny needles, trained

Acupuncturists can stimulate acupuncture points with proven natural substances and affect healing at a deeper level. Acupuncturists typically complete an additional **60 hours** of academic and clinical training beyond their traditional education to become certified in this injection therapy technique. It is licensed in states like Florida and New Mexico (see Appendix). Acupuncturists who come to Arizona, and who have some of the most extensive training in puncturing the skin, are restrained from practice by lack of clarity as to whether this is in Arizona's Acupuncture scope.

#### Animal Acupuncture

With regards to performing acupuncture on animals, Licensed Acupuncturists receive over 2000 hours specifically in needle technique, Acupuncture medical theory and practicum, along with biomedicine for a total between 3,500 to 4,000 hours. Additional training of **120 hours** is required for the practice of animal needling for small animal (dog, cat) and equine anatomy, physiology and supervised clinical practice.

Veterinary acupuncture was established by the very acupuncturists who brought animal acupuncture to the United States and taught it to the veterinarians. This practice has exploded among the veterinary community. Similarly, Acupuncturists have been able to practice on animals worldwide and in the United States. The American Board of Animal Acupuncture is the association which certifies Acupuncturists in this specialty ([www.animalacupunctureboard.org](http://www.animalacupunctureboard.org)). For example, Maryland and New Mexico acupuncture acts allow for acupuncturists to treat animals. Many other states may limit or allow this, yet the trend is towards developing skilled Acupuncturists whose training in acupuncture needling far exceeds that of veterinarians so that they might work in tandem or in conjunction with a Veterinarian. This would support the need for these treatments since not all veterinarians are trained in or choose to offer acupuncture for animals. Those Acupuncturists who seek to work with animals and who have the required additional training typically taught in a post-graduate program can meet that public need and support the veterinary community. Many Veterinarians have indicated they would prefer to add an Acupuncturist trained in animal acupuncture to their staff instead of bringing on an additional Veterinarian. Inclusion of this modality in the scope of Arizona would both level the playing field and offer many opportunities to both Veterinarians and the public who are seeking this type of service for their animals. Similarly, it allows Acupuncturists from other states who are trained in this specialty to apply their skills and training here in Arizona.

#### b. Clarification that **herbal medicine** is within the scope of practice of a Licensed Acupuncturist.

In 1997-1998, when the original Arizona Acupuncture practice act was developed and enacted, there were a few unfortunate mistypes that have never been corrected. Specifically, one is a mistyping of the abbreviation for Licensed Acupuncturist as L.Ac., which is commonly used in other states. Instead the statute reads "L.AC". Another area was in the description of herbs and poultices, which can only be fixed by legislative repair.

*ARS 32-3901, the definitions section, paragraph 2 which reads that "adjunctive therapies" means the manual, mechanical, magnetic, thermal, electrical or electromagnetic stimulation of acupuncture points and energy pathways, auricular and detoxification therapy, ion cord devices, electroacupuncture, herbal poultices, therapeutic exercise and acupressure.*

It was the intent of the Acupuncture profession to have herbal medicine included in the statute. However, at the time of drafting instead of "*herbs, poultices...*" being the statutory language, it was agreed to instead read "herbal poultices" for the initial sunrise. It was agreed that a later technical correction would be undertaken to adjust the

language. To date, this has not been done. The State of Arizona Acupuncture Board of Examiners for the past 25 years has acknowledged both the education and practice of herbal medicine as part of the actual practice by its licensees, like other states. Unfortunately, if there ever were to be a claim against an Acupuncturist for herbal misuse, to which there has been none to date, it is unclear whether the State of Arizona Acupuncture Board of Examiners could oversee the complaint since it is not clear whether it is in its jurisdiction. Instead an Acupuncturist might be forced to face a complaint from another board which lacks the expertise in Asian herbal medicine, instead of being addressed by a Board of one's peers.

In the current reality of practice, herbal medicine has become a widely employed therapeutic modality, both in Arizona and nationally. Thirty states specifically incorporate herbal medicine into the scope of Licensed Acupuncturists. A review of literature demonstrates that there is evidence that herbal medicine is effective for a wide range of treatment purposes and conditions, including respiratory ailments, pain, gynecological issues, weight management, kidney and urological disorders, digestive complaints, addiction and recovery, insomnia and depression, cardiovascular disorders, and aging. It is commonly used by Licensed Acupuncturists in all states across the country. A substantial number of the Acupuncturists licensed by the State of Arizona Board of Acupuncture Examiners have received significant education in the practice of herbal medicine and are therefore qualified to incorporate this treatment modality. For over 20 years, this has been the national standard for schools offering Masters of Oriental Medicine and Doctorate of Acupuncture (with Specialization in Herbal Medicine). Even those students that choose to focus solely on the practice of Acupuncture take introductory course work in herbal medicine interact with other Licensed Acupuncturists that may be using more complex herbal prescriptions and working with other medical providers using pharmaceuticals.

Between a patient being treated solely with Acupuncture and one who receives both Acupuncture and herbal medicine, the diagnostic method is identical, and the practitioner uses the same terminology and critical thinking model to arrive at the development of treatment plans. These two branches of the medicine are intertwined and understanding of the use of basic herbal medicines to achieve patient outcomes is well within the capabilities of Licensed Acupuncturists.

On the national level, the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) (certifying body) has standards for certification in herbal medicine (see Appendix) and the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) (accrediting body) has established standards regarding the education in Asian herbal medicine. In regulation and practice acts around the country, herbs are typically included (see Appendix for map). In California, New Mexico and other states near Arizona, herbal training is part of the educational requirements for licensure. Those practitioners who were previously licensed in those states and are contemplating moving their business to Arizona would see a significant part of their patient treatment capabilities reduced if the Arizona practice act were not updated to specifically include these modalities. The insurers for Acupuncturist are hesitant to cover for herbal medicine unless it is specifically included in the scope. Without such inclusions, the vast majority of Arizona Licensed Acupuncturists operate without protection for their practice and their patients.

Patients of Arizona Acupuncturists have benefited from the integration of herbal medicine into their acupuncture treatment protocols. Herbal medicine is widely recognized as a safe, efficient, and effective modality when practiced by qualified and competent health care professionals. We are aware of no reported or documented harm

to the Arizona public associated with trained, Licensed Acupuncturists using herbal medicine in Arizona and in states where the practice is ongoing. Accordingly, for all these reasons, we seek a clear expression of herbal medicine in the scope of Acupuncturists.

c. Statutory authority for the State of Arizona Acupuncture Board of Examiners to create the category of **Acupuncture Assistants**.

Creation of an Assistant role allows Licensed Acupuncturists to delegate certain non-critical functions to allow for greater time and attention to be focused on immediate patient needs. As the acupuncture profession has evolved, increasing to Doctoral level education, and with the new decisions broadening what types of Acupuncture may be billed under Medicare/Medicaid, it has become increasingly important for Licensed Acupuncturists to delegate removal of needles, monitoring of some of the acupuncture procedures such as the application of heat or moxibustion, and non-critical functions such as basic patient information gathering, taking of blood pressure, and matters of patient treatment room attention. In other similar healthcare professions, Assistant roles have been created to support licensed healthcare providers, freeing them to focus on critical patient outcomes, assessment, and treatment. It logically follows then as the Acupuncture profession continues to grow and evolve, that permitting the State of Arizona Acupuncture Board of Examiners to create this class of assistant is both sound and necessary. For reference, similarly licensed healthcare professions in Arizona that currently have a statutorily defined Assistant role as part of their practice act include: MDs, DOs, Naturopathic Doctors (ND), Physical Therapists (PT), Veterinary Medical Doctor (DVM), Chiropractors (DC) and Nurses. Provision for this much-needed Assistant role also reflects the medical profession of Acupuncture as a key healthcare provider and avoids any discrimination against this health profession.

d. Request and order **Western Clinical and Radiological Tests** to conduct diagnosis based on these tools.

The training and education received by Licensed Acupuncturists provides them with a commensurate level of expertise in many of the tools of Western Clinical diagnostics, as well as that of the traditional Acupuncture & Asian Medicine tools. Permitting Acupuncturists to order diagnostic assessments further supports the ongoing integration of these practitioners into a patient's healthcare team and enables stronger and more thorough communication among all providers. It also facilitates appropriate referral. Acupuncturists are assessed on western clinical diagnosis and skills both in their degree programs and on their national certification exams. Furthermore, while already considered a part of an Acupuncturist's training and practice, many states also specifically grant them this right. As with the areas above, practitioners coming from out of state expect to continue to be able to utilize this important aspect of their diagnosis and referral.

**2. Whether those health professionals seeking an increased scope of practice currently have or will be required to have didactic and clinical education from accredited professional schools or training from recognized programs that prepare them to perform the proposed scope of practice, and details on what that education or training includes for that proposed scope of practice.**

a. Use of Contemporary tools

As noted above, Licensed Acupuncturists in Arizona are already receiving this education and training in their master's and doctoral degrees, or in post-graduate continuing education for these contemporary tools and acupuncture specialties. Of note, the national standard for training in laser therapy is already incorporated in the basic degree training of acupuncturists, while for injection therapy, the national standard is 60 hours of didactic and clinical training. For adding on the specialty of animal acupuncture, the national standard is a post-graduate training of 120 hours and certification by the American Board of Animal Acupuncture. This application is proposing that the State of Arizona Acupuncture Board of Examiners be allowed to refer to current training already received in order to be licensed, or if needed, set a specific minimum level of training, in order to laser modalities, injection therapies, or animal acupuncture in their scope of practice. Licensed Acupuncturists may be required to National Certification Commission for Acupuncture and Oriental Medicine The State of Arizona Acupuncture Board of Examiners may also prescribe course content substantially like current Accreditation Commission for Acupuncture and Oriental Medicine or National Certification Commission for Acupuncture and Oriental Medicine standards for the education and practice of the modality.

b. Clarification that **herbal medicine** is within the scope of practice of a Licensed Acupuncturist.

Accreditation Commission for Acupuncture and Oriental Medicine and National Certification Commission for Acupuncture and Oriental Medicine, the accreditation and certification agencies, have already long defined a national standard of education for the practice of Herbal Medicine. As noted above, most Licensed Acupuncturists in Arizona have already received this advanced education and training but may be precluded by current law from incorporating this education and training into their practice. This sunrise applicant will propose to the State of Arizona Board of Acupuncture Examiners that, in order to qualify to have herbal medicine clearly within their scope of practice, Licensed Acupuncturists be required to show a minimum level of specific instruction in the modality from an approved program or a continuing education provider approved by the State of Arizona Board of Acupuncture Examiners or National Certification Commission for Acupuncture and Oriental Medicine. We will also propose that the Board of Acupuncture Examiners prescribe course content substantially like current Accreditation Commission for Acupuncture and Oriental Medicine or National Certification Commission for Acupuncture and Oriental Medicine guidance for the education and practice of the modality. These standards are included in the appendices containing Accreditation Commission for Acupuncture and Oriental Medicine or National Certification Commission for Acupuncture and Oriental Medicine language.

c. Statutory authority for the State of Arizona Acupuncture Board of Examiners to create the category of **Acupuncture Assistants**.

This Sunrise application proposes to enable the Board of Acupuncture Examiners to define a training that includes a minimum of the following:

1. 150 hours of total training covering basic Acupuncture medical theory, skills in the areas of heat therapy and acupressure, safe needle handling based on clean needle technique standards, basic biomedical intake (blood pressure, some vitals), CPR, and ethics and practice management.
2. Optional 70 hours of auricular acupuncture training from a program approved by the State of Arizona Acupuncture Board of Examiners.



d. Request and order **Western Clinical and Radiological Tests** to conduct diagnosis based on these tools.

Accreditation Commission for Acupuncture and Oriental Medicine and National Certification Commission for Acupuncture and Oriental Medicine have already defined standards of education for Licensed Acupuncturists that include substantial training in Western Clinical Diagnosis, Western biomedical testing, and examination review. (See Accreditation Commission for Acupuncture and Oriental Medicine and National Certification Commission for Acupuncture and Oriental Medicine standards in Appendix). As noted above, despite receiving training in these areas, most Acupuncturists are precluded by current law from incorporating this education and training into their practice. This creates a conundrum for Acupuncturists as they are required to conduct appropriate referral to western providers when needed, but they lack the full range of assessment tools to do so when they are unable to request western medical assessment tests as well. This sunrise applicant will propose to the Arizona Board of Acupuncture Examiners that in order to use western clinical and radiological testing in their scope of practice, Licensed Acupuncturists be required to demonstrate a minimum level of specific instruction from a degree program or continuing education provider approved by the State of Arizona Acupuncture Board of Examiners or National Certification Commission for Acupuncture and Oriental Medicine. We will also propose that the Board of Acupuncture Examiners prescribe course content substantially like current Accreditation Commission for Acupuncture and Oriental Medicine or National Certification Commission for Acupuncture and Oriental Medicine guidance for the education and practice of these testing and patient assessment tools. These standards are included in the Appendix.

**3. Whether the subject matter of the proposed increased scope of practice is currently tested by nationally recognized and accepted examinations for applicants for professional licensure and the details of the examination relating to the increased scope of practice.**

a. Use of contemporary tools:

The adjunctive laser therapies are currently taught and tested in Acupuncture programs and addressed on national certification exams. Injection therapies may or may not be tested by the Acupuncture degree programs, however there are also post-graduate courses that currently teach and test these skills. Treatment of animals with acupuncture is assessed through a certification exam both in the post-graduate course and through a certification exam from the American Animal Acupuncture Association. As stated previously, this Association was founded by the group of Acupuncturists who first brought acupuncture to the United States and to the veterinarians.

b. Clarification that **herbal medicine** is within the scope of practice of a Licensed Acupuncturist.

The accredited and State of Arizona Acupuncture Board of Examiners -approved colleges train and test their students in herbal medicine. The National Certification Commission for Acupuncture and Oriental Medicine is recognized as the national testing body for the professional licensure for the practice of Herbal Medicine. This sunrise applicant will propose to the State of Arizona Acupuncture Board of Examiners that equivalent training be allowed for consideration for those Acupuncturists who were licensed previously under earlier standards and

who may not be considered qualified to sit for the National Certification Commission for Acupuncture and Oriental Medicine exam.

**c. Statutory authority for the State of Arizona Acupuncture Board of Examiners to create the category of Acupuncture Assistants.**

There is currently no national body that administers a test to verify the education of this proposed new function. This is like the case of some of the other Arizona licensed medical professional boards which have Assistants, but which have their standards created by the regulatory board. Nonetheless, most training programs will provide their own assessment of competencies required for this type of certification.

**d. Request and order Western Clinical and Radiological Tests to conduct diagnosis based on these tools.**

Accredited acupuncture colleges are all required to teach and assess their students' learning for prescribing and interpreting these western clinical and radiological tests. Thus, it is incorporated in the training of all Acupuncturists. The National Certification Commission for Acupuncture and Oriental Medicine is recognized as the national testing body which incorporates these topics into their certification exam. Those current practitioners who were grandfathered in, licensed by California which has its own exam, or who are not certified by National Certification Commission for Acupuncture and Oriental Medicine can be required to take and complete by examination any other post-graduate or acupuncture college training course in western clinical and radiological testing, thus demonstrating mastery over these skills.

**4. The extent to which the proposed increased scope of practice will impact the practice of those who are currently licensed in this state or the entry into practice of those individuals who have relocated from other states with substantially equivalent requirements for registration, certification or licensure as this state.**

**a. Use of contemporary tools:**

Many who are currently licensed in this state or relocating from other states typically will have been trained in laser therapy already through their degree programs, although more training can always be gained for the advanced skillset. Those who seek to perform injection therapy should, as will be proposed by this Applicant to the Acupuncture Board of Examiners, demonstrate approved training in this therapy, whereupon the Board can provide separate certification or acknowledgment if necessary. Regarding animal acupuncture, Acupuncturists will also need to demonstrate specific approved training. Unlike the other two proposed expansions here (laser, injections) which are unlikely to create issues with other professions, the veterinarians may have some question regarding training and practice. As stated previously, this expansion of scope is to allow Licensed Acupuncturists to assist the veterinary community in providing more care and even advanced needling care to animals. Licensed Acupuncturists will have a greater skillset in needling and in Acupuncture Medicine than nearly all veterinarians, so the addition of the Acupuncturist specialist would

fill a much-needed gap in care of animals. Veterinarians who hire this specially trained Licensed Acupuncturist would enhance their practice. Cross-referral would also mutually benefit both practitioners.

b. Clarification that **herbal medicine** is within the scope of practice of a Licensed Acupuncturist.

Acupuncturists licensed by the State of Arizona Acupuncture Board of Examiners already receive education in the practice of herbal medicine and incorporate herbs into their practice. This increased scope of practice will allow Acupuncturists to be covered under their malpractice insurance, which cannot currently cover herbs in Arizona as it does in other states due to the way the current statute is written. By allowing Licensed Acupuncturists to provide proof of equivalent training in herbal medicine, they will have option to qualify for this coverage in scope, in addition to those with national certification.

c. Statutory authority for the State of Arizona Acupuncture Board of Examiners to create the category of **Acupuncture Assistants**.

Creating the Assistant designation would put the profession of Acupuncture on the same level with other similar healthcare providers and permit Licensed Acupuncturists to delegate certain non-critical functions to allow for greater time and attention to be focused on immediate patient needs. This will support Acupuncturists both currently residing in-state and those coming to Arizona.

d. Request and order **Western Clinical and Radiological Tests** to conduct diagnosis based on these tools.

The training and education received by Licensed Acupuncturists already provides these professionals with a commensurate level of basic expertise in the use of tools of Western Clinical diagnostics, as well as that of the Acupuncture medicine diagnostic tools and techniques. Permitting Licensed Acupuncturists to order diagnostics further supports the ongoing collaboration with other healthcare providers working on a patient's healthcare team. It also supports any needed referral to other providers as required by statute.

## **5. The extent to which implementing the proposed increased scope of practice may result in savings or a cost to this state and to the public.**

The proposed changes will not increase the costs to this state. Acupuncture and Asian Medicine is highly effective and helps reduce patient costs for advanced conventional care with reduced dependence on opioids for pain, surgery and chronic dependence on other drugs. With the additional (laser and injection therapy, animal acupuncture and herbal medicine) tools, applications and modalities, the Arizona Healthcare system will realize cost reductions to the public and decreased burdens in providing care. By enabling an Acupuncturist to delegate certain non-critical functions to an assistant, he or she can treat more people with greater efficiency, saving overall health costs as more people improve their health using this medicine. Regarding access to clinical testing, there is time and monetary savings from an Acupuncturist being able to request conventional western tests and may help facilitate quick resolution of health concerns or quicker referral to appropriate allied health professionals.

It is also expected that these scope changes will reduce costs to those patients in settings which provide services on a fee-for-service basis, inasmuch as charges for acupuncture services are typically below those of other categories of health care professionals offering the same or similar types of treatment. Inclusion

of these changes will also allow for insurance coverage which will help patients greatly where insurance covers these services. These scope changes will also support insurance parity for all professions, especially where offering the same services. Finally, there is potential that the proposed changes will reduce future health care costs overall in Arizona because immediate action, attention, and management of health conditions can prevent worse health conditions from emerging. Acupuncture medicine is highly recognized for its ability to relieve pain, address chronic disease and conditions, and in prevention of disease. By enhancing availability of this medicine, it can ease the overall health crisis in this state due to insufficient healthcare providers and reduce the burden on hospitals and urgent care.

## **6. The relevant health profession licensure laws, if any, in this or other states.**

The relevant health profession licensure laws are attached herein as Appendices. They are as follows:

- a. State of Arizona Acupuncture Board of Examiners statute
- b. California State Acupuncture Statute
- c. Florida State Acupuncture Statute
- d. New Mexico State Statute
- e. Relevant sections relating to Assistants (MD, DC, ND, HMD, Nurses, DO)
- f. American Society of Acupuncture (ASA)
- g. Accreditation Commission for Acupuncture and Oriental Medicine ACAOM
- h. National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)
- i. Radiology Board
- j. Laser research resources

## **7. Recommendations, if any, from the applicable regulatory entity or entities, from the department of health services and from accredited educational or training programs.**

At the time of submission of this report, the State of Arizona Acupuncture Board of Examiners has not made any recommendation concerning the proposed changes in the scope of practice of Licensed Acupuncturists. The Department of Health Services also has made no recommendation concerning these proposed changes.

There are two accredited acupuncture educational programs in Arizona: Phoenix Institute of Herbal Medicine & Acupuncture (PIHMA) and the Arizona School of Acupuncture and Oriental Medicine (ASAOM), Tucson. This proposal has been reviewed by these colleges, as well as the Asian Medicine Acupuncturists of AZ (professional association), the Accreditation Commission for Acupuncture & Oriental Medicine (ACAOM), the National Certification Commission for Acupuncture & Oriental Medicine (NCCAOM), and the Acupuncture Society of America (national professional association) and the American Acupuncture Council (national insurer), the American Animal Acupuncture Association, and the Equine Owners Association. The Athletic Trainer Association has reviewed this as well. The Arizona Radiology Board has made recommendations previously and are incorporated in this report.

## **Conclusion**

This request is for the purpose of allowing Licensed Acupuncturists in the State of Arizona to practice to the full extent of their education, qualification, and competence to best serve the health and wellness care needs of the citizens of Arizona. Specifically, the requested scope expansion will address four main areas: (1) Permit licensed acupuncturists to fully use the **contemporary tools** that continue to be researched, developed, taught, and implemented in the practice of Acupuncture (use of laser and injection therapies, treatment of animals with acupuncture); (2) Clarify that **herbal medicine** is fully within the scope of practice of a Licensed Acupuncturist as it is already currently taught, assessed and employed in practice; (3) Statutory authority for the State of Arizona Acupuncture Board of Examiners to create the category of **Acupuncture Assistants** to allow delegation of non-critical functions for greater efficiencies and focus on patient needs; and (4) Permit the use of **Western Clinical and Radiological Tests** in patient assessment and treatment, and support appropriate referral when needed.

These changes along with a move to create a more level **marketplace** will permit Licensed Acupuncturists to compete with fairly and work alongside other professions that are performing the same medical treatments. And most importantly, at no additional cost to the state, more and more people will receive the relief and care they need in an overworked and burdened healthcare system, reduce overall healthcare costs, help employees return to work faster, and save the state substantial expenses in healthcare. The Acupuncture profession and colleges stand ready to support Arizona. Please allow us to do what we do best and fully serve our communities.

~Respectfully submitted by the Phoenix Institute of Herbal Medicine & Acupuncture (PIHMA) on this 30th of October, 2020.