

California Acupuncture Board & Committee Meetings

March 6-7, 2025



Board Members

Dr. Yong Ping Chen, L.Ac., Ph.D, President

Hyun "Francisco" Kim, M.S., L.Ac., Vice President

Gregory Leung

Dr. Shu Dong Li, Ph.D

Dr. Amy Matecki, M.D., L.Ac.

Ruben Osorio

1625 North Market Blvd., Suite N-219
Sacramento, CA 95834
P 916.515.5200 F 916.928.2204
www.acupuncture.ca.gov



CALIFORNIA ACUPUNCTURE BOARD
ACUPUNCTURE ENFORCEMENT COMMITTEE MEETING NOTICE AND AGENDA

Thursday, March 6th, 2025

10:00 a.m. to 12:00 p.m. or upon completion of business

Physical Address:

1625 North Market Blvd., Suite 102
Sacramento, CA 95834

Remote Access:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mede1449d646b5a10afdec1ca5d3ff4b2>

If joining using the link above

Webinar number: 2480 218 8328
Webinar password: CAB36

If joining by phone

+1-415-655-0001 US Toll
Access code: 2480 218 8328
Passcode: 22236

The California Acupuncture Board will host an in-person meeting at the above time and address, pursuant to Government Code, sections 11122.5.

Please note that this is a fully in-person meeting. While the Board is webcasting the meeting as a courtesy to the public, the meeting will continue, even if the webcast fails. If you wish to participate or to have a guaranteed opportunity to observe, please attend at a noticed location.

ACTION MAY BE TAKEN ON ANY ITEM LISTED ON THE AGENDA

Members of the Committee

Ruben Osorio, Chair
Dr. Yong Ping Chen, L.Ac., Ph.D.

- 1. Call to Order and Roll Call**
- 2. Chair's Opening Remarks**
- 3. Discussion and Possible Action on Updating Consumer's Guide to Acupuncture Brochure**

4. Discussion and Possible Action on Top Ten Enforcement Violations in the Practice of Acupuncture

5. Public Comments for Items Not on the Agenda

The Board may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Gov. Code, §§ 11125, 11125.3, 11125.7(a).)

6. Future Agenda Items

7. Adjournment

Informational Notes:

Discussion and action may be taken on any item on the committee meeting agenda. The agenda, as well as any available meeting minutes and materials, can be found on the California Acupuncture Board website: www.acupuncture.ca.gov.

The time and order of agenda items are approximate and subject to change at the discretion of the committee chair; agenda items scheduled for a particular day may be moved or continued to an earlier or later noticed meeting day to facilitate the effective transaction of business.

In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board, including committee meetings, are open to the public. The Board plans to stream this meeting at: <https://thedcapage.wordpress.com/webcasts/>. Please note that if you wish to participate in the Webex session, you must click on the remote access link on the agenda.

Webcast availability cannot, however, be guaranteed due to limitations on resources or other technical difficulties that may arise. If the webcast fails, the meeting will continue. If you wish to participate or to have a guaranteed opportunity to observe, please attend at a noticed location. Adjournment, if it is the only item that occurs after a closed session, may not be webcast.

Government Code, section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the committee or prior to the committee taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issues before the committee, but the committee chair may, at his or her discretion, apportion available time among those who wish to speak. Individuals may appear before the committee to discuss items not on the agenda; however, the committee can neither discuss nor take official action on these items at the time for the same meeting. (Gov. Code, §§ 11125, 11125.3, 11125.7(a).)

Committee meetings are open to the public and are held in barrier free facilities that are accessible to those with physical disabilities in accordance with the Americans with Disabilities Act (ADA). If you are a person with a disability requiring disability-related modifications or accommodations to participate in the meeting, including auxiliary aids or services, please contact the Board at (916) 515-5200; Fax: (916) 928-2204. Requests should be made as soon as possible, but at least five (5) working days prior to the scheduled meeting. You may also dial a voice TTY/TDD Communications Assistant at (800) 322-1700 or 7-1-1.

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Top 10 Enforcement Violations

MOST COMMON ACUPUNCTURE BOARD VIOLATIONS LEADING TO ENFORCEMENT VIOLATIONS

The following are the most frequent violations in rank order based upon the incidence of complaints received that have resulted in administrative citations or disciplinary actions. Please refer to the [Laws and Regulations Relating to the Practice of Acupuncture](#) for all requirements.

1. CONVICTIONS AND ARRESTS:

- Multiple DUIs
- Sexual battery or assault
- Insurance or health care fraud

2. UNLAWFUL PRACTICE OF ACUPUNCTURE:

- Delinquent or cancelled licensees still in practice
- Advertising acupuncture or specialist without a valid license
- Dry needling or acupuncture performed by unlicensed individuals
- An unlicensed individual owning all or part of an Acupuncture Professional Corporation

3. FAILURE TO REGISTER AN ADDRESS CHANGE:

- Moved residence without notifying the board
- Moved practice without notifying the board

4. UNREGISTERED PRACTICE LOCATION/DISPLAY OF LICENSE:

- Failure to register one or all practice locations
- Failure to properly display wall license

5. NEGLIGENCE/INCOMPETENCE:

- Failure to remove needles from patient after treatment

- Caused adverse reaction (burns, bruising, etc.)
- Practicing beyond scope of practice
- Needling through clothing

6. MALPRACTICE SETTLEMENTS:

- Pneumothorax
- Burns/blisters

7. SEXUAL MISCONDUCT:

- Inappropriate touching
- Romantic relationship with a patient
- Exposing or treating patient body parts without establishing consent

8. FAILURE TO FOLLOW INFECTION CONTROL:

- Improper disposal of needles
- Failure to sterilize instruments
- Unclean and unsanitary conditions

9. DISCIPLINE BY PUBLIC AGENCY:

- Revocation or probation of other healing arts license (in-state and out-of-state)

10. FAILURE TO NOTIFY BOARD OF FALSE/ASSUMED NAME:

- Use of nickname or AKA different from licensed name without notifying the board

Please note, this material is for informational purposes only, is general in nature, and is not intended to and should not be relied upon or construed as legal advice regarding any specific issue or factual circumstance.



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**CALIFORNIA ACUPUNCTURE BOARD
ACUPUNCTURE LICENSING COMMITTEE MEETING NOTICE AND AGENDA**

Thursday, March 6th, 2025

1:00 p.m. to 5:00 p.m. or upon completion of business

Physical Address:

1625 North Market Blvd., Suite 102
Sacramento, CA 95834

Remote Access:

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Members of the Licensing Committee

Dr. Amy Matecki, M.D., L.Ac., Chair
Gregory Leung

- 1. Call to Order and Roll Call**
- 2. Chair's Opening Remarks**
- 3. Review and Possible Action on Acupuncturist Scope of Practice for Consumer and Patient Safety, Access, and Clarity on the Following Matters:**

- a. **Asian Massage/Tui Na/Manual Therapy**
- b. **Trigger Point Acupuncture/Dry Needling**
 - i. **Ashi (Pain) Points**
- c. **Modern Device Point Stimulation**
 - i. **Heat**
 - ii. **Magnets**
 - iii. **Light/Lasers**
 - iv. **Sound Therapy**
- d. **Bleeding/Therapeutic Blood Withdrawal**
- e. **Needles Used in Needling**
- f. **Acupotomy**

4. Public Comments for Items Not on the Agenda

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5. Future Agenda Items

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**Statutes & Regulations
Addressing
Acupuncturist Scope**

Statutes and Regulation Addressing Acupuncturist Scope, Education, and Treatment Modalities

Business and Professions Code Section 4927

As used in this chapter, unless the context otherwise requires:

- (a) "Board" means the Acupuncture Board.
- (b) "Person" means any individual, organization, or corporate body, except that only individuals may be licensed under this chapter.
- (c) "Acupuncturist" means an individual to whom a license has been issued to practice acupuncture pursuant to this chapter, which is in effect and is not suspended or revoked.
- (d) "Acupuncture" means the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control for the treatment of certain diseases or dysfunctions of the body, and includes the techniques of electroacupuncture, cupping, and moxibustion.
- (e) "Supervising acupuncturist" means a person who meets the following conditions:
 - (1) Is licensed to practice acupuncture in this state and that license is current, valid, and has not been suspended or revoked or otherwise subject to formal disciplinary action, unless approved by the board.
 - (2) Has practiced as a licensed acupuncturist in this state for at least five years.
 - (3) Is in compliance with subdivision (j) of Section 4955.
- (f) (1) "Acupuncture assistant" means a person who, without a license, may perform basic supportive acupuncture procedures under the supervision and order of an acupuncturist.
 - (2) The supervising acupuncturist shall be physically present and available in the place of practice during the performance of any ordered basic supportive acupuncture procedures.
 - (3) The supervising acupuncturist engaging the services of an acupuncture assistant shall be responsible for the training and overall competency of the acupuncture assistant, including the ability to perform any specific basic supportive acupuncture service.
 - (4) The supervising acupuncturist shall ensure the acupuncture assistant meets the following:
 - (A) Is enrolled in an approved educational and training program and has completed at least a minimum of 700 hours of clinical practice or has completed an approved educational and training program.
 - (B) Holds a certificate in Clean Needle Technique issued by the Council of Colleges of Acupuncture and Herbal Medicine, or its successor entity, or has completed an approved educational and training program's Clean Needle Technique course using the Council of Colleges of Acupuncture and Herbal Medicine Clean Needle Technique, 7th edition, revised 1/2016.
- (g) (1) "Basic supportive acupuncture service" means any of the following:
 - (A) Needle removal.

(B) Cupping.

(C) Moxibustion.

(D) Gua sha.

(E) Any other service listed under subdivision (b) of Section 4937.

(2) "Basic supportive acupuncture service" does not include diagnosis, point location, needle insertion, electrical stimulation, rendering advice to patients, or any other procedure requiring a similar degree of judgment or skill.

Business and Professions Code Section 4937

An acupuncturist's license authorizes the holder thereof:

(a) To engage in the practice of acupuncture.

(b) To perform or prescribe the use of Asian massage, acupressure, breathing techniques, exercise, heat, cold, magnets, nutrition, diet, herbs, plant, animal, and mineral products, and dietary supplements to promote, maintain, and restore health. Nothing in this section prohibits any person who does not possess an acupuncturist's license or another license as a healing arts practitioner from performing, or prescribing the use of any modality listed in this subdivision.

(c) For purposes of this section, a "magnet" means a mineral or metal that produces a magnetic field without the application of an electric current.

(d) For purposes of this section, "plant, animal, and mineral products" means naturally occurring substances of plant, animal, or mineral origin, except that it does not include synthetic compounds, controlled substances or dangerous drugs as defined in Sections 4021 and 4022, or a controlled substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.

(e) For purposes of this section, "dietary supplement" has the same meaning as defined in subsection (ff) of Section 321 of Title 21 of the United States Code, except that dietary supplement does not include controlled substances or dangerous drugs as defined in Section 4021 or 4022, or a controlled substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.

California Code of Regulation Title 16, Chapter 13.7 Sections

Article 3.5. Approved Educational and Training Programs

§ 1399.434. Criteria for approval of acupuncture and Asian medicine curriculum.

To be approved by the Board, an acupuncture and Asian medicine educational and training curriculum shall consist of at least 2,050 hours of didactic and laboratory training and at least 950 hours of supervised clinical instruction. The curriculum shall include the following coursework that contains the following criteria:

(a) Basic Sciences.....350 hours

The curriculum in basic sciences shall prepare students to enter postsecondary upper division biomedical and clinical science courses and shall consist of at least 350 hours of didactic and laboratory instruction in the following basic science courses:

- (1) General biology;
 - (2) Chemistry, including organic and biochemistry;
 - (3) General physics, including a general survey of biophysics;
 - (4) General psychology, including counseling skills;
 - (5) Anatomy-- a survey of microscopic, gross anatomy and neuroanatomy;
 - (6) Physiology-- a survey of basic physiology, including neurophysiology, endocrinology, and neurochemistry;
 - (7) Pathology and Pathophysiology-- a survey of the nature of disease and illness, including microbiology, immunology, psychopathology, and epidemiology;
 - (8) Nutrition and vitamins;
- (b) Acupuncture and Asian Medicine Principles, Theories and Treatment.....1,255 hours
- The curriculum in acupuncture and Asian medicine principles, theories and treatment shall consist of at least 1,255 hours of didactic instruction in the following principles, theories, prescription, and treatment procedures of acupuncture and Asian medicine:
- (1) Acupuncture and Asian Medicine Principles and Theories
 - (A) Asian Medicine Principles and Theory;
 - (B) Acupuncture Principles and Theory;
 - (C) Asian Massage (e.g., *tui na* or *shiatsu*) Principles and Theory;
 - (D) Chinese Herbal Medicine Principles and Theory, including relevant botany concepts (This subject area shall consist of at least 450 hours of instruction);
 - (E) Acupuncture and Asian Medicine Diagnosis;
 - (F) Acupuncture and Asian Medicine Specialties, including dermatology, gynecology, pediatrics, ophthalmology, orthopedics, internal medicine, geriatrics, family medicine, traumatology, and emergency care;
 - (G) Classical acupuncture and Asian medicine literature, including Jin Gui, Wen Bing/Shang Han, Nei Jing;
 - (H) Modern acupuncture and Asian medicine literature.
 - (2) Acupuncture and Asian Medicine Treatment
 - (A) Integrated acupuncture and Asian medicine diagnostic and treatment procedures;
 - (B) Acupuncture techniques and treatment procedures, including electroacupuncture;
 - (C) Asian massage (e.g., *tui na* or *shiatsu*), acupressure, and other techniques utilizing manual therapy and mechanical devices;
 - (D) Exercise therapy, including breathing, *qi gong* and *taiji quan*;
 - (E) Herbal prescription, counseling, and preparation;
 - (F) Asian and Western clinical and medical nutrition, dietary, and supplement prescription and counseling;
 - (G) Cold and heat therapy, including moxibustion and ultrasound;
 - (H) Lifestyle counseling, and self-care recommendations;

- (I) Adjunctive acupuncture procedures, including bleeding, cupping, gua sha, and dermal tacks;
- (J) Acupuncture micro therapies, including auricular and scalp therapy;
- (K) Hygienic standards, including clean needle techniques. The clean needle technique portion of this subject shall use the "Clean Needle Technique Manual 7th edition" (rev. January 2016), published by the Council of Colleges of Acupuncture and Herbal Medicine, which is hereby incorporated by reference. Students shall successfully complete the clean needle technique portion of the hygienic standards subject prior to performing any needling techniques on human beings;
- (L) Equipment maintenance and safety;
- (M) Adjunctive acupoint stimulation devices, including magnets and beads.

(c) Clinical Medicine, Patient Assessment and Diagnosis.....240 hours

The curriculum in clinical medicine, patient assessment, and diagnosis shall consist of at least 240 hours of didactic instruction and shall prepare the student to possess the knowledge, skills and abilities necessary to utilize standard physical examinations, laboratory and imaging studies, and International Classification of Diseases (ICD) diagnostic principles to improve treatment efficacy, patient safety, referral, and continuity of care; to improve communication and collaboration of care with all other medical providers; to assist in the evaluation and documentation of patient progress; and to improve the acupuncturists understanding of biochemical etiology and pathology. Clinical medicine, patient assessment, and diagnostic skills curriculum shall include the following:

- (1) Comprehensive history taking;
- (2) Standard physical examination and assessment, including neuromusculoskeletal, orthopedic, neurological, abdominal, and ear, nose, and throat examinations, and functional assessment;
- (3) Pharmacological assessment, emphasizing side-effects and herb-drug interactions;
- (4) Patient/practitioner rapport, communication skills, including multicultural sensitivity;
- (5) Procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports;
- (6) Clinical reasoning and problem solving;
- (7) Clinical impressions and the formation of a working diagnosis, including acupuncture and Asian medicine diagnoses, and the World Health Organization's International Classification of Diseases (ICD-10);
- (8) Awareness of at-risk populations, including gender, age, indigent, and disease specific patients;
- (9) Standard medical terminology;
- (10) Clinical sciences—a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition, and public health;
- (11) Clinical medicine—a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy to familiarize practitioners with the practices of other health care practitioners.

(d) Case Management.....90 hours

The curriculum in case management shall consist of at least 90 hours of didactic instruction and shall prepare the student to manage patient care as a primary health care professional, and shall include instruction in the following subject:

- (1) Primary care responsibilities;
- (2) Secondary and specialty care responsibilities;
- (3) Psychosocial assessment;
- (4) Treatment contraindications and complications, including drug and herb interactions;
- (5) Treatment planning, continuity of care, referral, and collaboration;
- (6) Follow-up care, final review, and functional outcome measurements;
- (7) Prognosis and future medical care;
- (8) Case management for injured workers and socialized medicine patients, including a knowledge of workers compensation/labor codes and procedures and qualified medical evaluations;
- (9) Coding procedures for current procedural and diagnostic codes, including Current Procedural Terminology (CPT) and International Classification of Disease ICD-10 diagnostic codes;
- (10) Medical-legal report writing, expert medical testimony, and independent medical review;
- (11) Special care/seriously ill patients;
- (12) Emergency procedures.

(e) Practice Management.....45 hours

The curriculum in practice management shall consist of at least 45 hours of didactic instruction and shall include the following subjects:

- (1) Record keeping, insurance billing, and collection;
- (2) Business written communication;
- (3) Knowledge of regulatory compliance and jurisprudence (municipal, California, and federal laws, including OSHA, the Labor Code, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA));
- (4) Front office procedures;
- (5) Planning and establishing a professional office;
- (6) Practice growth and development;
- (7) Ability to practice in interdisciplinary medical settings including hospitals;
- (8) Risk management and insurance issues;
- (9) Ethics and peer review.

(f) Public Health.....40 hours

The curriculum in public health shall consist of at least 40 hours of didactic instruction and shall include training in the principles of public health, including the following subjects:

- (1) Public and community health and disease prevention;
- (2) Public health education;

- (3) A minimum of eight (8) hours in first-aid and adult/child cardiopulmonary resuscitation (CPR) from the American Red Cross, American Heart Association or other organization with an equivalent course approved by the Board;
- (4) Treatment of chemical dependency;
- (5) Communicable disease, public health alerts, and epidemiology.

(g) Professional Development.....30 hours

The curriculum in professional development shall consist of at least 30 hours of didactic instruction and shall prepare the student with the skills to continue to expand their knowledge, including instruction in the following subjects:

- (1) Research and evidence based medicine;
- (2) Knowledge of academic peer review process;
- (3) Knowledge and critique of research methods;
- (4) History of medicine.

(h) Clinical Practice.....950 hours

The curriculum in clinical practice shall consist of at least 950 hours in clinical instruction, 75% of which shall be in a clinic owned and operated by the school, which includes direct patient contact where appropriate in the following:

- (1) Practice Observation (minimum 150 hours)--supervised observation of the clinical practice of acupuncture and Asian medicine with case presentations and discussion;
- (2) Diagnosis and evaluation (minimum 275 hours)--the application of Eastern and Western diagnostic procedures in evaluating patients;
- (3) Supervised practice (minimum 275 hours)--the clinical treatment of patients with acupuncture and Asian medicine treatment modalities listed in the Sections 4927(d) and 4937(b) of the Code.
- (4) During the initial 275 hours of diagnosis, evaluation and clinical practice, the clinic supervisor shall be physically present at all times during the diagnosis and treatment of the patient. Thereafter, for a second period of 275 hours the clinic supervisor shall be physically present at the needling of the patient. The clinic supervisor shall otherwise be in close proximity to the location at which the patient is being treated during the clinical instruction. The student shall also consult with the clinic supervisor before and after each treatment.

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**CALIFORNIA ACUPUNCTURE BOARD
FULL BOARD MEETING NOTICE AND AGENDA**

Friday, March 7, 2025

9:30 a.m. to 5:00 p.m. or upon completion of business

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Gregory Leung
Dr. Shu Dong Li, Ph.D
Dr. Amy Matecki, M.D., L.Ac.
Ruben Osorio

- 1. Call to Order, Roll Call, and Establishment of Quorum**
- 2. President's Remarks**
- 3. Review and Possible Approval of Board Meeting Minutes for November 7, 2024**

4. Executive Report

- (A) Budget Update
- (B) Licensing Report Q2 2024-25
- (C) Enforcement Report Q2 2024-25
- (D) Business Modernization Update
- (E) Enforcement Committee Meeting Update
- (F) Licensing Committee Meeting Update

5. Presentation from the Accreditation Commission of Acupuncture and Herbal Medicine

6. Discussion and Possible Action on The Naming of Acupuncture Professional Degrees

7. Presentation from Council of Colleges of Acupuncture and Herbal Medicine

8. Discussion and Possible Action on Legislative Report

- (A) [AB 45](#) (Bauer-Kahan) Privacy; health care data.
- (B) [AB 479](#) (Tangipa) Criminal procedure: vacatur relief.
- (C) [AB 489](#) (Bonta) Health care professions: deceptive terms or letters: artificial intelligence.
- (D) [AB 667](#) (Solache) Professions and vocations: license examinations: interpreters.
- (E) [AB 659](#) (Berman) Master of Divinity: physician and surgeon: title.
- (F) [AB 742](#) (Elhawary) Department of Consumer Affairs: licensing: applicants who are descendants of slaves.
- (G) [SB 364](#) (Jones) Professions and vocations.

9. Regulatory Report

- (A) Disciplinary Guidelines; Uniform Standards for Substance Abusing Licensees; Probation Disclosure (Title 16 CCR section 1399.469)
- (B) Align Curriculum Standards and Approval Related Regulations with Statute (Title 16 CCR sections 1399.434, 1399.435, 1399.437 and 1399.439)
- (C) Application for Retired Status; Retired Status (Title 16 CCR section 1399.419(3) and 1399.460)
- (D) Standards of Practice for Telehealth Services (Title 16 CCR section 1399.452.1)
- (E) Hand Hygiene Requirements (Title 16 CCR section 1399.451)

10. Establish Future 2025 Board Meeting Dates

11. Public Comments for Items Not on the Agenda

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12. Future Agenda Items

Closed Session

13. Pursuant to Government Code, section 11126, subd. (a), the Board Will Meet in Closed Session for Discussion, Deliberation, and Possible Action on Evaluating the Executive Officer's Performance

Open Session

14. Adjournment

Informational Notes:

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In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public. The Board plans to webcast this meeting at: <https://thedcapage.wordpress.com/webcasts/>.

Webcast availability cannot, however, be guaranteed due to limitations on resources or other technical difficulties that may arise. If you wish to participate or to have a guaranteed opportunity to observe, please attend at a noticed location. Adjournment, if it is the only item that occurs after a closed session, may not be webcast.

Government Code, section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board or prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issues before the Board, but the Board President may, at his or her discretion, apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time for the same meeting. (Gov. Code, §§ 11125, 11125.3, 11125.7(a).)

Board meetings are open to the public and are held in barrier free facilities that are accessible to those with physical disabilities in accordance with the Americans with Disabilities Act (ADA). If you are a person with a disability requiring disability-related modifications or accommodations to participate in the meeting, including auxiliary aids or services, please contact the Board at (916) 515-5200; Fax: (916) 928-2204. Requests should be made as soon as possible, but at least five (5) working days prior to the scheduled meeting. You may also dial a voice TTY/TDD Communications Assistant at (800) 322-1700 or 7-1-1.

Members of the public may but are not obligated to provide their names or personal information as a condition of observing or participating in the meeting. When signing into the WebEx platform, participants may be asked for their name and email address. Participants who choose not to provide their names will be required to provide a unique identifier such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make public comment; participants who choose not to provide their email address may utilize a fictitious email address in the following sample format: XXXXX@mailinator.com.



**Board Meeting
Minutes-Draft
11/7/2024**

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Sacramento, CA 95834
P 916.515.5200 F 916.928.2204
www.acupuncture.ca.gov



**BOARD MEETING
DRAFT MEETING MINUTES
November 7, 2024**

LOCATION:

Alhambra Medical University
2215 W Mission Road
Alhambra, CA 91803

Remote Access via Web Ex Teleconference

Staff Present

Benjamin Bodea, Executive Officer
Brennan Meier, Legal Counsel
Jay Herdt, Licensing Manager
Enrico Garcia, Administrative Coordinator
Marisa Ochoa, Central Services Manager, Remote
Kristine Brothers, Policy Coordinator, Remote

Members (of the Board) Present

Dr. Yong Ping Chen, Ph.D., L.Ac., President
Hyun “Francisco” Kim, M.S., L.Ac., Vice President
Gregory Leung
Shu Dong Li, Ph.D.
Dr. Amy Matecki, M.D., L.Ac.
Ruben Osorio

Item 1 – Call to Order, Roll Call, and Establishment of Quorum

Meeting commenced at 9:38 a.m.

Roll call taken. Member John Harabedian was absent from the meeting. All other board members were present. Quorum established.

Item 2 – President’s Remarks

President Yong Ping Chen (President Chen) welcomed members, staff, and the public to the meeting.

Item 3 – Review and Possible Approval of Board Meeting Minutes for August 8, 2024

Members reviewed the minutes from the August 8, 2024, meeting.

MOTION

Member Amy Matecki motioned to approve the August 8, 2024, meeting minutes.

Member Ruben Osorio seconded.

Yes: Chen, Kim, Leung, Li, Matecki, Osorio

6-0

Motion Passes

Item 4 – Executive Management Report

(A) Budget Update

Debbie Shaw (Shaw) from the DCA Budget Office presented the Board's expenditure and revenue projections as well as the fund condition statement. Ms. Shaw noted one of the main factors driving expenditure increases for the ensuing years is personal service adjustments which include general salary increases, employee compensation, and retirement rate adjustments. The Budget Office will continue to monitor the Board's revenues and expenditures then report back to the Board with expenditure projections as they continue to close fiscal months in the current fiscal year.

(B) Licensing Report Q1 FY 2024-25

Licensing Manager Jay Herdt (Herdt) reported the data for Licensing, Continuing Education (CE), Tutorial, Training Programs, and Exam Results.

Member Gregory Leung (Leung) noted the discrepancy between the active acupuncture licenses and active wall licenses. Mr. Herdt explained due to the pandemic, numerous licensees suspended their practice. As the pandemic waned, licensees have slowly started reopening their practices. Board Member Leung then asked if practicing acupuncturists are required to post their wall licenses. Mr. Herdt answered in the affirmative. Nevertheless, there are still practicing acupuncturists not in compliance. Because of this, the Board is continuously informing and promoting the wall license requirement to licensees.

Vice-President Kim (VP Kim) followed up by asking about the high number of inactive licensees. Mr. Herdt replied some licensees move out of state after being licensed.

President Chen discussed how the pandemic significantly affected acupuncturists. President Chen thereafter sought clarification on the timeframe when acupuncturists are required to post their wall license in their place of practice. Mr. Herdt clarified acupuncturists are required to register and post a wall license within thirty days from the establishment of their new place of practice.

(C) Business Modernization Update

Mr. Herdt reported the Board continued its business modernization efforts through a modern licensing and enforcement online digital system. The Board also continues to improve its existing licensing and CE functions. Lastly, the Board recently completed a new functionality for the CE audit process. The functionality will make it more efficient for staff to conduct audits.

(D) Enforcement Report Q1 FY 2024-25

E.O. Bodea reviewed the complaints/convictions, investigations, and disciplinary data for Quarter One of 2024-25 Fiscal Year (July 1 – September 30, 2024).

Member Leung inquired how can a non-English-speaking person file a complaint. E.O. Bodea responded the public can go to the Board's website and file an online

complaint using Google Translate. Another option is to file a complaint written in their preferred language. The Board would then have the complaint translated through a vendor.

President Chen stated with the implementation of the new CE Law and Ethics requirement, she hopes the number of complaints will go down.

Public Comment

The first public commenter asked if the use of lasers is considered unprofessional conduct.

The second public commenter questioned if mere completion of the curriculum required by the Board will allow an applicant to take the California Acupuncture Licensing Examination.

The third public commenter supported the first speaker's sentiment.

The fourth public commenter inquired if bleeding is considered unprofessional conduct.

The fifth commenter expressed concern on how the Board oversees the increasing number of tutorial programs.

Item 5 - Legislative Report

Policy Coordinator Kristine Brothers (Brothers) reported the Bills of Interest to the Board from the 2024 legislative session.

- AB 796 (Weber) Athletic trainers.
- AB 1991 (Bonta) Licensee and registrant renewal: National Provider Identifier
- AB 2269 (Flora) Board membership qualifications: public members
- AB 2862 (Gipson) Department of Consumer Affairs: African American applicants
- SB 1067 (Smallwood-Cuevas) Healing arts: expedited licensure process: medically underserved area or population

Item 6 – Regulatory Report

Ms. Brothers summarized the status of each Board's active regulatory packages.

VP Kim inquired what is the next step for the regulatory item Align Curriculum Standards and Approval Related Regulations with Statute. VP Kim also inquired how many staff are working on the item. Ms. Brothers responded the Board is in the drafting stage where required updates are being reviewed. Ms. Brothers added there were changes that went through from the original amendments. Finally, she indicated two other staff are working with her.

Public Comment

A public comment was made encouraging the reissuance of the Acupuncture

Curriculum Survey to obtain improved responses to better align the curriculum standards.

Item 7 – Establish 2025 Board Meeting Calendar

E.O. Bodea proposed board meeting dates that align with the legislative calendar. The Board agreed to hold the first 2025 board meeting on March 6-7. The Board decided to determine the rest of the 2025 board meeting dates at the next meeting.

Item 8 – Pursuant to Government Code, section 11126, subd. (a), the Board Will Meet in Closed Session for Discussion, Deliberation, and Possible Action on Evaluating the Executive Officer’s Performance

President Chen tabled this item for the March 2025 meeting.

Item 9 – Public Comments for Items Not on the Agenda

The first commenter recommended a change in the admission of acupuncture trainees. The commenter expressed concern that completion of a high school course is not enough education for an acupuncture trainee.

The second commenter echoed the sentiment of the first speaker. The commenter enumerated apprehensions on the tutorial program.

The third commenter voiced opposition against the tutorial program. The speaker suggested raising the minimum qualification from a high school course to a doctorate program.

The fourth commenter gave a brief report on the California Acupuncture Day. The speaker encouraged stakeholders to attend the next California Acupuncture Day.

The fifth commenter asserted the minimum requirement of doctorate degree for acupuncturists.

The sixth commenter gave a brief historical background of the required 3,000 hours of theoretical and clinical training. The speaker also spoke about Asian Massage, Manual Therapy, Dry Needling, and Consumer Guide to Acupuncture.

The seventh commenter reiterated the fallacy of the term Asian Massage. The speaker also encouraged the use of the term Tui na. Lastly, the speaker asserted that use of needles equates to acupuncture.

The eighth commenter supported the two prior speakers. The speaker stated Asian Massage is unprofessional term and encouraged the transition to Tui na. The speaker added dry needling should be scrutinized for public safety.

The ninth commenter emphasized higher education is vital to the profession. The speaker also indicated California acupuncturists are well respected.

The tenth commenter advocated the integration of eastern and western medicine.

The eleventh commenter is alarmed acupuncture students could be graduating from non-accredited programs.

The twelfth commenter raised concern on licensees' home addresses being accessible from the board's website. The accessibility could create a potential security issue.

The thirteenth commenter was also perturbed that students could be graduating from non-accredited programs.

The fourteenth commenter expressed support to the sentiment of the eleventh and thirteenth speaker.

Item 10 – Future Agenda Items

E.O. Bodea enumerated future agenda items proposed by the public in the previous agenda item, namely: bachelor's requirement for applying for acupuncture school; terminating the tutorial program; education requirements; doctoral program; terminology issues between Asian massage, Tui na, and manual therapy; lasers; bleeding; dry needling; reissuing consumer guide; and acupuncturists' home addresses.

Member Amy Matecki sought to discuss professional titles associated to acupuncturists.

Member Ruben Osorio wishes to take a closer look at the Consumer Guide to Acupuncture.

Public Comment

The commenter aims to address curriculum competency issues.

Item 11 – Adjournment

President Chen adjourned the meeting at or around 12:02 p.m.



Budget Update

Department of Consumer Affairs
Expenditure Projection Report
Acupuncture Board
Reporting Structure(s): 11111700 Support
Fiscal Month: 6
Fiscal Year: 2024 - 2025
Run Date: 01/31/2025

PERSONAL SERVICES

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5100	PERMANENT POSITIONS	\$914,000	\$471,448	\$0	\$471,448	\$952,540	\$1,029,000	\$84,397	\$504,810	\$0	\$504,810	\$1,009,338	\$19,662
5100	TEMPORARY POSITIONS	\$19,000	\$0	\$0	\$0	\$0	\$19,000	\$0	\$308	\$0	\$308	\$308	\$18,692
5105-5108	PER DIEM, OVERTIME, & LUMP SUM	\$12,000	\$356	\$0	\$356	\$8,138	\$12,000	\$0	\$126	\$0	\$126	\$7,526	\$4,474
5150	STAFF BENEFITS	\$564,000	\$269,226	\$0	\$269,226	\$540,941	\$545,000	\$46,039	\$262,770	\$0	\$262,770	\$525,234	\$19,766
	PERSONAL SERVICES	\$1,509,000	\$741,030	\$0	\$741,030	\$1,501,619	\$1,605,000	\$130,435	\$768,014	\$0	\$768,014	\$1,542,406	\$62,594

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5301	GENERAL EXPENSE	\$57,000	\$2,577	\$8,657	\$11,235	\$12,632	\$73,000	\$531	\$2,430	\$14,197	\$16,627	\$22,959	\$50,041
5302	PRINTING	\$18,000	\$6,361	\$16,801	\$23,162	\$25,537	\$18,000	\$41	\$164	\$0	\$164	\$25,701	-\$7,701
5304	COMMUNICATIONS	\$18,000	\$1,867	\$0	\$1,867	\$4,194	\$18,000	\$208	\$1,125	\$0	\$1,125	\$3,143	\$14,857
5306	POSTAGE	\$6,000	\$493	\$0	\$493	\$1,080	\$6,000	\$5,085	\$10,170	\$0	\$10,170	\$10,710	-\$4,710
5308	INSURANCE	\$0	\$0	\$0	\$0	\$22	\$0	\$0	\$0	\$0	\$0	\$22	-\$22
53202-204	IN STATE TRAVEL	\$34,000	\$6,400	\$0	\$6,400	\$16,665	\$34,000	\$1,141	\$8,370	\$0	\$8,370	\$25,786	\$8,214
5322	TRAINING	\$4,000	\$175	\$0	\$175	\$525	\$4,000	\$0	\$0	\$0	\$0	\$525	\$3,475
5324	FACILITIES	\$65,000	\$75,214	\$75,214	\$150,428	\$156,032	\$65,000	\$13,396	\$79,078	\$77,337	\$156,415	\$162,646	-\$97,646
53402-53403	C/P SERVICES (INTERNAL)	\$502,000	\$80,021	\$0	\$80,021	\$227,643	\$502,000	\$1,274	\$37,036	\$0	\$37,036	\$76,529	\$425,471
53404-53405	C/P SERVICES (EXTERNAL)	\$653,000	\$73,352	\$177,358	\$250,711	\$274,538	\$556,000	\$29,649	\$117,622	\$207,969	\$325,591	\$350,394	\$205,606
5342	DEPARTMENT PRORATA	\$848,000	\$617,250	\$0	\$617,250	\$704,246	\$548,000	\$138,500	\$415,500	\$0	\$415,500	\$535,000	\$13,000
5342	DEPARTMENTAL SERVICES	\$334,000	\$59,951	\$0	\$59,951	\$175,329	\$323,000	\$4	\$60,914	\$0	\$60,914	\$158,683	\$164,317
5344	CONSOLIDATED DATA CENTERS	\$4,000	\$318	\$0	\$318	\$9,069	\$4,000	\$0	\$0	\$0	\$0	\$6,980	-\$2,980
5346	INFORMATION TECHNOLOGY	\$18,000	\$5,070	\$1,420	\$6,490	\$445,425	\$18,000	\$1	\$5,103	\$224,768	\$229,872	\$231,290	-\$213,290
5362-5368	EQUIPMENT	\$0	\$4,533	\$695	\$5,228	\$6,100	\$28,000	\$0	\$4,382	\$3,641	\$8,023	\$10,285	\$17,715
5390	OTHER ITEMS OF EXPENSE	\$3,000	\$0	\$0	\$0	\$0	\$3,000	\$0	\$19	\$0	\$19	\$19	\$2,981
54	SPECIAL ITEMS OF EXPENSE	\$0	\$0	\$0	\$0	\$403	\$0	\$0	\$176	\$0	\$176	\$5,000	-\$5,000
	OPERATING EXPENSES & EQUIPMENT	\$2,564,000	\$933,581	\$280,145	\$1,213,727	\$2,059,440	\$2,200,000	\$189,829	\$742,090	\$527,912	\$1,270,001	\$1,625,673	\$574,327

OVERALL TOTALS	\$4,073,000	\$1,674,611	\$280,145	\$1,954,757	\$3,561,058	\$3,805,000	\$320,265	\$1,510,104	\$527,912	\$2,038,015	\$3,168,078	\$636,922
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REIMBURSEMENTS	-\$23,000				-\$58,000	-\$23,000					-\$23,000	
OVERALL NET TOTALS	\$4,050,000	\$1,674,611	\$280,145	\$1,954,757	\$3,503,058	\$3,782,000	\$320,265	\$1,510,104	\$527,912	\$2,038,015	\$3,145,078	\$659,922

17.45%

Department of Consumer Affairs

Revenue Projection Report

Reporting Structure(s): 11111700 Support

Fiscal Month: 6

Fiscal Year: 2024 - 2025

Run Date: 01/31/2025

Revenue																
Fiscal Code	Line Item	Budget	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Projection To Year End
	Delinquent Fees	\$0	\$7,050	\$6,300	\$5,200	\$8,750	\$6,450	\$7,900	\$3,700	\$3,600	\$3,600	\$3,700	\$3,700	\$3,700	\$41,650	\$63,650
	Other Regulatory Fees	\$0	\$20,915	\$24,260	\$17,990	\$17,325	\$39,115	\$46,740	\$24,660	\$23,710	\$24,730	\$15,890	\$18,230	\$13,530	\$166,345	\$287,095
	Other Regulatory License and Permits	\$0	\$46,629	\$63,262	\$41,959	\$79,370	\$61,627	\$49,863	\$59,850	\$59,773	\$45,650	\$61,483	\$54,063	\$60,250	\$342,710	\$683,779
	Other Revenue	\$0	\$0	\$0	\$80	\$63,211	\$698	\$200	\$47,000	\$50	\$280	\$53,100	\$0	\$196	\$64,188	\$164,814
	Renewal Fees	\$0	\$281,430	\$380,873	\$449,276	\$315,860	\$276,826	\$276,750	\$197,100	\$196,100	\$274,100	\$196,350	\$196,750	\$197,100	\$1,981,015	\$3,238,515
	Revenue	\$0	\$356,024	\$474,695	\$514,505	\$484,516	\$384,715	\$381,453	\$332,310	\$283,233	\$348,360	\$330,523	\$272,743	\$274,776	\$2,595,909	\$4,437,854

Reimbursements																
Fiscal Code	Line Item	Budget	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Projection To Year End
	Scheduled Reimbursements	\$0	\$0	\$0	\$0	\$49	\$49	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$98	\$98
	Unscheduled Reimbursements	\$0	\$5,959	\$10,261	\$2,348	\$125	\$2,348	\$1,486	\$0	\$0	\$0	\$0	\$0	\$0	\$22,527	\$22,527
	Reimbursements	\$0	\$5,959	\$10,261	\$2,348	\$174	\$2,397	\$1,486	\$0	\$0	\$0	\$0	\$0	\$0	\$22,625	\$22,625

**0108 - Acupuncture Fund
Analysis of Fund Condition
(Dollars in Thousands)**

Prepared 2.13.25

2025-26 Governor's Budget w FM6

	Actuals 2023-24	CY 2024-25	BY 2025-26	BY +1 2026-27
BEGINNING BALANCE				
Prior Year Adjustment	\$ 4,154	\$ 4,562	\$ 5,659	\$ 5,448
Adjusted Beginning Balance	\$ 12	\$ -	\$ -	\$ -
	<hr/>	<hr/>	<hr/>	<hr/>
	\$ 4,166	\$ 4,562	\$ 5,659	\$ 5,448
 REVENUES, TRANSFERS AND OTHER ADJUSTMENTS				
Revenues				
4121200 - Delinquent fees	\$ 60	\$ 64	\$ 60	\$ 60
4127400 - Renewal fees	\$ 2,898	\$ 3,238	\$ 2,883	\$ 2,883
4129200 - Other regulatory fees	\$ 274	\$ 287	\$ 283	\$ 283
4129400 - Other regulatory licenses and permits	\$ 701	\$ 684	\$ 701	\$ 701
4163000 - Income from surplus money investments	\$ 198	\$ 163	\$ 58	\$ 76
4171400 - Escheat of unclaimed checks and warrants	\$ 2	\$ 2	\$ 2	\$ 2
	<hr/>	<hr/>	<hr/>	<hr/>
Totals, Revenues	\$ 4,133	\$ 4,438	\$ 3,987	\$ 4,005
 TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	<hr/>	<hr/>	<hr/>	<hr/>
	\$ 4,133	\$ 4,438	\$ 3,987	\$ 4,005
 TOTAL RESOURCES	<hr/>	<hr/>	<hr/>	<hr/>
	\$ 8,299	\$ 9,000	\$ 9,646	\$ 9,453
 Expenditures:				
1111 Department of Consumer Affairs (State Operations)	\$ 3,503	\$ 3,145	\$ 3,905	\$ 4,022
9892 Supplemental Pension Payments (State Operations)	\$ 43	\$ 31	\$ 31	\$ -
9900 Statewide General Administrative Expenditures (Pro Rata)	\$ 191	\$ 165	\$ 262	\$ 262
	<hr/>	<hr/>	<hr/>	<hr/>
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 3,737	\$ 3,341	\$ 4,198	\$ 4,284
 FUND BALANCE	<hr/>	<hr/>	<hr/>	<hr/>
Reserve for economic uncertainties	\$ 4,562	\$ 5,659	\$ 5,448	\$ 5,169
 Months in Reserve	16.4	16.2	15.3	14.1

NOTES:

1. Assumes workload and revenue projections are realized in BY+1 and ongoing.
2. Expenditure growth projected at 3% beginning BY+1.



Licensing Report

Q2 FY 24/25 Acupuncture Licensing Report

License Status	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun
Active	10144	10122		
Inactive	1468	1451		
Delinquent	1694	1688		
Valid	13306	13261		
Cancelled	87	103		
Initial AC License Applications Approved	71	73		
Initial AC License Applications Denied	0	0		
AC License Renewals	1603	1614		
Active Wall Licenses	5140	5398		
Initial Wall Licenses	342	491		
Wall License Renewals	447	494		

Q2 FY 24/25 Continuing Education Report

Type	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun
New CE Provider Applications Approved	13	11		
CE Provider Applications Denied	0	0		
CE Provider Renewals	29	36		
Course Applications Received	635	467		
Course Applications Approved	582	617		
Course Denials	0	0		

Q2 FY 24/25 Acupuncture Educational and Training Programs

Application for Board Approval of Curriculum (ABAC)	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun
ABAC - Received	1	5		
ABAC - Incomplete	6	5		
ABAC - Approved	0	0		
Loss of Approval	0	0		

Q2 FY 24/25 Acupuncture Tutorial Training Programs

Type	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun
Applications Received	11	10		
New Program Approvals	10	13		
Programs Completed	3	2		
Programs Terminated, Abandoned	3	2		
Total Approved Programs	57	66		



Enforcement Report



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Enforcement Report for FY 2024/25: Quarter 2 (Oct-Dec 2024)

COMPLAINTS/CONVICTIONS & ARRESTS

DCA Category		Received
Substance Abuse/Drug & Mental/Physical Impairment		0
Unsafe/Unsanitary Conditions		1
Fraud		6
Non-jurisdictional		0
Incompetence/Negligence		6
Other		0
Unprofessional Conduct		2
• Practicing out of scope	1	
• Communication	1	
Sexual Misconduct		2
Discipline by Another State Agency		0
Unlicensed/Unregistered		1
Criminal Charges/Convictions**		1
• Applicants	0	
• Licensees	1	
Total		19

The graph above shows the number of complaints received by complaint type for this quarter. When each complaint is logged into the database it is assigned a complaint type based upon the primary violation.

INVESTIGATIONS*

DCA Category	Received	Closed	Pending**
Substance Abuse/Drug & Mental/Physical Impairment	0	0	0
Unsafe/Unsanitary Conditions	1	1	10
Fraud	6	6	44
Non-jurisdictional	0	0	2
Incompetence/Negligence	6	10	92
Other	0	0	5
Unprofessional Conduct	2	8	82
Sexual Misconduct	2	3	27
Discipline by Another State Agency	0	0	1
Unlicensed/Unregistered	1	13	12
Criminal Charges/Convictions (includes pre-licensure)	1	2	38
Total	19	43	313

* Includes both formal investigations by DCA category conducted by DOI and desk investigations by staff.

** These numbers include current and previous quarters and the DCA Category may change after the investigation is initiated to better categorize the complaint.

Enforcement Performance Measures

FY 2024/25 Q2 - October 1, 2024 - December 31, 2024

Performance Measure (PM) 1 - Intake Volume: Complaints and Convictions/Arrests received

Total Intake Received (Complaints & Convictions)	FY 2023/24	Fiscal Year 2024/25				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Complaints Received	117	41	18			59
Convictions/Arrest Received	29	11	1			12
Total Intake Received	146	52	19			71

PM 2 - Total Intake Cycle Time

Cycle Time (Target: 10 Days)	FY 2023/24	Fiscal Year 2024/25				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Avg. Days to close or assign	4	3	3			3.0

PM 3 - Inv. Cycle Time - Includes intake, investigation, and case outcome for complaints not referred to the Attorney General (AG)

Inv. Cycle Time of Non-AG Cases (Target: 200 Days)	FY 2023/24	Fiscal Year 2024/25				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Desk Investigations Closed	164	23	29			52
Field Investigations Closed	7	3	14			17
All Investigations Closed	171	26	43			69
Avg. Days to Close All Investigations	305	248	783			516

The numbers represent investigations closed without AG action in the specified timeframes.

Aging of Non-AG Cases	FY 2023/24	Fiscal Year 2024/25				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Up to 90 Days	59	9	8			17
91 - 180 Days	15	7	9			16
181 Days - 1 Year (364)	33	5	5			10
1 to 2 Years (365-730)	55	2	1			3
2 to 3 Years (731- 1092)	4	3	6			9
Over 3 Years (1093 +)	5	0	14			14

Non-AG Discipline	FY 2023/24	Fiscal Year 2024/25				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Final Citations*	1	0	2			2
Avg. Days to Complete Citations**	302	0	343			302.0
License Denials	1	0	0			0

* A citation is final 30 days after issuance or after the appeal process has resolved.

** A complete citation is when respondent has addressed fines and abatement order.

PM 4 Cycle Time-Initial Discipline

Average number of days to close cases submitted to the AG for formal disciplinary action.

AG Cases Target: 540 Days	FY 2023/24	Fiscal Year 2024/25				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Total Final Orders	2	0	0			0
Avg. Days to Complete	1138	0	0			0

AG Actions	FY 2023/24	Fiscal Year 2024/25				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
AG Cases Initiated	3	0	0			0
AG Cases Pending	14	2	2			See current Q
SOIs Filed	1	0	0			0
Accusations Filed	1	0	0			0
Revoked	1	0	0			0
Voluntary Surrender	1	1	0			1
Probation	0	0	0			0
Public Reprimand	0	0	0			0
Closed w/out Disciplinary Action	4	2	0			2

These numbers represents AG cases closed in the specified timeframes.

AG Action Time Frames	FY 2023/24	Fiscal Year 2024/25				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Up to 90 Days	0	0	0			0
91 - 180 Days	0	0	0			0
181 Days - 1 Year (364)	0	0	0			0
1 to 2 Years (365-730)	0	0	0			0
2 to 3 Years (731- 1092)	0	0	0			0
Over 3 Years (1093 +)	2	0	0			0

Other Legal Actions	FY 2023/24	Fiscal Year 2024/25				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
PC 23 Ordered	0	0	0			0
Interim Suspension	0	0	0			0

Probationers	FY 2023/24	Fiscal Year 2024/25				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Total licensees on Probation	13	2	2			See current Q
Accusation/Petitions to Revoke Filed	1	0	1			1
Subsequent Discipline Final Orders	1	1	0			1



ACAHM Presentation



Questions from the California Acupuncture Board

Mark S. McKenzie, ACAHM Executive Director
Jason Wright, ACAHM Director of Accreditation Services

7 March 2025

Program Naming Policy

- Policy implemented March 2020
- Schools required to implement by 1 January 2024
- Flexibilities include optional use of terms “specialization” & “Chinese” and Master “of Science” designation
- Advanced practice doctoral program name is still being considered. DAOM is last use of term “Oriental” in ACAHM policies, standards, and names.

<https://www.acahm.org/policies/program-naming/>

English language proficiency requirements

Criterion 5.02: ADMISSIONS

- All programs must have admissions policies, procedures, and practices that include explicit English language proficiency requirements, and are consistent with students achieving the statement of purpose and goals of the program.
- International applicants whose native language is not English are required to provide proof of English proficiency for admission to degree, certificate, and non-degree graduate programs.
 - Previous education delivered in English
 - Completion of a standardized assessment, i.e. TOEFL total score 61

<https://www.acahm.org/comp-standards-5/>

Pandemic-related temporary flexibilities

The Commission made no changes to ACAHM's accreditation standards under COVID-19 pandemic emergency waivers. The pandemic-related flexibilities were solely allowances for delivery of classroom and clinical training via distance education.

Programs were required to deliver all required credits and clock hours of instruction (see *criterion 7.02*) and clinical training activities (see *criterion 7.05*). Programs were required to continue to meet all requirements for assessment of student learning (see *criterion 6.02*) regardless of the method of instructional delivery.

Temporary federal flexibilities with respect to institutional eligibility for distance education related to the COVID-19 national emergency expired on 7 October 2023.

Distance Education Policy

All programs must receive ACAHM accreditation for distance education if they wish to offer **courses or any portion of an ACAHM-accredited program** via distance education.

<https://www.acahm.org/policies/distance-education/>

THRESHOLDS AND LIMITATIONS:

A. Laboratory/Practicum Experiences

Educational experiences involving the development of hands-on skills, including but not limited to acupuncture point location, physical examination, application of clinical techniques and assessment of the same, must be completed via in-person synchronous learning.

Distance Education Policy

THRESHOLDS AND LIMITATIONS:

B. Clinical Training

For entry-level (specifically master's and entry-level doctoral) programs, a minimum of 75 hours of ACAHM's 150-hour total clinical observation requirement must be completed via in-person synchronous learning.

For entry-level and certificate programs the minimum number of clinical internship clock hours of instruction specified in Criterion 7.02 of ACAHM Comprehensive Accreditation Standards must be completed via in-person synchronous learning.

For advanced practice doctoral programs, the minimum number of clinical training clock hours of instruction specified in Criterion 7.02 of ACAHM Standards must be completed via in-person synchronous learning.

A photograph of a bright blue sky with several large, white, fluffy clouds. The clouds are scattered across the upper two-thirds of the frame. At the bottom, there is a bright, glowing horizon line that transitions from a pale yellow to a light blue, suggesting a sunrise or sunset. The overall color palette is dominated by various shades of blue and white.

Questions?

Vinaka Maake Asante Shukria Dhanyavadagalu
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Legislative Report

2025 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 10-16-24

DEADLINES

JANUARY							
	S	M	T	W	TH	F	S
				1	2	3	4
Wk. 1	5	6	7	8	9	10	11
Wk. 2	12	13	14	15	16	17	18
Wk. 3	19	20	21	22	23	24	25
Wk. 4	26	27	28	29	30	31	

FEBRUARY							
	S	M	T	W	TH	F	S
Wk. 4							1
Wk. 1	2	3	4	5	6	7	8
Wk. 2	9	10	11	12	13	14	15
Wk. 3	16	17	18	19	20	21	22
Wk. 4	23	24	25	26	27	28	

MARCH							
	S	M	T	W	TH	F	S
Wk. 4							1
Wk. 1	2	3	4	5	6	7	8
Wk. 2	9	10	11	12	13	14	15
Wk. 3	16	17	18	19	20	21	22
Wk. 4	23	24	25	26	27	28	29
Wk. 1	30	31					

APRIL							
	S	M	T	W	TH	F	S
Wk. 1			1	2	3	4	5
Wk. 2	6	7	8	9	10	11	12
Spring Recess	13	14	15	16	17	18	19
Wk. 3	20	21	22	23	24	25	26
Wk. 4	27	28	29	30			

MAY							
	S	M	T	W	TH	F	S
Wk. 4					1	2	3
Wk. 1	4	5	6	7	8	9	10
Wk. 2	11	12	13	14	15	16	17
Wk. 3	18	19	20	21	22	23	24
Wk. 4	25	26	27	28	29	30	31

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 6** Legislature reconvenes (J.R. 51(a)(1)).
- Jan. 10** Budget bill must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 20** Martin Luther King, Jr. Day observed.
- Jan. 24** Last day to submit **bill requests** to the Office of Legislative Counsel.

- Feb. 17** Presidents' Day observed.
- Feb. 21** Last day for bills to be **introduced** (J.R. 61(a)(1), J.R. 54(a)).

- Mar. 31** Cesar Chavez Day observed.

- Apr. 10** **Spring Recess** begins upon adjournment (J.R. 51(a)(2)).
- Apr. 21** Legislature reconvenes from Spring Recess (J.R. 51(a)(2)).

- May 2** Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).
- May 9** Last day for **policy committees** to hear and report to the Floor **nonfiscal** bills introduced in their house (J.R. 61(a)(3)).
- May 16** Last day for **policy committees** to meet prior to June 9 (J.R. 61(a)(4)).
- May 23** Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61(a)(5)).
Last day for **fiscal committees** to meet prior to June 9 (J.R. 61(a)(6)).
- May 26** Memorial Day observed.

*Holiday schedule subject to final approval by Rules Committee.

2025 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 10-16-24

JUNE							
	S	M	T	W	TH	F	S
No Hrgs.	1	2	3	4	5	6	7
Wk. 1	8	9	10	11	12	13	14
Wk. 2	15	16	17	18	19	20	21
Wk. 3	22	23	24	25	26	27	28
Wk. 4	29	30					

June 2-6 Floor Session only. No committee may meet for any purpose except Rules Committee, bills referred pursuant to A.R. 77.2, and Conference Committees (J.R. 61(a)(7)).

June 6 Last day for each house to pass bills introduced in that house (J.R. 61(a)(8)).

June 9 Committee meetings may resume (J.R. 61(a)(9)).

June 15 Budget bill must be passed by midnight (Art. IV, Sec. 12(c)(3)).

JULY							
	S	M	T	W	TH	F	S
Wk. 4			1	2	3	4	5
Wk. 1	6	7	8	9	10	11	12
Wk. 2	13	14	15	16	17	18	19
Summer Recess	20	21	22	23	24	25	26
Summer Recess	27	28	29	30	31		

July 4 Independence Day observed.

July 18 Last day for **policy committees** to hear and report bills (J.R. 61(a)(10)).

Summer Recess begins upon adjournment, provided Budget Bill has been passed (J.R. 51(a)(3)).

AUGUST							
	S	M	T	W	TH	F	S
Summer Recess						1	2
Summer Recess	3	4	5	6	7	8	9
Summer Recess	10	11	12	13	14	15	16
Wk. 3	17	18	19	20	21	22	23
Wk. 4	24	25	26	27	28	29	30
No Hrgs.	31						

Aug. 18 Legislature reconvenes from **Summer Recess** (J.R. 51(a)(3)).

Aug. 29 Last day for **fiscal committees** to hear and report bills to the Floor (J.R. 61(a)(11)).

SEPTEMBER							
	S	M	T	W	TH	F	S
No Hrgs.		1	2	3	4	5	6
No Hrgs.	7	8	9	10	11	12	13
Interim Recess	14	15	16	17	18	19	20
Interim Recess	21	22	23	24	25	26	27
Interim Recess	28	29	30				

Sept. 1 Labor Day observed.

Sept. 2-12 Floor session only. No committees may meet for any purpose, except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(a)(12)).

Sept. 5 Last day to **amend** on the Floor (J.R. 61(a)(13)).

Sept. 12 Last day for each house to pass bills. (J.R. 61(a)(14)).

Interim Recess begins upon adjournment (J.R. 51(a)(4)).

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2025

Oct 12 Last day for Governor to sign or veto bills passed by the Legislature before Sept. 12 and in the Governor’s possession on or after Sept. 12 (Art. IV, Sec. 10(b)(1)).

2026

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 5 Legislature reconvenes (J.R. 51(a)(4)).

*Holiday schedule subject to final approval by Rules Committee.



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www.acupuncture.ca.gov



DATE	March 7, 2025
TO	Acupuncture Board Members
FROM	Kristine Brothers, Policy Coordinator
SUBJECT	2025 Legislation of Interest as of February 20, 2025

Bills of Interest to the Board Introduced in 2025:

[Assembly Bill 45](#) (Bauer-Kahan)

Privacy: health care data.

Status: Introduced December 2, 2024.

Existing Law:

- Prohibits a person or business, as defined, from collecting, using, disclosing, or retaining the personal information of a person who is physically located at, or within a precise geolocation of, a family planning center, as defined, except as necessary to perform the services or provide the goods requested and not sold or shared.

Summary of Bill:

The Legislature intends to enact legislation banning geofencing around in-person health care providers and prohibiting the release of abortion-related medical research in response to out-of-state legal requests that violate the Reproductive Privacy Act.

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[Assembly Bill 479](#) (Tangipa)

**Criminal procedure: vacatur relief**

**Status:** Introduced February 10, 2025.

**Existing Law:**

- Allows a person who was arrested or convicted of a nonviolent offense while they were a victim of intimate partner violence, or sexual violence, to petition the court, under penalty of perjury, for vacatur relief.
- In order to receive that relief, it is required the petitioner establish, by clear and convincing evidence, that the arrest or conviction was the direct result of being a victim of intimate partner violence or sexual violence that demonstrates the petitioner lacked the requisite intent.
- Authorizes the court to vacate the conviction if it makes specified findings.

**Summary of Bill:**

Before the court may vacate the conviction, AB 479 would require the court to make findings regarding the impact on the public health, safety, and welfare, if the petitioner holds a license,

as defined, and the offense is substantially related to the qualifications, functions, or duties of a licensee. The bill would require a petitioner who holds a license to serve the petition and supporting documentation on the applicable licensing entity and would give the licensing entity 45 days to respond to the petition for relief.

**Board Impact:**

The main intent of AB 479 is to notify the applicable licensing body when a licensee convicted of a crime files a petition for relief under Penal Code (PC) section 236.15 to allow the board the opportunity to respond to the petition if it wishes to do so. The legislative change increases consumer protection with the requirement of involving the petitioner's licensing body for the court's consideration of impacts related to public health, safety, and welfare in its decision of the petition.

Existing law under PC section 236.15 already affects the Board's ability to obtain arrest and conviction information for any applicant who successfully received vacatur relief pursuant to the section. The proposed law by AB 479 only affects licensees who were disciplined, have a pending disciplinary matter, or denied a license by the Board based on a substantially related conviction. If a licensee has a pending accusation filed by the Board based on the conviction they are petitioning to vacate, the Board will be provided 45 days to respond with information for the court's consideration. If the court grants the petition, the underlying conviction for the Board's discipline will be vacated, prohibiting the Board from using the conviction or any related records as a basis for discipline and preventing the Board from proceeding.

Under BPC section 4956, the Board may discipline a license based on a plea or verdict of guilty or a conviction following a plea of nolo contendere irrespective of a subsequent order under the provisions of PC section 1203.4. PC section 1203.4 allows for a process where a person can, 1) withdraw their guilty plea and enter a plea of not guilty, or 2) the verdict of guilty can be set aside, or the accusation may be dismissed. This is a similar petition of relief to PC section 236.15. The Board's law prevents these criminal petitions of relief of having any effect on the Board's administrative discipline. However, BPC section 4956 does not cite the vacatur relief under PC section 236.15 as an exception in which the Board's discipline would be unaffected. Based on the Board's law not addressing the effects of PC section 236.15 on adjudicated administrative discipline, it is unclear how a granted vacatur relief petition would fully impact Board decisions if the court grants a licensee's petition.

**Fiscal Impact:**

Staff expects very minimal impacts related to AB 479. The number of licensees disciplined for a conviction while they were a victim of intimate partner violence or sexual violence is unquantifiable but the incidence is estimated to be rare. During the last five fiscal years the Board has only taken discipline on 7 cases for a substantially related conviction. The assertion the incidence would be rare is based on the low volume of discipline for convictions along with the circumstances or nature of the crimes being unrelated to intimate partner violence and sexual violence.

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[Assembly Bill 489](#) (Bonta)

Health care professions: deceptive terms or letters: artificial intelligence.

Status: Introduced February 10, 2025.

Existing Law:

- Various practice acts make it a crime for a person who is not licensed as a specified health care professional to use certain words, letters, and phrases or any other terms that imply that they are authorized to practice that profession.
- Requires, with certain exemptions, a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence, as defined, to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both, 1) a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and, 2) clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person.
- Provides that a violation of these provisions by a physician shall be subject to the jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California, as appropriate.

Summary of Bill:

AB 489 applies to Division 2 healing arts licensees. Establishes the definitions of "artificial intelligence" (AI) and "health care profession" within the new chapter. The bill makes a violation of the chapter subject to the jurisdiction of each licensing board or enforcement agency.

The bill prohibits a person or entity who develops or deploys an AI system from using specified protected terms, letters, or phrases in advertising or functionality that indicates or implies possession of the license required for that profession without having the appropriate license.

AB 489 also prohibits AI's use of certain terms, letters, or phrases that indicate or imply the care/advice being offered through the AI technology is being provided by a natural person with a health care license or certificate.

Board Impact:

AB 489 provides specificity for the Board's application of BPC section 4935 when addressing unlawful violations by AI technology. BPC section 4935 prohibits any advertisements or representations by a person who claims they practice acupuncture, are licensed, or trained or an expert in acupuncture, Asian medicine, etc. without an acupuncture license. The bill would allow the Board to apply the same provisions on a person or entity who develops or deploys a system or device that uses one or more of the terms, letters, or phrases from BPC section 4935 in the advertising or functionality of an AI system, program, device, or similar technology.

Fiscal Impact:

It is possible AB 489 could increase complaint volume for the Board; however, an estimate of an exact increase cannot be determined. The volume is likely to be low based on the Board currently not receiving unlawful complaints by AI technology. The effect on the Board's enforcement is expected to be absorbable within current budget and staffing resources.

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**[Assembly Bill 667](#)** (Solache)

**Professions and vocations: license examinations: interpreters**

**Status:** Introduced February 14, 2025.

**Existing Law:**

- Establishes the Department of Consumer Affairs, which is composed of various boards that license and regulate various professions.
- Provides for the certification and regulation of nurse assistants and home health aids by the State Department of Public Health.

**Summary of Bill:**

Beginning July 1, 2026, AB 667 would require the State Department of Public Health and boards under the jurisdiction of the Department of Consumer Affairs to permit an applicant who cannot read, speak, or write in English to use an interpreter, at no cost to the applicant, to interpret the English verbal and oral portions of the license or certification examination, as applicable, if the applicant meets all other requirements for licensure.

In addition, the bill would set interpreter qualifications, including not having the license for which the applicant is taking the examination. The bill would also require boards and the State Department of Public Health to post on their website that an applicant may use an interpreter if they cannot read, speak, or write in English and if they meet all other requirements for licensure or certification.

AB 667 would require boards and the State Department of Public Health to include in their licensure or certification applications a section that asks the applicant to identify their preferred language and, beginning July 1, 2027, to conduct an annual review of the language preferences of applicants. The bill would require the State Department of Public Health and boards, beginning July 1, 2029, and until January 1, 2033, to annually report to specified committees of the Legislature on language preference data.

**Board Impact:**

Under California Code of Regulations (CCR) Title 16, section 1399.413, the Board already requires an applicant to disclose their examination language preference. Additionally, CCR section 1399.441 requires the Board's examination be administered in Chinese and Korean, which accommodates most of test takers. This same section also states, "Translations and translators, when necessary for other language, shall be provided in any language for which a translation is formally requested as provided above by a minimum of five percent (5%) of the total number of approved applications. Otherwise, such applicants shall take the examination in one of the languages listed above."

The Board has some regulations already compliant with the proposed provisions of AB 667. However, if enacted, the five percent rule specified above in CCR section 1399.441 would need to be deleted through the rulemaking process. The Board may also need to pursue additional regulations to set rules around time required for the interpreting and other requirements.

An additional policy to address potentially in rulemaking would be Korean or Chinese speaking applicants who cannot read, speak, or write in English who opt to use an interpreter instead of the Board's exam already translated in those languages. At this time staff is unsure how this issue would be addressed. It could be very costly if Korean and Chinese speaking applicants opt for an interpreter based on the authority of the bill. Korean and Chinese test takers represent about 35% of the total exam takers per year.

Another concern for staff is an interpreter's ability to translate the technical, medical, and acupuncture-related terms that are throughout the licensing exam. One interpretation may be different from another possibly making the exam no longer fair and unbiased. Additionally, it opens the Board up to the possibility of its exam being subverted.

**Fiscal Impact:**

The rulemaking process generally takes 40 hours of AGPA time on a regulatory action for the duration of the rulemaking process. There is also Board member review and discussion time of approximately two hours.

Staff will need to post information on its website to notify applicants of their right to use an interpreter to interpret a license examination if the applicant cannot read, speak, or write in English, provided the applicant meets all other competency requirements for licensure. This would take an hour of an AGPA's time.

The Board's Connect system would need to capture other desired languages other than its current English, Korean, or Chinese options in order to record language preferences to comply with the annual data reporting requirement. The Office of Information Services (OIS) would take on this portion of workload.

Staff would need to extract examination language preference data from the Board's license (exam) applications in order to annually report to the Senate Business, Professions, and Economic Development and the Assembly Business and Professions Committees. Querying the Board's system and organizing the data would take about two hours of an AGPA's time.

The Board would need to obtain a contract to provide interpreter services specifically for the exam. Based on current interpreter service rates for other Board services, the hourly rate is \$186. The exam is five hours and there are about 350 exam takers annually. The Board does not presently offer other language accommodations other than Korean and Chinese. In addition, the Board's system only records the three languages we currently offer so an estimate on applicant volume requiring interpreting services is unknown.

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[Assembly Bill 659](#) (Berman)**Master of Divinity: physician and surgeon: title**

Status: Introduced February 14, 2025.

Existing Law:

Prohibits a person from using the words "doctor" or "physician," the letters or prefix "Dr.," the initials "M.D.," or any other terms or letters indicating or implying that the person is a physician and surgeon, physician, surgeon, or practitioner, unless the person has been issued a physician and surgeon license by the board, and makes a violation of these provisions a crime.

Summary of Bill:

AB 659 would specifically prohibit a person who has earned a Master of Divinity from displaying the title "M.Div" or "M.D.i.v." in a communication or advertisement relating to the person's practice unless the title is clearly distinguishable from the title "MD" or "M.D." The bill would provide that prohibited displays include, but are not limited to, using different colors, fonts, or font sizes in a way that makes the "MD" or "M.D." more prominent than the "iv" or "i.v." The bill would provide that a person who violates this provision is not subject to criminal penalties, as specified.

Board Impact:

The provisions of AB 659 only impact licensees who obtain a Master of Divinity. There have been some acupuncture schools who also offer these kinds of programs and may intersect with the

licensee community. However, the incidence is estimated to be low. Violation of the proposed BPC section 600 could constitute a violation of the Board's BPC section 4955 (c), false or misleading advertising.

Fiscal Impact:

It is estimated that AB 659 would impose very minimal effects to the Board. Staff estimates an insignificant increase in complaint volume that would be absorbable within the Board's current budget and staffing resources. The Board's enforcement unit is currently not receiving any complaints that involve licensees who use the title of Master of Divinity in conjunction with their practice.

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**[Assembly Bill 742](#)** (Elhawary)

**Department of Consumer Affairs: licensing: applicants who are descendants of slaves**

**Status:** Introduced February 18, 2025.

**Existing Law:**

- Establishes the Department of Consumer Affairs, which is composed of specified boards that license and regulate various professions.

**Summary of Bill:**

AB 742 would require boards to prioritize applicants who are descendants of slaves seeking licenses, especially applicants who are descended from a person enslaved within the United States.

**Board Impact:**

Currently, there are three groups of applicants the Board is statutorily mandated to expedite in the initial licensure process. AB 742 does not specify the licensure process shall be expedited, rather it states the Board shall prioritize the specified applicants. It is unclear if the prioritization would be carried out the same way the Board expedites the other applicant groups.

Additionally, the language of the bill does not specify how the applicant provides eligibility for this prioritization. Without criteria to determine eligibility, this leaves it open to interpretation to the applicant or open for the Board to determine eligibility requirements in regulation, which could hinder the intent of the bill.

**Fiscal Impact:**

Staff does not have any reliable data to estimate the population of the Board's applicants this legislative change would impact. Since the target applicant population is broad and the Board does not have access to applicants' genealogy, there is not a method to determine Board and fiscal impacts.

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[Senate Bill 364](#) (Jones)

Professions and vocations

Status: Introduced February 13, 2025.

Existing Law:

Provides that these entities are established to ensure that those private businesses and professions deemed to engage in activities that have potential impact upon the public health, safety, and welfare are adequately regulated to protect the people of California, as prescribed.

Summary of Bill:

SB 364 is a spot bill in its early form that presently makes non-substantive changes to the provisions of BPC section 101.6, which is a general provision for the Department that applies to all boards, bureaus, and commissions.

Board Impact:

No impacts to the Board yet but staff is tracking this bill for future amendments that may affect the Department and the Board.

Fiscal Impact:

None.



Regulatory Update



DATE	March 7, 2025
TO	Acupuncture Board Members
FROM	Board Staff
SUBJECT	Regulatory Update

The following list displays the status of the Board's current regulatory packages:

- Division 13.7, Article 6.1 and 6.2, Title 16 CCR sections 1399.469 – SB 1441 and SB 1448: Implement Uniform Standards Related to Substance Abusing Licensees and Update of Disciplinary Guidelines, Disclosure of Probation Status to Patients**

CONCEPT PHASE			PRODUCTION PHASE			
Added to Rulemaking Calendar	R&D	Language taken to Committee	Board Approval	Staff & Legal Counsel Draft Package	Reg Unit & DCA Budget Review	Agency Review
11/28/2018	2012	N/A	10/26/2023	11/2023		

INITIAL FILING PHASE			
Notice Published by OAL	45-Day Comment Period Ended	Board Approval of Responses and Modified Text	15-Day Notice of Modified Text

FINAL FILING PHASE				
DCA Review	BCSH Agency Review	OAL Review	Filed w/Secretary of State	Effective Date

This package reflects updates to the Board's Disciplinary Guidelines, which include incorporating relevant portions of the Uniform Standards Regarding Substance-Abusing Healing Arts Licensees. It brings Board regulations in line with SB 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008) which required the development of the Uniform Standards. The package also will implement SB 1448 (Hill, Chapter 570, Statutes of 2018), which requires licensees on probation pursuant to a probationary order made on or after July 1, 2019, to disclose their probation status to a patient or their guardian or health care surrogate prior to the patients first visit.

The Board approved revised text and updates to Guidelines at the October 2023 Board meeting. Staff is currently updating the rulemaking documents.

**2. 16 CCR 1399.434, 1399.435, 1399.437, and 1399.439
Align Curriculum Standards and Approval Related Regulations with Statute:**

CONCEPT PHASE			PRODUCTION PHASE			
Added to Rulemaking Calendar	R&D	Language taken to Committee	Board Approval	Staff & Legal Counsel Draft Package	Reg Unit & DCA Budget Review	Agency Review
2/11/2019	2/11/2019	6/13/2019	3/26/2021			

INITIAL FILING PHASE			
Notice Published by OAL	45-Day Comment Period Ended	Board Approval of Responses and Modified Text	15-Day Notice of Modified Text

FINAL FILING PHASE				
DCA Review	BCSH Agency Review	OAL Review	Filed w/Secretary of State	Effective Date

This package will make additional changes to regulations to ensure compliance with SB 1246 (Lieu, Chapter 397, Statutes of 2014) and updates to conform to the transition to computer-based testing for the exam. The law changed the Board's authority from approving schools and colleges of acupuncture to approving educational and training programs in acupuncture. It is the third package from the Board in connection with SB 1246.

Staff met with Education staff to capture all regulatory items that require updating and proper alignment. Staff will be working with the Regulation Unit later this year to revise the language.

**3. 16 CCR 1399.419.3:
Application for Retired Status; Retired Status; Restoration**

CONCEPT PHASE			PRODUCTION PHASE			
Added to Rulemaking Calendar	R&D	Language taken to Committee	Board Approval	Staff & Legal Counsel Draft Package	Reg Unit & DCA Budget Review	Agency Review
1/2020	4/2019	6/13/2019	8/16/2019 / 3/22/2024	10/2024		

INITIAL FILING PHASE			
Notice Published by OAL	45-Day Comment Period Ended	Board Approval of Responses and Modified Text	15-Day Notice of Modified Text

FINAL FILING PHASE				
DCA Review	BCSH Agency Review	OAL Review	Filed w/Secretary of State	Effective Date

This package will establish a retired license status, and outline the restrictions of a retired license, as well as how to apply for one and how to restore a retired license to active status. The Board has authority to establish such a license status from BPC Section 464.

New and updated proposed language was approved at the Board's March 2024 meeting. Staff is currently drafting the rulemaking documents.

**4. 16 CCR 1399.452.2:
Standards of Practice for Telehealth Services**

CONCEPT PHASE			PRODUCTION PHASE			
Added to Rulemaking Calendar	R&D	Language taken to Committee	Board Approval	Staff & Legal Counsel Draft Package	Reg Unit & DCA Budget Review	Agency Review
1/1/2021	12/2020	12/17/2020	3/26/2021 / 10/26/2023	3/26/2021	6/4/2024	

INITIAL FILING PHASE			
Notice Published by OAL	45-Day Comment Period Ended	Board Approval of Responses and Modified Text	15-Day Notice of Modified Text

FINAL FILING PHASE				
DCA Review	BCSH Agency Review	OAL Review	Filed w/Secretary of State	Effective Date

This package will provide specific guidance and requirements for delivering acupuncture services via telehealth. This was prompted by the COVID-19 pandemic and the subsequent encouragement by the Governor through Executive Orders to use telehealth to maximize the abilities of California's health care workforce.

The Board approved revisions to the proposed language at the October 2023 Board meeting. Staff has been working back and forth with the Regulation Unit on the fiscal and economic impacts portion of the production rulemaking package. Once approved, the package will be moved to the Director and Agency for review.

5. **16 CCR 1399.451:
Hand Hygiene Requirements**

CONCEPT PHASE			PRODUCTION PHASE			
Added to Rulemaking Calendar	R&D	Language taken to Committee	Board Approval	Staff & Legal Counsel Draft Package	Reg Unit & DCA Budget Review	Agency Review
1/1/2023	2013 / 11/2023	1/2014	10/2018	1/22/25		

INITIAL FILING PHASE			
Notice Published by OAL	45-Day Comment Period Ended	Board Approval of Responses and Modified Text	15-Day Notice of Modified Text

FINAL FILING PHASE				
DCA Review	BCSH Agency Review	OAL Review	Filed w/Secretary of State	Effective Date

This package was initially approved by the Board in February 2014 to update existing regulations and bring them up to then-current public health and health industry standards. Package was set aside for higher priority regulations and in October 2018 the Board restated its interest in proceeding with regulations. Draft revisions of the proposed language were sent to the Regulations Unit on January 22, 2025. Staff and the Regulation Unit are in the collaborative drafting process to revise the proposed text.



Setting 2025 Meeting Calendar

2025

January

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February

S	M	T	W	T	F	S
						1
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March

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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April

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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June

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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

July

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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August

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17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September

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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October

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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November

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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December

S	M	T	W	T	F	S
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7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			