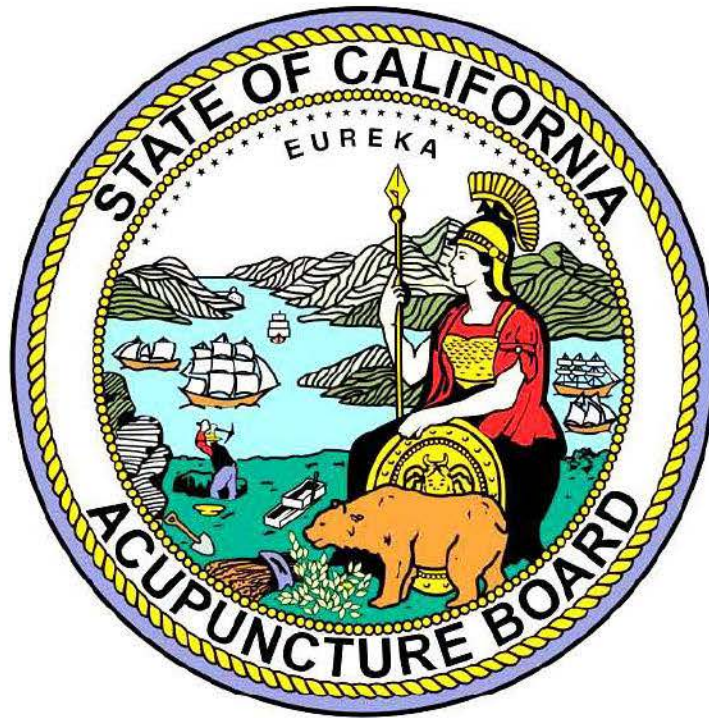


California Acupuncture Board Meeting

September 21, 2016

San Diego, CA



Board Members

Hildegarde Aguinaldo, J.D. – President
Public Member
Jamie Zamora – Vice President
Public Member
Kitman Chan – Public Member
Dr. Michael Corradino, DAOM, L.Ac
Francisco Hsieh – Public Member
Jeannie Kang, L.Ac

Legal Counsel

Kelsey Pruden, Esq.

Staff

Ben Bodea – Interim Executive Officer
Continuing Education Coordinator
Erica Bautista – Administration Coordinator
Cricket Borges – Enforcement Analyst
Kristine Brothers – Enforcement Coordinator
Tammy Graver – Board Liaison
Jay Herdt – Education Coordinator
Marc Johnson – Policy Coordinator
Van Martini – Office Technician
Terry Sinkovich – Exam Coordinator
Tammy Stadley – Licensing Technician
Sandra Wilson – Licensing Technician
Vacant – Exam Analyst

ACUPUNCTURE BOARD

1747 North Market Boulevard, Suite 180, Sacramento, CA 95834
(916) 515-5200 FAX (916) 928-2204 www.acupuncture.ca.gov



NOTICE OF ACUPUNCTURE BOARD MEETING

WEDNESDAY, SEPTEMBER 21, 2016
9:30 AM until Completion of Business

LOCATION:
PACIFIC COLLEGE OF ORIENTAL MEDICINE
ROOM 100
7445 MISSION VALLEY ROAD
SAN DIEGO, CA 92108

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 plan to attend at a physical location.

California Acupuncture Board Members

Hildegard Aguinaldo, President, Public Member
Jamie Zamora, Vice President, Public Member
Kitman Chan, Public Member
Dr. Michael Corradino, DAOM, MTOM, L.Ac, Licensed Member
Francisco Hsieh, Public Member
Jeannie Kang, L.Ac, Licensed Member
Vacant, Licensed Member

AGENDA — FULL BOARD MEETING

- 1. Call to Order, Roll Call and Establishment of a Quorum (Aguinaldo)**
- 2. Opening Remarks and Announcement (Aguinaldo)**
- 3. Petition for Reinstatement of Surrendered License (9:35 AM):**

Dong Hyun Chang (Case No. PRRL-1A-2015-172)

CLOSED SESSION

- 4. Pursuant to Government Code Section 11126 (c) (3) the Board will convene in closed session to deliberate on the Petition and take action on disciplinary matters.**
- 5. Pursuant to Government Code Section 11126 (a) (1) the Board will meet in closed session to consider the possible selection, appointment or employment of an Executive Officer.**

OPEN SESSION

6. President's Report (Aguinaldo)

7. Staff Reports

a. Interim Executive Officer's Report (Bodea)

- 1. Staff Update**
- 2. Budget Update**
- 3. August 10, 2016 Exam Statistics**
- 4. Human Trafficking Report**
- 5. Strategic Plan)**

b. Enforcement Report (Brothers)

c. Education Report (Herdt)

d. Legislative Update (Johnson)

- 1. AB 2190 (Salas and Hill) (Johnson)**

e. Regulatory Update (Johnson)

- 1. Title 16, California Code of Regulations (CCR), Sections 1399.480, 1400.1, 1400.2, 1400.3 - Sponsored Free Health Care Events (AB 2699)**
- 2. Title 16, CCR Section 1399.463.3 – Display of Licensure by Acupuncture Board (BPC 138)**
- 3. Title 16, CCR Section 1399.455 – Advertising Guidelines: Display of License Number in Advertising**
- 4. Title 16, CCR Section 1399.450(b) - Prostitution Enforcement and Condition of Office**
- 5. Title 16, CCR Section 1399.482.2 – Continuing Education Ethics Requirement**
- 6. Title 16, CCR Section 1399.451(a) – Hand Hygiene Requirements**

8. Consideration and possible action on Title 16, CCR Sections 1399.434, 1399.434, 1399.437 and Repeal of CCR Section 1399.436 – Implementation of SB 1246 (Johnson)

9. Consideration and possible action on proposed amendments to Title 16, CCR Sections 1399.469 – Uniform Standards Related to Substance Abuse (Johnson)

10. Consideration and possible Approval of Acupuncture Training Programs (Herdt)

- a. Health Medicine School – Sunnyvale, CA**
- b. Institute of Clinical Acupuncture and Oriental Medicine – Honolulu, HI**
- c. Maryland University of Integrative Health – Laurel, Maryland**

11. Public Comment for items not on Agenda (Aguinaldo)

The Board may not discuss or take any action on any item raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting (Government Code Sections 11125, 11125.7(a))

12. Future Agenda Items (Aguinaldo)**13. Adjournment (Aguinaldo)**

Public Comment on items of discussion will be taken during each item. Time limitations will be determined by the President. Times are approximate and subject to change. Action may be taken on any item listed on the Agenda.

THE AGENDA, AS WELL AS BOARD MEETING MINUTES, CAN BE FOUND ON THE ACUPUNCTURE BOARD'S WEBSITE AT www.acupuncture.ca.gov

Please Note: 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 need additional reasonable accommodations, please make your request no later than five (5) business days before this meeting. Please direct any questions regarding this meeting to the Board Liaison, Tammy Graver at (916) 515-5204; FAX (916) 928-2204.

#7a2

Budget Update

CALIFORNIA ACUPUNCTURE BOARD - 0108
BUDGET REPORT
FY 2016-17 EXPENDITURE PROJECTION
FISCAL MONTH 2

OBJECT DESCRIPTION	FY 2015-16		FY 2016-17				
	ACTUAL	PRIOR YEAR	BUDGET	CURRENT YEAR	PERCENT	PROJECTIONS	UNENCUMBERED
	EXPENDITURES (MONTH 13)	EXPENDITURES 8/31/2015	STONE 2016-17	EXPENDITURES 8/31/2016	SPENT	TO YEAR END	BALANCE
PERSONNEL SERVICES							
Salary & Wages (Staff)	508,346	76,239	526,000	87,642	17%	583,850	(57,850)
Statutory Exempt (EO)	72,205	14,668	80,000		0%	65,840	14,160
Temp Help Reg (Seasonals)	59,993	5,234	19,000	4,142		47,476	(28,476)
BL 12-03 Blanket	0	0	0			0	0
Temp Help (Exam Proctors)	0	0	0			0	0
Board Member Per Diem	14,100	0	7,000		0%	14,000	(7,000)
Committee Members (DEC)	0	0	0			0	0
Overtime	1,615	50	5,000			2,500	2,500
Staff Benefits	290,739	42,976	346,000	42,599	12%	288,189	57,811
TOTALS, PERSONNEL SVC	946,998	139,167	983,000	134,383	14%	1,001,855	(18,855)
OPERATING EXPENSE AND EQUIPMENT							
General Expense	44,611	5,092	57,000	3,571	6%	35,000	22,000
Fingerprint Reports	613	0	20,000		0%	1,000	19,000
Minor Equipment	85	0	0	1,931		1,931	(1,931)
Printing	15,391	5,940	17,000	5,940	35%	15,391	1,609
Communication	11,208	182	17,000	187	1%	11,516	5,484
Postage	25,802	1,400	27,000	2,361	9%	35,000	(8,000)
Insurance	0	0	0				0
Travel In State	38,866	135	32,000	2,881	9%	40,000	(8,000)
Travel, Out-of-State	2,861	0	0		0%	4,242	(4,242)
Training	0	0	3,000		0%	500	2,500
Facilities Operations	109,458	106,216	65,000	108,717	167%	112,035	(47,035)
Utilities	0	0	0				0
C & P Services - Interdept.	0	0	9,000		0%	0	9,000
C & P Services - External	3	0	4,000		0%	500	3,500
DEPARTMENTAL SERVICES:							0
OIS Pro Rata	107,890	33,500	148,000	24,666	17%	148,000	0
Administration Pro Rata	133,859	32,500	183,000	29,834	16%	183,000	0
DOI - ISU Pro Rata	3,933	1,000	5,000	834	17%	5,000	0
Communications Division	161,000	1,000	81,000	13,500	17%	81,000	0
PPRD Pro Rata	0	38,250	2,000	334	17%	2,000	0
INTERAGENCY SERVICES:							0
Interagency Services	0	0	0		0%	0	0
IA w/ OER	305,652	177,790	334,000		0%	334,000	0
Consolidated Data Center	934	56	3,000		0%	1,000	2,000
DP Maintenance & Supply	449	0	5,000		0%	1,000	4,000
Central Admin Svc-ProRata	138,730	34,683	180,000		0%	180,000	0
EXAM EXPENSES:							0
Exam Supplies	0	0	0				0
Exam Freight	0	0	0				0
Exam Site Rental	0	0	0				0
C/P Svcs-External Expert Administrative	279,186	305,491	287,000	305,491	106%	305,491	(18,491)
C/P Svcs-External Expert Examiners	51,286	0	84,000		0%	30,000	54,000
C/P Svcs-External Subject Matter	0	0	0				0
ENFORCEMENT:							0
Attorney General	307,042	29,389	386,000		0%	315,000	71,000
Office Admin. Hearings	77,938	0	107,000		0%	80,000	27,000
Court Reporters	3,210	0	0		0%	3,500	(3,500)
Evidence/Witness Fees	69,285	5,550	11,000	267	2%	72,000	(61,000)
DOI - Investigations	500,566	123,500	765,000	127,500	17%	765,000	0
MISC:							0
Major Equipment	0	0	0			0	0
Special Items of Expense	0	0	0			0	0
Other (Vehicle Operations)	0	0	3,000			0	3,000
TOTALS, OE&E	2,389,858	901,674	2,835,000	628,014	22%	2,763,106	71,894
TOTAL EXPENSE	3,336,856	1,040,841	3,818,000	762,397	36%	3,764,961	53,039
Sched. Reimb. - External/Private	(1,410)		(1,000)	(470)	47%	(1,000)	0
Sched. Reimb. - Fingerprints	(441)		(22,000)	(294)	1%	(22,000)	0
Sched. Reimb. - Other							0
Sched Interdepartmental							0
Unsched. Reimb. - Other	(130,413)			(19,208)			0
NET APPROPRIATION	3,204,592	1,040,841	3,795,000	742,425	20%	3,741,961	53,039
SURPLUS/(DEFICIT):							1.4%

0108 - Acupuncture Analysis of Fund Condition

(Dollars in Thousands)

Prepared by 9/14/2016

2016-17 Budget Act		PY ACTUALS 2015-16	Budget Act CY 2016-17	Gov Budget BY 2017-18	BY+1 2018-19
BEGINNING BALANCE		\$ 1,922	\$ 1,340	\$ 4,171	\$ 2,926
Prior Year Adjustment		\$ 15	\$ -	\$ -	\$ -
Adjusted Beginning Balance		\$ 1,937	\$ 1,340	\$ 4,171	\$ 2,926
REVENUES AND TRANSFERS					
Revenues:					
125600	Other regulatory fees	\$ 49	\$ 56	\$ 56	\$ 56
125700	Other regulatory licenses and permits	\$ 750	\$ 752	\$ 752	\$ 752
125800	Renewal fees	\$ 1,788	\$ 1,788	\$ 1,788	\$ 1,788
125900	Delinquent fees	\$ 13	\$ 16	\$ 16	\$ 16
141200	Sales of documents	\$ -	\$ -	\$ -	\$ -
142500	Miscellaneous services to the public	\$ 4	\$ 4	\$ 4	\$ 4
150300	Income from surplus money investments	\$ 8	\$ 13	\$ 9	\$ 5
150500	Interest Income From Interfund Loans	\$ -	\$ -	\$ -	\$ -
160400	Sale of fixed assets	\$ -	\$ -	\$ -	\$ -
161000	Escheat of unclaimed checks and warrants	\$ 1	\$ 1	\$ 1	\$ 1
161400	Miscellaneous revenues	\$ -	\$ -	\$ -	\$ -
Totals, Revenues		\$ 2,613	\$ 2,630	\$ 2,626	\$ 2,622
Transfers from Other Funds					
Proposed GF 11-12 Loan Repayment, 1110-011-0108 Budget Act			\$ 4,000		
Totals, Revenues and Transfers		\$ 2,613	\$ 6,630	\$ 2,626	\$ 2,622
Totals, Resources		\$ 4,550	\$ 7,970	\$ 6,797	\$ 5,548
EXPENDITURES					
Disbursements:					
1110	Program Expenditures (State Operations)	\$ 3,205	\$ -	\$ -	\$ -
1111	Department of Consumer Affairs (State Operations)	\$ -	\$ 3,795	\$ 3,871	\$ 3,948
8880	Financial Information System for California	\$ 5	\$ 4	\$ -	\$ -
Total Disbursements		\$ 3,210	\$ 3,799	\$ 3,871	\$ 3,948
FUND BALANCE					
Reserve for economic uncertainties		\$ 1,340	\$ 4,171	\$ 2,926	\$ 1,600
Months in Reserve		4.2	12.9	8.9	4.8

NOTES: A. ASSUMES WORKLOAD AND REVENUE PROJECTIONS ARE REALIZED IN BY+1 AND ON-GOING.
B. ASSUMES APPROPRIATION GROWTH OF 2% PER YEAR BEGINNING BY+1.
C. ASSUMES INTEREST RATE AT 0.3%

#7a 3

August 10, 2016 Exam Statistics

California Acupuncture Board				
August 2016 Examination Results				
Statistics by Language				
FIRST TIME TAKERS ONLY				
	ENGLISH	CHINESE	KOREAN	TOTAL
PASSED	126	19	32	177
FAILED	29	12	17	58
TOTAL	155	31	49	235
PASS RATE	81%	61%	65%	75%
RE-EXAMINEES ONLY				
	ENGLISH	CHINESE	KOREAN	TOTAL
PASSED	38	11	10	59
FAILED	74	26	17	117
TOTAL	112	37	27	176
PASS RATE	34%	30%	37%	34%
OVERALL				
	ENGLISH	CHINESE	KOREAN	TOTAL
PASSED	164	30	42	236
FAILED	103	38	34	175
TOTAL	267	68	76	411
PASS RATE	61%	44%	55%	57%

AUGUST 10, 2016 EXAMINATION RESULTS STATISTICS - FIRST TIME AND OVERALL

SCHOOL	1st TIME TAKERS			OVERALL (includes re-examinees)		
	# Passed	# Failed	PASS %	# Passed	# Failed	PASS %
<i>Academy of Chinese Culture & Health Sciences</i>	5	2	71%	7	7	50%
<i>Acupuncture & Integrative Medicine College, Berkeley</i>	11	2	85%	12	6	67%
<i>Alhambra Medical University</i>	4	2	67%	5	4	56%
<i>American College of Traditional Chinese Medicine</i>	1	0	100%	6	3	67%
<i>American College of Traditional Chinese Medicine (CIIS)</i>	18	0	100%	20	2	91%
<i>Atlantic Institute of Oriental Medicine</i>	0	0	N/A	0	1	0%
<i>California Trinity University (formerly Kyung San)</i>	0	1	0%	0	4	0%
<i>Dong-guk University, California</i>	16	5	76%	19	20	49%
<i>Emperor's College of Traditional Oriental Medicine</i>	15	2	88%	16	5	76%
<i>Five Branches University</i>	13	3	81%	16	11	59%
<i>Golden State University</i>	0	0	N/A	1	1	50%
<i>Kingston University</i>	0	1	0%	0	1	0%
<i>National College of Naturopathic Medicine</i>	1	0	100%	1	1	50%
<i>New England School of Acupuncture</i>	1	0	100%	2	0	100%
<i>Nine Star University of Health Sciences</i>	1	4	20%	2	7	22%
<i>Pacific College of Oriental Medicine</i>	21	2	91%	27	8	77%
<i>South Baylo University</i>	33	18	65%	45	54	45%
<i>Southern California University of Health Sciences</i>	2	2	50%	6	5	55%
<i>Southern CA Univ. School of OM & Acupuncture</i>	3	2	60%	5	4	56%
<i>Southwest Acupuncture College</i>	2	0	100%	4	0	100%
<i>St. Luke</i>	0	0	N/A	1	0	100%
<i>Stanton University</i>	3	3	50%	5	4	56%
<i>Traditional Acupuncture Institute</i>	0	0	N/A	1	1	50%
<i>University of East West Medicine</i>	13	3	81%	15	11	58%
<i>University of South Los Angeles (formerly LIFE University)</i>	0	1	0%	0	1	0%
<i>YoSan University of TCM</i>	10	3	77%	12	4	75%
<i>Tutorials</i>	1	0	100%	1	2	33%
<i>Foreign Equivalency</i>	3	2	60%	7	8	47%
GRAND TOTAL	177	58	75%	236	175	57%

AUGUST 10, 2016 EXAMINATION RESULTS STATISTICS - FIRST TIME, RETAKER AND OVERALL

SCHOOL	1st TIME TAKERS			Retakers			OVERALL (includes re-examinees)		
	# Passed	# Failed	PASS %	# Passed	# Failed	PASS %	# Passed	# Failed	PASS %
Academy of Chinese Culture & Health Sciences	5	2	71%	2	5	29%	7	7	50%
Acupuncture & Integrative Medicine College, Berkeley	11	2	85%	1	4	20%	12	6	67%
Alhambra Medical University	4	2	67%	1	2	33%	5	4	56%
American College of Traditional Chinese Medicine	1	0	100%	5	3	63%	6	3	67%
American College of Traditional Chinese Medicine (CIIS)	18	0	100%	2	2	50%	20	2	91%
Atlantic Institute of Oriental Medicine	0	0	N/A	0	1	0%	0	1	0%
California Trinity University (formerly Kyung San)	0	1	0%	0	3	0%	0	4	0%
Dong-guk University, California	16	5	76%	3	15	17%	19	20	49%
Emperor's College of Traditional Oriental Medicine	15	2	88%	1	3	25%	16	5	76%
Five Branches University	13	3	81%	3	8	27%	16	11	59%
Golden State University	0	0	N/A	1	1	50%	1	1	50%
Kingston University	0	1	0%	0	0	N/A	0	1	0%
National College of Naturopathic Medicine	1	0	100%	0	1	0%	1	1	50%
New England School of Acupuncture	1	0	100%	1	0	100%	2	0	100%
Nine Star University of Health Sciences	1	4	20%	1	3	25%	2	7	22%
Pacific College of Oriental Medicine	21	2	91%	6	6	50%	27	8	77%
South Baylo University	33	18	65%	12	36	25%	45	54	45%
Southern California University of Health Sciences	2	2	50%	4	3	57%	6	5	55%
Southern CA Univ. School of OM & Acupuncture	3	2	60%	2	2	50%	5	4	56%
Southwest Acupuncture College	2	0	100%	2	0	100%	4	0	100%
St. Luke	0	0	N/A	1	0	100%	1	0	100%
Stanton University	3	3	50%	2	1	67%	5	4	56%
Traditional Acupuncture Institute	0	0	N/A	1	1	50%	1	1	50%
University of East West Medicine	13	3	81%	2	8	20%	15	11	58%
University of South Los Angeles (formerly LIFE University)	0	1	0%	0	0	N/A	0	1	0%
YoSan University of TCM	10	3	77%	2	1	67%	12	4	75%
Tutorials	1	0	100%	0	2	0%	1	2	33%
Foreign Equivalency	3	2	60%	4	6	40%	7	8	47%
GRAND TOTAL	177	58	75%	59	117	34%	236	175	57%

#7b

Enforcement Report



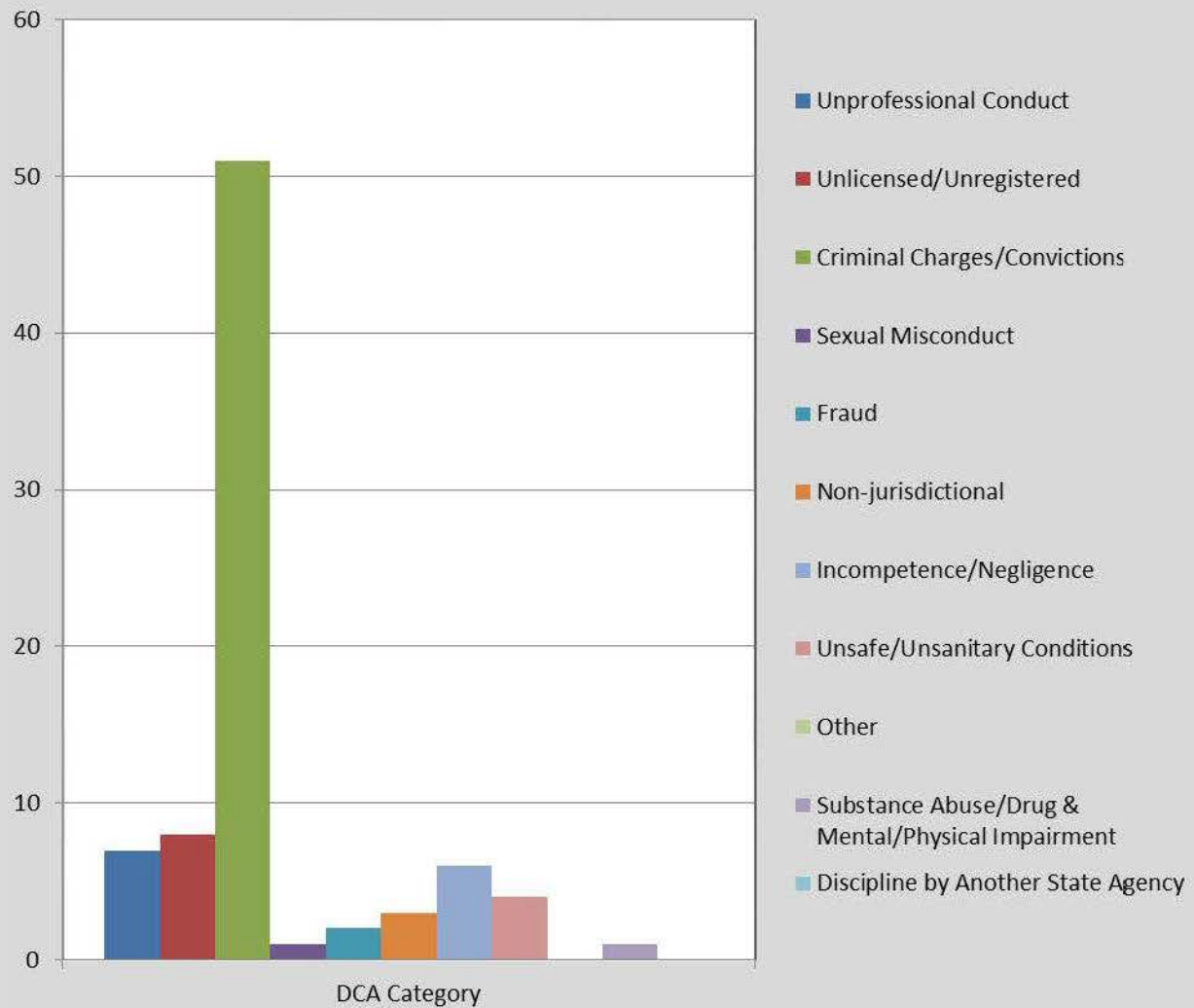
DATE	September 21, 2016
TO	All Board Members
FROM	Kristine Brothers Enforcement Coordinator
SUBJECT	Enforcement Update for Quarter (Q4) FY 2015/2016: April 1, 2016 to June 30, 2016

COMPLAINTS/CONVICTIONS & ARRESTS

DCA Category	Received	Closed/Referred to Investigation
Unprofessional Conduct	7	7
Unlicensed/Unregistered	8	8
Criminal Charges/Convictions*	51	50
Sexual Misconduct	1	1
Fraud	2	2
Non-jurisdictional	3	3
Incompetence/Negligence	6	6
Unsafe/Unsanitary Conditions	4	4
Other	0	0
Substance Abuse/Drug & Mental/Physical Impairment	1	1
Discipline by Another State Agency	0	0
Total	83	82
Average Intake Time: 4 days		

*Of the 50 Criminal Charges/Convictions, 40 were received on Applicants and 11 were received on Licensees.

Complaint Volume from Q4 FY 15/16

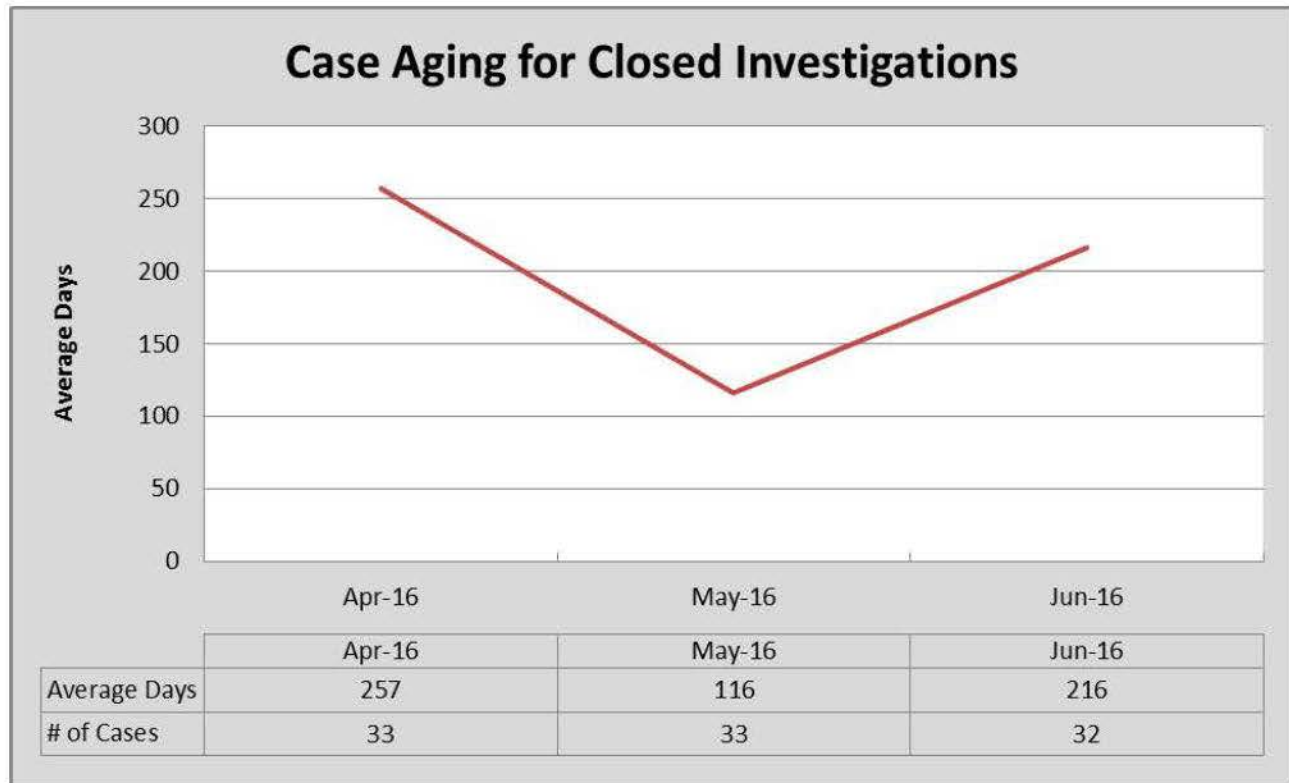


The bar graph above shows the number of complaints received by complaint type for this fiscal year. When each complaint is logged into the database it is assigned a complaint type based upon the primary violation.

*INVESTIGATIONS

DCA Category	Initiated	Pending	Closed
Unprofessional Conduct	7	50	23
Unlicensed/Unregistered	8	16	7
Criminal Charges/Convictions (includes pre-licensure)	48	50	47
Sexual Misconduct	1	4	2
Fraud	2	20	8
Non-jurisdictional	2	1	1
Incompetence/Negligence	6	22	6
Unsafe/Unsanitary Conditions	4	6	4
Other	0	0	0
Substance Abuse/Drug & Mental/Physical Impairment	1	2	0
Discipline by Another State Agency	0	0	0
Total	79	171	98
Average days			196

*Includes formal investigations conducted by DOI and desk investigations conducted by staff



The graph above shows the number of investigations closed out each month of this fiscal year. The line illustrates the average number of days the case was open from receipt of complaint to the date the investigative phase was closed. After the investigation is closed the case is either referred for disciplinary action, issued a citation, or closed due to insufficient evidence or no violation. The time it takes during the discipline phase is not captured in these averages. The overall average process time for cases that resulted in disciplinary action this fiscal year is shown below.

DISCIPLINARY ACTIONS

Requested	5
Pending	24
Accusation/SOI Filed	5
Decisions	7
• Revoked	2
• Voluntary Surrender	0
• Probation	4
• License Denied	0
• Public Reprimand	1
Avg. Overall Process Time	1,301 days*
Citations Issued	31
Open Probation Cases	29

*Only applies to cases that result in formal discipline through a Decision and Order, not all case closures.

QUARTER 4 FY 15/16 TREND ANALYSIS

Complaint Trends

This quarter's data is better understood when we use last year's quarter 4 (Q4) data as a point of reference.

This quarter had a slight increase in complaints compared to this time last year from 81 to 83. This is a 2.5% increase in volume. The most notable increase in complaints is found in the charges/convictions received by the Board, which increased from 44 to 51. The Board is seeing more applicants with criminal histories to review and further evaluate. Additionally, staff has dropped the average complaint intake time from seven days to four days this quarter; a 43% decrease. Last quarter's average intake time and this quarter's times are under the Board's performance measure target of ten days.

Investigation Trends

There are not many significant performance changes with regards to investigations. This is likely due to Enforcement staff being consistent between the two quarters as well as complaint volume being very similar. The most notable changes are the total investigations pending decreasing by 16% from 204 last quarter to 171 this quarter. Enforcement staff is working diligently to close cases in a timely manner which in turn produces a more manageable caseload. The other noteworthy change is the average investigation time decreasing by 30% from 281 days last quarter to 196 days this quarter. This change represents the Board meeting and coming under the 200 day target for the performance measure on the average number of days to complete an investigation.

Formal Discipline Trends

This is the first quarter in the 15/16 fiscal year to see a decrease in complaints referred to the Attorney General's Office for discipline. Complaints referred went from eleven in Q4 last year to five this quarter, resulting in a 55% decrease. Much of staff's work during the first three quarters of the last fiscal year concentrated on getting through the backlog of complaints. The decrease in complaints referred may signify that the majority of the backlog has been closed out or referred on already. As a result of a high volume of cases referred to the Attorney General's Office previously in the fiscal year, we are now seeing an increase in Accusations and Statement of Issues filed. Last quarter there were just two Accusations/Statement of Issues filed whereas this quarter five were filed, which represents a 150% increase. The total decisions that became effective have increased by 133% with just three decisions last quarter compared to seven this quarter. The Board continues to see no real consistency in its total average days for discipline. Last quarter the Board experienced a great achievement of 488 days for its total average days for discipline. This signified the Board being well under the Department's performance measure target of 540 days. This quarter the total average days for discipline process time was 1,301 days which can be attributed to the older more complex cases closing out. The average process time may become more consistent after all of the older cases close out. On the other hand, due to the Board's small volume of decisions that become effective each quarter, and the wide variance in case types, there may always be inconsistency in the total average days.

#7d

Legislative Update

AB 2190 (Salas and Hill)

Assembly Bill No. 2190

Passed the Assembly August 24, 2016

Chief Clerk of the Assembly

Passed the Senate August 19, 2016

Secretary of the Senate

This bill was received by the Governor this _____ day
of _____, 2016, at _____ o'clock ____M.

Private Secretary of the Governor

CHAPTER _____

An act to amend Sections 4927.5, 4928, 4934, 4938, and 4974 of, and to repeal and add Section 4939 of, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 2190, Salas. Acupuncture Board: executive officer: education.

Existing law, the Acupuncture Licensure Act, provides for the licensure and regulation of the practice of acupuncture by the Acupuncture Board, within the Department of Consumer Affairs. Existing law authorizes the board, with the approval of the Director of Consumer Affairs, to appoint an executive officer who is exempt from civil service. Existing law repeals the provisions establishing the board and authority for it to appoint an executive officer on January 1, 2017.

The bill would extend the operation of the board and the board's authority to appoint an executive officer until January 1, 2019.

Existing law requires, among other things, the completion of an approved educational and training program in order to be issued a license to practice acupuncture. For purposes of the act, beginning January 1, 2017, existing law defines "approved educational and training program" as a school or college offering education and training in the practice of an acupuncturist who meets various requirements, including offering curriculum that includes specified hours of didactic and laboratory training and supervised clinical instruction. Existing law requires these programs to submit that curriculum to the board and to receive board approval of the curriculum.

This bill would provide that any school or college offering education and training in the practice of acupuncture that was approved by the board prior to January 1, 2017, is deemed to have had its curriculum approved by the board if its approval has not been revoked and it has not changed its curriculum since receiving board approval.

Beginning January 1, 2017, existing law requires the board to establish standards for the approval of educational training and clinical experience received outside the United States.

This bill would repeal that board requirement. The bill would instead require an applicant completing education outside of the United States to submit documentation of his or her education to a board approved credential evaluation service for evaluation and to have the results of the evaluation sent directly from the credential evaluation service to the board. The bill would require the board to examine the received results to determine if an applicant meets requirements for licensure and, if the evaluated education is not sufficient, would authorize the board to offer the applicant additional education, training, or testing, as specified. The bill would require the board to establish, by regulation, an application process, criteria, and procedures for approval of a credential evaluation service. The bill would require the regulations to, at a minimum, require the credential evaluation service to meet specified requirements. The bill would define, for these purposes, an “approved credential evaluation service” as an agency or organization that is approved by the board to evaluate education completed outside the United States and identify the equivalency of that education to education completed within the United States. The bill would also make nonsubstantive changes.

The people of the State of California do enact as follows:

SECTION 1. Section 4927.5 of the Business and Professions Code, as added by Section 2 of Chapter 397 of the Statutes of 2014, is amended to read:

4927.5. a For purposes of this chapter, “approved educational and training program” means a school or college offering education and training in the practice of an acupuncturist that meets all of the following requirements:

1 Offers curriculum that includes at least 3,000 hours of which at least 2,050 hours are didactic and laboratory training, and at least 950 hours are supervised clinical instruction. Has submitted that curriculum to the board, and has received board approval of the curriculum. Any school or college offering education and training in the practice of acupuncture that was approved by the board prior to January 1, 2017, has not had its approval revoked,

and has not changed its curriculum since receiving board approval, is deemed to have had its curriculum approved by the board for the purposes of this section.

2) Has received full institutional approval under Article 6 (commencing with Section 94885) of Chapter 8 of Part 59 of Division 10 of Title 3 of the Education Code in the field of traditional Asian medicine, or in the case of institutions located outside of this state, approval by the appropriate governmental educational authority using standards equivalent to those of Article 6 (commencing with Section 94885) of Chapter 8 of Part 59 of Division 10 of Title 3 of the Education Code.

3) Meets any of the following:

A) Is accredited by the Accreditation Commission for Acupuncture and Oriental Medicine.

B) Has been granted candidacy status by the Accreditation Commission for Acupuncture and Oriental Medicine.

C) Has submitted a letter of intent to pursue accreditation to the Accreditation Commission for Acupuncture and Oriental Medicine within 30 days of receiving full institutional approval pursuant to paragraph 2), and is granted candidacy status within three years of the date that letter was submitted.

b) Within 30 days after receiving curriculum pursuant to paragraph (1), the board shall review the curriculum, determine whether the curriculum satisfies the requirements established by the board, and notify the school or college, the Accreditation Commission for Acupuncture and Oriental Medicine, and Bureau of Private and Postsecondary Education of whether the board has approved the curriculum.

c This section shall become operative on January 1, 2017.

SEC. 2. Section 4928 of the Business and Professions Code is amended to read:

4928. a The Acupuncture Board, which consists of seven members, shall enforce and administer this chapter.

b This section shall remain in effect only until January 1, 2019, and as of that date is repealed.

c Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 3. Section 4934 of the Business and Professions Code is amended to read:

4934. a The board, by and with the approval of the director, may appoint an executive officer who is exempt from the State Civil Service Act (Part 2 (commencing with Section 18500) of Division 5 of Title 2 of the Government Code .

b This section shall remain in effect only until January 1, 2019, and as of that date is repealed.

SEC. 4. Section 4938 of the Business and Professions Code is amended to read:

4938. a The board shall issue a license to practice acupuncture to any person who makes an application and meets the following requirements:

1) Is at least 18 years of age.
2) Furnishes satisfactory evidence of completion of one of the following:

A) i) An approved educational and training program.

ii) If an applicant began his or her educational and training program at a school or college that submitted a letter of intent to pursue accreditation to, or attained candidacy status from, the Accreditation Commission for Acupuncture and Oriental Medicine, but the commission subsequently denied the school or college candidacy status or accreditation, respectively, the board may review and evaluate the educational training and clinical experience to determine whether to waive the requirements set forth in this subdivision with respect to that applicant.

B) Satisfactory completion of a tutorial program in the practice of an acupuncturist that is approved by the board.

C In the case of an applicant who has completed education and training outside the United States, documented educational training and clinical experience that meets the standards established pursuant to Sections 4939 and 4941.

3) Passes a written examination administered by the board that tests the applicant's ability, competency, and knowledge in the practice of an acupuncturist. The written examination shall be developed by the Office of Professional Examination Services of the Department of Consumer Affairs.

4 Is not subject to denial pursuant to Division 1.5 commencing with Section 475).

5) Completes a clinical internship training program approved by the board. The clinical internship training program shall not exceed nine months in duration and shall be located in a clinic in

this state that is an approved educational and training program. The length of the clinical internship shall depend upon the grades received in the examination and the clinical training already satisfactorily completed by the individual prior to taking the examination. On and after January 1, 1987, individuals with 800 or more hours of documented clinical training shall be deemed to have met this requirement. The purpose of the clinical internship training program shall be to ensure a minimum level of clinical competence.

b) Each applicant who qualifies for a license shall pay, as a condition precedent to its issuance and in addition to other fees required, the initial licensure fee.

SEC. 5. Section 4939 of the Business and Professions Code, as amended by Section 37 of Chapter 426 of the Statutes of 2015, is repealed.

SEC. 6. Section 4939 is added to the Business and Professions Code, to read:

4939. a For purposes of this chapter, “approved credential evaluation service” means an agency or organization that is approved by the board to evaluate education completed outside the United States and identify the equivalency of that education to education completed within the United States.

b If an applicant completes education outside of the United States, the applicant shall do both of the following:

1) Submit documentation of his or her education to a board-approved credential evaluation service for evaluation.

2) Have the results of the evaluation sent directly from the credential evaluation service to the board.

c If the board receives the results of an applicant's evaluation pursuant to subdivision (b), the board shall examine the results and determine whether the applicant meets requirements for licensure. If the evaluated education is not sufficient to meet the requirements for licensure, the board may offer the applicant additional education, training, or standardized testing to satisfy the educational requirements. The board shall not require the applicant to complete education, training, or testing that is not otherwise required of applicants who complete education or training within the United States.

d) The board shall establish, by regulation, an application process, criteria, and procedures for approval of credential

evaluation services. The regulations shall, at a minimum, require the credential evaluation service to meet all of the following requirements:

- 1) Furnish evaluations written in English directly to the board.
- 2) Be a member of a nationally recognized foreign credential evaluation association, such as, but not limited to, the American Association of Collegiate Registrars and Admissions Officers or the National Association of Credential Evaluation Services.
- 3) Undergo reevaluation by the board every five years.
- 4) Certify to the board that the credential evaluation service maintains a complete set of reference materials as determined by the board.
- 5) Base evaluations only upon verified authentic, official transcripts, and degrees.
- 6) Have a written procedure for identifying fraudulent transcripts.
- 7) Include in an evaluation report submitted to the board the specific method or methods of authentication for the transcripts, certification, degrees, and other education evaluated for the purposes of the report.
- 8) Include in the evaluation report, for each degree held by the applicant, the equivalent degree offered in the United States, the date the degree was granted, the institution granting the degree, an English translation of the course titles, and the semester unit equivalence for each course.
- 9) Have an appeal procedure for applicants.
- 10) Provide information concerning the credential evaluation service to the board that includes, but is not limited to, resumes or curriculum vitae for each evaluator and translator, which includes biographical information, three letters of references from public or private agencies, statistical information on the number of applications processed annually for the past five years, and any other information the board may require to determine whether the credential evaluation service meets the standards under this subdivision and the board's regulations.
- 11) Provide to the board all information required by the board, including, but not limited to, the following:
 - A) Its credential evaluation policy.
 - B) A complete list of terminology and evaluation terms used in producing its credential evaluations.

C) A detailed description of the specific methods utilized for credential authentication.

SEC. 7. Section 4974 of the Business and Professions Code is amended to read:

4974. The board shall report to the Controller at the beginning of each month for the month preceding the amount and source of all revenue received by it pursuant to this chapter, and shall pay the entire amount thereof to the Treasurer for deposit in the Acupuncture Fund, which fund is created to carry out the provisions of this chapter, upon appropriation by the Legislature.

Approved _____, 2016

Governor

#7e

Regulatory Update



ACUPUNCTURE BOARD

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CAB list of past and future regulations

Updated: September 15, 2016

Set out below are a list of past and future pending regulations. Please note this list may be incomplete and subject to change depending upon Legislative or Executive action.

Note: Authority for regulatory changes is provided under California Business and Professions (B&P) Code Chapter 12, Article 1, Code section 4933.

Pending regulations				
	Subject	Title 16, California Code of Regulations (CCR) Section referred	Date authorizing vote taken (vote)	Current Status
1	Uniform Standards Related to Substance Abuse and Recommended Guidelines for Disciplinary Orders and Conditions of Probation (SB 1441)	Amend Section 1399.469	10/25/2013 (5-0)	Public comment period ended May 30, 2016. Staff has proposed changes to approved language and Uniform Standards. If Board approves, a 15-day modified text notice will be issued.
2	Standards for the Approval of Educational Training and Clinical Experience Received Outside the United States; Curriculum Standards for Board Approval of Curriculum; Requirements for Board Approval of Curriculum. (SB 1246)	Adopt Section 1399.433, Amend Section 1399.434, Repeal Section 1399.436, Amend Section 1399.437	11/17/2015 (7-0)	Board approved new regulatory language based upon public comments received at 8/31/2016 public meeting. Modified text released for 15-day public comment period to end 9/15/2016.
3	Sponsored Free Health-Care Events (AB 2699)	Adopt Article 7 and Sections 1399.480, 1400.1, 1400.2 and 1400.3	11/17/2011 (5-0)	Rulemaking package approved by DCA and Agency. To OAL for final rulemaking. If no OAL changes, regulation would be effective January 1, 2017.
4	Advertising Guidelines – Display of License Number in Advertising	Adopt Section 1399.455	2/19/2013 (5-0)	Package reviewed by staff and Legal Counsel. Staff recommends returning package to Enforcement committee for further review and development.

5	Prostitution Enforcement and Condition of Office	Amend Section 1399.450(b)	2/14/2014 (6-0)	Package reviewed by staff and Legal Counsel. Staff recommends returning package to Enforcement committee for further review and development.
6	Continuing Education Ethics Requirement	Adopt Section 1399.482.2	11/15/2012 (5-0)	Package reviewed by staff and Legal Counsel. Staff recommends returning package to Education committee for further review and development.
7	Hand Hygiene Requirements	Amend Section 1399.451(a)	2/14/2014 (5-0)	Package under staff development. Expected submittal to OAL for notice publication and public comment period by Fall 2016.

Adopted Regulations

	Subject	Title 16, CCR Sections referred	Date approved by Office of Administrative Law; date in effect with link to text of regulation
1	Educational Curriculum Requirements	Amend Section 1399.415	Approved by OAL 10/5/04 http://www.acupuncture.ca.gov/pubs_forms/laws_regs/art2.shtml#1399415
2	Cite and Fine Enforcement	Amend Section 1399.465	Approved by OAL 4/17/06 http://www.acupuncture.ca.gov/pubs_forms/laws_regs/art6.shtml#1399465
3	Continuing Education	Amends Sections 1399.480 – 1399.489.1	Approved by OAL on 8/25/08 http://www.acupuncture.ca.gov/pubs_forms/laws_regs/art8.shtml#1399480
4	Retroactive Fingerprinting Requirements	Adopts Sections 1399.419.1 and 1399.419.2	Approved by OAL 9/23/10 http://www.acupuncture.ca.gov/pubs_forms/laws_regs/art25.shtml#13994191
5	Consumer Protection Enforcement Initiative (CPEI)	Amends Sections 1399.405, 1399.419, 1399.469.1, 1399.468.2	Approved by OAL 9/1/15; in effect 10/1/2015 https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I45A8F9C0D48E11DEBC02831C6D6C108E&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default)
6	Display of Licensure by Acupuncture Board (BPC 138)	Adopt section 1399.463.3	Approved by OAL 7/12/16; in effect 10/1/2016 http://www.acupuncture.ca.gov/pubs_forms/laws_regs/bpc138_orderofadoption.pdf

#8

Consideration and possible action
On Title 16, CCR Sections 1399.433,
1399.434, 1399.437 and
Repeal of CCR Section 1399.436 –
Implementation of SB 1246



DATE	September 21, 2016
TO	Board Members
FROM	Marc Johnson, Policy Coordinator
SUBJECT	Title 16, California Code of Regulations (CCR) Sections 1399.433, 1399.434, 1399.437 and Repeal of CCR Section 1399.436 – Implementation of SB 1246

Issue:

Update and possible action to Title 16, CCR Sections 1399.433, 1399.434, 1399.436 and 1399.437 (Implementation of SB 1246) regulatory rulemaking package.

Action Items for Board:

As of September 13, 2016 (date of Board packet assembly), no action items. This may change depending upon public comments received by the September 15, 2016 public comment period closure date.

Background and discussion:

Senate Bill 1246 (Lieu, Chapter 397, Statutes of 2014) is the Board's Sunset Bill from 2014. The provisions of SB 1246 take effect on January 1, 2017. At the November 11, 2015 Board meeting, the Board originally approved proposed regulatory language to address the changes implemented by SB 1246, which:

1. Creates standards for the approval of educational training and clinical experience received outside the United States (proposed CCR Section 1399.433)
2. Sets forth curriculum standards for Board approval of curriculum (proposed CCR section 1399.434)
3. Repeals obsolete requirements for Board approval of curriculum. (repeal of CCR section 1399.436)
4. Creates a process for approving curriculum (proposed CCR Section 1399.437)

Staff began work on the proposed SB 1246 rulemaking in early 2016, and received approval from Legal Counsel to file the package with OAL. In April 2016, the Board filed the rulemaking package with OAL, and the public comment period on the proposed regulation began on April 22, 2016. The comment period ended on June 6, 2016, with a public hearing held on June 6, 2016. On August 31, 2016, the Board held a public meeting to review and discuss comments received during the 45-day comment period. The Board adopted responses to the comments, which will be addressed in the Final Statement of Reasons (FSR) for the SB 1246 rulemaking package.

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Based upon public comments, staff and legal counsel review, revised regulatory language for the implementation of SB 1246 was then presented to the Board at the August 31, 2016 meeting. This revised language was reviewed by the Board and then approved on a 6-0 motion which was as follows, made by Vice President Zamora and seconded by President Aguinaldo:

"I move to amend the proposed language as staff has recommended, to approve the modified text for a 15-day comment period and delegate to the Executive Officer, if there are no comments received during the public comment period, the authority to make technical, non-substantive changes as necessary in completing the rulemaking file".

The revised language clarifies the definition of 'physical presence' requirements of clinic supervisors in approved training programs; better defines the term 'coursework'; updates a reference to the Clean Needle Technique Manual; and clarifies and updates the 'Requirements for Board Approval of Curriculum' form. Subsequently, the revised regulatory language was released for a 15-day public comment period (beginning September 1, 2016 and ending September 15, 2016) on the Board's website and also mailed out to interested parties.

Additional material and responses to the September 1 – September 15th public comment period will be included as an attachment to the packet if needed. If no public comments are received, staff will continue with the rulemaking process by submitting the regulation to DCA and OAL for final approval. It is expected the regulation will be in effect by January 1, 2017.

#8

SB 1246 Reg Comment



FIVE BRANCHES UNIVERSITY

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California

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www.fivebranches.edu

Via Email

September 14, 2016

Members and Staff

State of California Acupuncture Board

1747 North Market Blvd, Suite 180

Sacramento, CA 95834

Re: Proposed new clinic training regulation -- CCR Section 1399.433 h 4) and CCR Section 1399.434h 4

Dear California Acupuncture Board President, Members and Executive Director,

On behalf of the over 100 Five Branches University faculty and our academic leadership, Five Branches University urges the Acupuncture Board to take the time to review and change the proposed new clinic training regulation CCR Section 1399.433 h 4) and CCR Section 1399.434h (4) based on input from the profession and TCM faculty of California.

The proposed new clinic training regulation seriously undermines safety of the patient by students needling when the students have already been trained in needling. Most importantly, this takes the faculty away from the imperative responsibility of meeting with the student to analyze and discuss the diagnosis and treatment plan of the patient.

By the time students are needling patients, they have had over 250 hours of direct acupuncture training, and extensive experience in how to needle every point on the curriculum. During the 250 hours of acupuncture education and in-class practical training, students have been observed and examined to assure the student is skillful in needling, including CNT, point location, needle angle and needle depth. Students are not allowed to needle patients until they have acquired these skills.

As you know, the California standards for acupuncture and Traditional Chinese Medicine education were written over 35 years ago when the acupuncture committee assumed that clinical training would be done in the same structure as in China where acupuncture was practiced in large rooms where the supervisor, patients and students were physically present in the same space. Today, in the U.S. and more and more in China, acupuncture is practiced in private rooms, and the supervisor can only be present with one student and patient. To continue with high quality supervision, faculty need to visit the patient to help in making the correct diagnosis, then meet with the student to discuss and agree on the diagnosis, and acupuncture and herbal formula treatment plan. Faculty normally revisit the patient to observe the accuracy of the student's acupuncture.

The proposed regulation has the unintended effect of taking the faculty member away from this fundamental and indispensable aspect of clinical training – to meet with the student to discuss and agree on the diagnosis, and acupuncture and herbal formula treatment plan – and require that the faculty instead observe the student needling.

To require that, “During the initial 700 hours of clinical instruction, the student shall remain in the direct line of sight of the clinic supervisor at all times when the patient is being diagnosed and/or treated” assumes that patients in America are okay being treated in a large, common treatment room, community clinic style. While some patients may accept this, the majority of patients want privacy and a private room.

As you may know, leading TCM colleges like Finger Lakes School of Acupuncture and Oriental Medicine in New York State chose to not undermine the quality of their clinical training by following the inferior policies of the Acupuncture Board. As a consequence, their program was not approved. California schools in contrast can not afford to not be approved by CAB and have therefore decided to reduce the quality of clinical training in order to be in compliance – an uncomfortable and regrettable compromise.

We have an opportunity to research and understand why CCR Section 1399.434h (4) has received so much resistance from schools and faculty who have been teaching TCM for decades.

We hope the Acupuncture Board will take the time to research and understand this issue, and develop a regulation that truly enhances TCM training and protects the people of California.

In brief, striking, ~~“Thereafter, for a second period of 275 hours the clinic supervisor shall be physically present at the needling of the patient”~~ would, in the view of our academic leadership and faculty, assure the highest education and clinical training, and would maximize patient safety.

Sincerely,



Ron Zaidman, MBA, DAOM Fellow
President & CEO

#8

Proposed Board Response to SB 1246

Addendum to Item #8 – Addendum to Consideration and possible action on Title 16, CCR Sections 1399.433, 1399.434, 1399.437 and Repeal of CCR Section 1399.436 – Implementation of SB 1246

Written letter received via email (acupuncture@dca.ca.gov mailbox) on September 14, 2016 from Ron Zaidman, President and CEO, Five Branches University in Santa Cruz, CA and San Jose, CA.

Mr. Zaidman's comments refer to the proposed regulatory text to CCR Sections 1399.433(h) and 1399.434(h), both of which read as follows:

“(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 Oriental 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 oriental medicine treatment modalities listed in the Business and Professions Code Section 4927(d) and 4937(b).
- (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. During the initial 700 hours of clinical instruction, the student shall remain in the direct line of sight of the clinic supervisor at all times when the patient is being diagnosed and/or treated. After 700 hours of clinical instruction, ~~The~~ 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.”

Mr. Zaidman feels that *“the proposed new clinic training regulation seriously undermines the quality of clinical education and the safety of the patient by forcing faculty to stand by and observe students needling when the students have already been trained in needling. Most importantly, this takes the faculty away from the imperative responsibility of meeting with the student to analyze and discuss the diagnosis and treatment plan of the patient.*

By the time students are needling patients, they have had over 250 hours of direct acupuncture training, and extensive experience in how to needle every point on the curriculum. During the 250 hours of acupuncture education and in-class practical training, students have been observed and examined to assure the student is skillful in needling, including CNT, point location, needle angle and needle depth. Students are not allowed to needle patients until they have acquired these skills.”

As you know, the California standards for acupuncture and Traditional Chinese Medicine education were written over 35 years ago when the acupuncture committee assumed that clinical training would be done in the same structure as in China where acupuncture was practiced in large rooms where the supervisor, patients and students were physically present in the same space. Today, in the U.S. and more and more in China, acupuncture is practiced in private rooms, and the supervisor can only be present with one student and patient. To continue with high quality supervision, faculty need to visit the patient to help in making the correct diagnosis, then meet with the student to discuss and agree on the diagnosis, and acupuncture and herbal formula treatment plan. Faculty normally revisit the patient to observe the accuracy of the student’s acupuncture. The proposed regulation has the unintended effect of taking the faculty member away from this fundamental and indispensable aspect of clinical training – to meet with the student to discuss and agree on the diagnosis, and acupuncture and herbal formula treatment plan – and require that the faculty instead observe the student needling.

To require that, ‘during the initial 700 hours of clinical instruction, the student shall remain in the direct line of sight of the clinic supervisor at all times when the patient is being diagnosed and/or treated’ assumes that patients in America are okay being treated in a large, common treatment room, community clinic style. While some patients may accept this, the majority of patients want privacy and a private room.”

In brief, striking, ‘Thereafter, for a second period of 275 hours the clinic supervisor shall be physically present at the needling of the patient’ would, in the view of our academic leadership and faculty, assure the highest education and clinical training, and would maximize patient safety.”

Proposed Board Response:

The Board rejects this comment. The proposed changes to CCR Section 1399.433(h) and 1399.434(h) do not alter any of the current clinical requirements that have been in regulation since 2005. The proposed language more clearly defines physical presence as ‘line-of-sight’ clinical supervision of the student. Needling is a precise and sensitive procedure and there exists a difference between the didactic instruction in the practice and the clinical application of needling. The Acupuncture Board’s primary purpose is to protect the public and reduce the risk of public harm. Therefore, supervision is necessary to ensure that the skills learned didactically continue to develop when transitioning to patient care. Removal of the requirement of a second period of 275 hours that the clinic supervisor shall be physically present would reduce the Board’s ability to protect the public by way of thorough training of the student,

and may increase the possibility of public harm by requiring less supervised clinical training and instruction for acupuncture students.

#9

Consideration and possible action
on proposed Amendments to
Title 16, CCR Sections 1399.469 – Uniform
Standards Related to Substance Abuse

ACUPUNCTURE BOARD

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DATE	September 21, 2016
TO	Board Members
FROM	Marc Johnson, Policy Coordinator
SUBJECT	SB 1441 - Uniform Standards Related to Substance-Abusing Licensees

Issue:

Approval of revised Title 16, California Code of Regulations Section 1399.469 regulatory language and new Uniform Standards Related to Substance-Abusing Licensees document based upon SB 1441.

Action items for Board:

1. Discussion and recommended approval of revised language for title 16, California Code of Regulations (CCR) Section 1399.469. If approved, the proposed language would be subject to a 15-day public comment period. If any adverse comments were received during this 15-day public comment period, the regulation package would come before the Board at a future public meeting to address those comments. Absent any adverse comments, the Board may delegate the authority to the Executive Officer to make any technical and non-substantive changes and complete the rulemaking for submission to the Office of Administrative Law for final approval.
2. Discussion, review and recommended approval of new 'Uniform Standards Related to Substance Abusing Licensees (September 2016)' document.
3. Delegation to Executive Officer to continue the regulatory process and grant authority to make non-substantive changes to the regulation and the Disciplinary Guidelines.

Suggested Motion: "I move to approve the proposed regulatory modified text and document for a 15-day public comment period and if there are no adverse comments, to delegate the authority to the executive officer to make any technical and non-substantive changes that may be required and to adopt the proposed regulatory changes."

Background and discussion:

Originally, this rulemaking package proposed to update the Board's existing 1996 disciplinary guidelines to a new 'Acupuncture Board Disciplinary Guidelines and Conditions of Probation [September 2015]' which includes appropriate provisions of the Uniform Standards formulated by the Department of Consumer Affairs Substance

Abuse Coordination Committee (SACC) pursuant to BPC section 315, as set out by Senate Bill 1441 (Ridley-Thomas, 2008). This proposal originally included standard language to be used in disciplinary orders and conditions of probation if the licensee is determined to be a substance-abusing licensee.

The Board previously approved the proposed regulatory language and updates to the Disciplinary Guidelines at the September 18, 2015 public board meeting. Staff then commenced the rulemaking process, filing the regulatory package with OAL and then publically releasing the proposed language, Notice to Consumers and Initial Statement of Reasons. The 45-day public comment period began on April 15, 2016 and concluded on May 30, 2016. No public comments were received during the comment period, nor were any received at the public hearing held on May 31, 2016.

Upon further review of the approved language and the updated 2015 Guidelines with Legal Counsel, staff decided to further update the approved regulatory language. The new language is similar to the language approved in 2015, but now clearly articulates when a licensee is a substance-abusing licensee and when the Uniform Standards apply (after a hearing and the Board, or the ALJ, makes a determination based on the evidence presented at the hearing that the licensee is a substance abusing licensee).

Additionally, staff proposes a new, stand-alone document incorporating the Uniform Standards as required by SB 1441. The new 'Uniform Standards for Substance Abusing Licensees (September 2016)' document was removed from the previously approved 2015 Disciplinary Guidelines and as before contains model language that contains the uniform standards developed by SACC in April 2010 as required by SB 1441. Staff believes separating the Uniform Standards from the Disciplinary Guidelines provides the Board, Board staff, and other interested parties more clarity. Additionally, the terms of each document apply in different situations, and thus should be separated.

Meanwhile, Staff proposes to remove the proposed document incorporated by reference 'Acupuncture Board Disciplinary Guidelines and Conditions of Probation [September 2015]', from the regulation and the 1996 Disciplinary Guidelines will continue to be used. Revisions to the 1996 Disciplinary Guidelines will be completed and presented to the Board for consideration in early 2017.

Attachments

1. Updated SB 1441 regulatory language
2. New 'Uniform Standards for Substance Abusing Licensees (September 2016)' handbook

California Acupuncture Board
Specific Language of Proposed Changes – SB 1441
Uniform Standards Related to Substance-Abusing Licensees and Disciplinary
Guidelines and Conditions of Probation

[Note: The originally proposed regulatory text is indicated by single underline and single strikethrough. The modifications to the originally proposed text are indicated by ~~double strikethrough~~ for deleted text and double underline for added text.]

Amend section 1399.469 to read as follows:

1399.469. Disciplinary Guidelines ~~and Conditions of Probation~~ and Uniform Standards Related to Substance Abuse

- (a) In reaching a decision on a disciplinary action under the Administrative Procedures Act (Government Code Section 11400 et seq.), the Acupuncture Board shall ~~consider~~ comply with the disciplinary guidelines entitled "Department of Consumer Affairs, Acupuncture Board 'Disciplinary Guidelines' 1996" ~~and Conditions of Probation" [September 2016]~~, which are hereby incorporated by reference. Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the Acupuncture Board in its sole discretion determines that the facts of the particular case warrant such a deviation—for example: the presence of mitigating factors; the age of the case; evidentiary problems.
- (b) ~~If the conduct found to be grounds for discipline involves drugs and/or alcohol, the licensee shall be presumed to be a substance-abusing licensee for the purposes of section 315 of the Business and Professions Code. If the licensee does not rebut that presumption, in addition to any and all relevant terms and conditions contained in the "Acupuncture Board Disciplinary Guidelines and Conditions of Probation" [September 2016], the Board's Uniform Standards Related to Substance-Abusing Licensees shall apply and the substance-abusing conditions shall be used in the order as written. Nothing in this Section shall prohibit the Board from imposing additional terms or conditions of probation in any order that the Board determines would provide greater public protection. Neither the Board nor an administrative law judge may impose any conditions or terms of probation that are less restrictive than the Board's Uniform Standards Related to Substance-Abusing Licensees in cases involving substance-abusing licensees. If after notice and hearing conducted in accordance with Chapter 5, Part 1, Division 3, Title 2 of the Government Code (commencing with sections 11500 et seq.), the Board finds that the evidence establishes that an individual is a substance-abusing licensee, then the terms and conditions contained in the document entitled "Uniform Standards Related to Substance-Abusing Licensees (September 2016)", which are hereby incorporated by reference, shall be used in any probationary order of the Board affecting that licensee.~~

(c) Nothing in this Section shall prohibit the Board from imposing additional terms or conditions of probation that are specific to a particular case or that are derived from the Board's guidelines referenced in subsection (a) in any order that the Board determines would provide greater public protection.

NOTE: Authority cited: Sections ~~315, 315.2, 315.4~~ 4928.1 and 4933, Business and Professions Code; and Sections 11400.20 and ~~11400.21~~, Government Code.

Reference: Sections 11400.20, ~~11400.21~~ and 11425.50(e), Government Code; Sections 315, 315.2, 315.4, 4955, 4955.2, 4960.5, Business and Professions Code.

CALIFORNIA ACUPUNCTURE BOARD

UNIFORM
STANDARDS RELATED TO
SUBSTANCE-ABUSING
LICENSEES

SEPTEMBER 2016

THE BOARD'S UNIFORM STANDARDS RELATED TO SUBSTANCE-ABUSING LICENSEES

Pursuant to Business and Professions Code §315, the following standards are adopted by the Board and shall be adhered to for all cases where the evidence establishes that an individual is a substance-abusing licensee.

1. Clinical Diagnostic Evaluations:

If the Board orders a licensee ~~who is either in a diversion program or whose~~ license is on probation due to a substance abuse problem to undergo a clinical diagnosis evaluation, the following applies:

1. The clinical diagnostic evaluation shall be conducted by a licensed practitioner who:
 - holds a valid, unrestricted license, which includes scope of practice to conduct a clinical diagnostic evaluation;
 - has three (3) years experience in providing evaluations of health professionals with substance abuse disorders; and,
 - is approved by the board.
2. The clinical diagnostic evaluation shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations.
3. The clinical diagnostic evaluation report shall:
 - set forth, in the evaluator's opinion, whether the licensee has a substance abuse problem;
 - set forth, in the evaluator's opinion, whether the licensee is a threat to himself/herself or others; and,
 - set forth, in the evaluator's opinion, recommendations for substance abuse treatment, practice restrictions, or other recommendations related to the licensee's rehabilitation and safe practice.

The evaluator shall not have a financial relationship, personal relationship, or business relationship with the licensee within the last five years. The evaluator shall provide an objective, unbiased, and independent evaluation.

If the evaluator determines during the evaluation process that a licensee is a threat to himself/herself or others, the evaluator shall notify the Board within 24

hours of such a determination.

For all evaluations, a final written report shall be provided to the Board no later than ten (10) days from the date the evaluator is assigned the matter unless the evaluator requests additional information to complete the evaluation, not to exceed 30 days.

2. Removal from Practice Pending Clinical Diagnostic Evaluation

The following practice restrictions apply to each licensee who undergoes a clinical diagnostic evaluation:

1. The Board shall order the licensee to cease practice during the clinical diagnostic evaluation pending the results of the clinical diagnostic evaluation and review by the diversion program/board staff.
2. While awaiting the results of the clinical diagnostic evaluation required in Uniform Standard #1, the licensee shall be randomly drug tested at least two (2) times per week.

After reviewing the results of the clinical diagnostic evaluation, ~~and the criteria below~~, a probation manager shall determine, whether or not the licensee is safe to return to either part-time or full-time practice based on the following criteria:

- the license type;
- the licensee's history;
- the documented length of sobriety/time that has elapsed since substance use;
- the scope, pattern of use;
- the treatment history;
- the licensee's medical history and current medical condition;
- the nature, duration and severity of substance abuse, and
- whether the licensee is a threat to himself/herself or the public.

However, no licensee shall return to practice until he or she has at least 30 days of negative drug tests.

3. Board Communication with Probationer's Employer:

If the licensee ~~who is either in the Board diversion program or~~ whose license is on probation has an employer, the licensee shall provide to the Board the names, physical addresses, mailing addresses, and telephone numbers of all employers and supervisors and shall give specific, written consent that the licensee authorizes the board and the employers and supervisors to communicate

regarding the licensee's work status, performance, and monitoring.

4. Drug Testing Standards:

The following standards shall govern all aspects of testing required to determine abstinence from alcohol and drugs for any person whose license is placed on probation ~~or in a diversion program~~ due to substance use:

TESTING FREQUENCY SCHEDULE

~~A~~The Board may order a licensee to drug test at any time. Additionally, each licensee shall be tested RANDOMLY in accordance with the schedule below:

<u>Level</u>	<u>Segments of Probation/Diversion</u>	<u>Minimum Range of Number of Random Tests</u>
I	Year 1	52-104 per year
II*	Year 2+	36-104 per year

*The minimum range of 36-104 tests identified in level II, is for the second year of probation or diversion, and each year thereafter, up to five (5) years. Thereafter, administration of one (1) time per month if there have been no positive drug tests in the previous five (5) consecutive years of probation ~~or diversion~~.

Nothing precludes ~~a~~ the Board from increasing the number of random tests for any reason. ~~Any~~If ~~the Board who~~ finds or has suspicion that a licensee has committed a violation of ~~a~~ the Board's testing program or who has committed a Major Violation, as identified in Uniform Standard 10, may reestablish the testing cycle by placing that licensee at the beginning of level I, in addition to any other disciplinary action that may be pursued.

EXCEPTIONS TO TESTING FREQUENCY SCHEDULE

I. PREVIOUS TESTING/SOBRIETY

In cases where ~~a~~ the Board has evidence that a licensee has participated in a treatment or monitoring program requiring random testing, prior to being subject to testing by the Board, the Board may give consideration to that testing in altering the testing frequency schedule so that it is equivalent to this standard.

II. VIOLATION(S) OUTSIDE OF EMPLOYMENT

An individual whose license is placed on probation for a single conviction or incident or two convictions or incidents, spanning greater than seven years from each other, where those violations did not occur

at work or while on the licensee's way to work, where alcohol or drugs were a contributing factor, may bypass level I and participate in level II of the testing frequency schedule.

III. NOT EMPLOYED IN HEALTH CARE FIELD

A The Board may reduce testing frequency to a minimum of 12 times per year for any person who is not practicing OR working in any health care field. If a reduced testing frequency schedule is established for this reason, and if a licensee wants to return to practice or work in a health care field, the licensee shall notify and secure the approval of the ~~licensee's Board~~. Prior to returning to any health care employment, the licensee shall be subject to level I testing frequency for at least 60 days. At such time the person returns to employment (in a health care field), if the licensee has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect.

IV. TOLLING

A The Board may postpone all testing for any person whose probation or diversion is placed in a tolling status if the overall length of the probationary or diversion period is also tolled. A licensee shall notify the Board upon the licensee's return to California and shall be subject to testing as provided in this standard. If the licensee returns to employment in a health care field, and has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect.

V. SUBSTANCE USE DISORDER NOT DIAGNOSED

In cases where no current substance use disorder diagnosis is made, a lesser period of monitoring and toxicology screening may be adopted by the Board, but not to be less than 24 times per year.

OTHER DRUG STANDARDS

Drug testing may be required on any day, including weekends and holidays.

~~The scheduling of drug tests shall be done on a random basis, preferably by a computer program, so that a licensee can make no reasonable assumption of when he/she will be tested again. Boards should be prepared to report data to support back to back testing as well as, numerous different intervals of testing.~~
Except as directed, the scheduling of drug tests shall be done on a random basis, preferably by a computer program.

Licensees shall be required to make daily contact to determine if drug testing is required.

Licensees shall be drug tested on the date of notification as directed by the Board.

Specimen collectors must either be certified by the Drug and Alcohol Testing Industry Association or have completed the training required to serve as a collector for the U.S. Department of Transportation.

Specimen collectors shall adhere to the current U.S. Department of Transportation Specimen Collection Guidelines.

Testing locations shall comply with the Urine Specimen Collection Guidelines published by the U.S. Department of Transportation, regardless of the type of test administered.

Collection of specimens shall be observed.

Prior to vacation or absence, alternative drug testing location(s) must be approved by the Board.

Laboratories shall be certified and accredited by the U.S. Department of Health and Human Services.

A collection site must submit a specimen to the laboratory within one (1) business day of receipt. A chain of custody shall be used on all specimens. The laboratory shall process results and provide legally defensible test results within seven (7) days of receipt of the specimen. The ~~appropriate~~ Board will be notified of non-negative test results within one (1) business day and will be notified of negative test results within seven (7) business days.

~~A-~~The Board may use other testing methods in place of, or to supplement biological fluid testing, if the alternate testing method is appropriate.

PETITIONS FOR REINSTATEMENT

Nothing herein shall limit ~~a~~ the Board's authority to reduce or eliminate the standards specified herein pursuant to a petition for reinstatement or reduction of penalty filed pursuant to Government Code section 11522 or statutes applicable to the board that contains different provisions for reinstatement or reduction of penalty.

OUTCOMES AND AMENDMENTS

~~For purposes of measuring outcomes and effectiveness, each board shall collect and report historical and post implementation data as follows:~~

Historical Data – Two Years Prior to Implementation of Standard

~~Each board should collect the following historical data (as available), for a period of two years, prior to implementation of this standard, for each person subject to testing for banned substances, who has 1) tested positive for a banned substance, 2) failed to appear or call in, for testing on more than three occasions, 3) failed to pay testing costs, or 4) a person who has given a dilute or invalid specimen.~~

Post Implementation Data – Three Years

~~Each board should collect the following data annually, for a period of three years, for every probationer and diversion participant subject to testing for banned substances, following the implementation of this standard.~~

Data Collection

~~The data to be collected shall be reported to the Department of Consumer Affairs and the Legislature, upon request, and shall include, but may not be limited to:~~

~~Probationer/Diversion Participant Unique Identifier~~

~~License Type~~

~~Probation/Diversion Effective Date~~

~~General Range of Testing Frequency by/for Each Probationer/Diversion Participant~~

~~Dates Testing Requested~~

~~Dates Tested~~

~~Identify the Entity that Performed Each Test~~

~~Dates Tested Positive~~

~~Dates Contractor (if applicable) was informed of Positive Test~~

~~Dates Board was informed of Positive Test~~

~~Dates of Questionable Tests (e.g. dilute, high levels)~~

~~Date Contractor Notified Board of Questionable Test~~

~~Identify Substances Detected or Questionably Detected~~

~~Dates Failed to Appear~~

~~Date Contractor Notified Board of Failed to Appear~~

~~Dates Failed to Call In for Testing~~

~~Date Contractor Notified Board of Failed to Call In for Testing~~

~~Dates Failed to Pay for Testing~~

~~Date(s) Removed/Suspended from Practice (identify which)~~

~~Final Outcome and Effective Date (if applicable)~~

5. Participation in Group Support Meetings

If ~~a~~ the Board requires a licensee to participate in group support meetings, the following shall apply:

- I. When determining the frequency of required group meeting attendance, the Board shall give consideration to the following:
 - the licensee's history;
 - the documented length of sobriety/time that has elapsed since substance use;
 - the recommendation of the clinical evaluator;
 - the scope and pattern of use;
 - the licensee's treatment history; and,
 - the nature, duration, and severity of substance abuse.
- II. Group Meeting Facilitator Qualifications and Requirements:
 1. The meeting facilitator must have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or other nationally certified organizations.
 2. The meeting facilitator must not have a financial relationship, personal relationship, or business relationship with the licensee within the last year.
 3. The group meeting facilitator shall provide to the board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.
 4. The facilitator shall report to the Board any unexcused absence of the Board licensee required to participate within 24 hours.

6. Determining What Treatment is Necessary

In determining whether inpatient, outpatient, or other type of treatment is necessary, the Board shall consider the following criteria:

- Recommendation of the clinical diagnostic evaluation pursuant to Uniform Standard #1;
- license type;
- licensee's history;
- documented length of sobriety/time that has elapsed since substance abuse;
- scope and pattern of substance use;
- licensee's treatment history;
- licensee's medical history and current medical condition;
- nature, duration, severity of substance abuse, and
- threat to himself/herself or the public.

7. Work Site Monitor Requirements:

A The Board may require the use of worksite monitors. If ~~a~~ the Board determines that a worksite monitor is necessary for a particular licensee, the worksite monitor shall meet the following requirements to be considered for approval by the Board:

1. The worksite monitor shall not have financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the board. If it is impractical for anyone but the licensee's employer to serve as the worksite monitor, this requirement may be waived by the board; however, under no circumstances shall a licensee's worksite monitor be an employee of the licensee.
2. The worksite monitor's license scope of practice shall include the scope of practice of the licensee that is being monitored, be another health care professional if no monitor with like practice is available, or, as approved by the board, be a person in a position of authority who is capable of monitoring the licensee at work.
3. If the worksite monitor is a licensed healthcare professional he or she shall have an active unrestricted license, with no disciplinary action within the last five (5) years.
4. The worksite monitor shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and/or contract and agrees to monitor the licensee as set forth by the board.
5. The worksite monitor must adhere to the following required methods of monitoring the licensee:

- a) Have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the board, at least once per week.
- b) Interview other staff in the office regarding the licensee's behavior, if applicable.
- c) Review the licensee's work attendance.

Reporting by the worksite monitor to the Board shall be as follows:

1. Any suspected substance abuse must be verbally reported to the board and the licensee's employer within one (1) business day of occurrence. If occurrence is not during the board's normal business hours the verbal report must be within one (1) hour of the next business day. A written report shall be submitted to the board within 48 hours of occurrence.
2. The worksite monitor shall complete and submit a written report monthly or as directed by the Board. The report shall include:
 - the licensee's name;
 - license number;
 - worksite monitor's name and signature;
 - worksite monitor's license number;
 - worksite location(s);
 - dates licensee had face-to-face contact with monitor;
 - staff interviewed, if applicable;
 - attendance report;
 - any change in behavior and/or personal habits;
 - any indicators that can lead to suspected substance abuse.

The licensee shall complete the required consent forms and sign an agreement with the worksite monitor and the Board to allow the Board to communicate with the worksite monitor.

8. Procedure for Positive Testing

~~When~~If a licensee tests positive for a banned substance:

1. The Board shall order the licensee to cease practice;
2. The Board shall contact the licensee and instruct the licensee to leave

work; and

3. The Board shall notify the licensee's employer, if any, and worksite monitor, if any, that the licensee may not work.

Thereafter, the Board should determine whether the positive drug test is in fact evidence of prohibited use. If so, proceed to Standard #9. If not, the Board shall immediately lift the cease practice order.

In determining whether the positive test is evidence of prohibited use, the Board should, as applicable:

1. Consult the specimen collector and the laboratory;
2. Communicate with the licensee and/or any physician who is treating the licensee; and
3. Communicate with any treatment provider, including group facilitator/s.

9. Procedures for a Confirmed Ingested Banned Substance

When ~~a~~ the Board confirms that a positive drug test is evidence of use of a prohibited substance, the licensee has committed a major violation, as defined in Uniform Standard #10 and the Board shall impose the consequences set forth in Uniform Standard #10.

10. Major and Minor Violations & Consequences

Major Violations include, but are not limited to:

1. Failure to complete ~~a~~ the Board-ordered program;
2. Failure to undergo a required clinical diagnostic evaluation;
3. Multiple minor violations;
4. Treating patients while under the influence of drugs/alcohol;
5. Any drug/alcohol related act which would constitute a violation of the practice act or state/federal laws;
6. Failure to obtain biological testing for substance abuse;
7. Testing positive and confirmation for substance abuse pursuant to Uniform Standard #9;
8. Knowingly using, making, altering or possessing any object or product in such a way as to defraud a drug test designed to detect the presence of alcohol or a controlled substance.

Consequences for a major violation include, but are not limited to:

1. Licensee will be ordered to cease practice.
 - a) the licensee must undergo a new clinical diagnostic evaluation, and
 - b) the licensee must test negative for at least a month of continuous drug testing before being allowed to go back to work.
2. Termination of a contract/agreement.
3. Referral for disciplinary action, such as suspension, revocation, or other action as determined by the board.

Minor Violations include, but are not limited to:

1. Untimely receipt of required documentation;
2. Unexcused non-attendance at group meetings;
3. Failure to contact a monitor when required;
4. Any other violations that do not present an immediate threat to the violator or to the public.

Consequences for minor violations include, but are not limited to:

1. Removal from practice;
2. Practice limitations;
3. Required supervision;
4. Increased documentation;
5. Issuance of citation and fine or a warning notice;
6. Required re-evaluation/testing;
7. Other action as determined by the Board.

11. Petition for Return to Practice

“Petition” as used in this standard is an informal request as opposed to a “Petition for Modification” under the Administrative Procedure Act.

The licensee shall meet the following criteria before submitting a request (petition) to return to full time practice:

1. Demonstrated sustained compliance with current recovery program;
2. Demonstrated the ability to practice safely as evidenced by current work site reports, evaluations, and any other information relating to the licensee’s substance abuse; and
3. Negative drug screening reports for at least six (6) months, two (2) positive worksite monitor reports, and complete compliance with other terms and

conditions of the program.

12. Petition for Reinstatement

“Petition for Reinstatement” as used in this standard is an informal request as opposed to a “Petition for Reinstatement” under the Administrative Procedure Act.

The licensee must meet the following criteria to request (petition) for a full and unrestricted license:

1. Demonstrated sustained compliance with the terms of the disciplinary order, if applicable;
2. Demonstrated successful completion of recovery program, if required;
3. Demonstrated a consistent and sustained participation in activities that promote and support their recovery including, but not limited to, ongoing support meetings, therapy, counseling, relapse prevention plan, and community activities;
4. Demonstrated that he or she is able to practice safely; and
5. Continuous sobriety for three (3) to five (5) years.

#10a

Training Programs Approvals

Health Medicine School – Sunnyvale, CA



ACUPUNCTURE BOARD
1747 North Market Boulevard, Suite 180, Sacramento, CA 95834
(916) 515-5200 FAX (916) 928-2204 www.acupuncture.ca.gov

**Health Medicine School
821 San Antonio Road
Palo Alto, CA 94303
California Acupuncture Board
School Approval Exit Report**

PART I: BACKGROUND

INSTITUTION MISSION AND OBJECTIVE

Health Medicine School (HMS) was established in 2009 to provide graduates with the knowledge and ability to become competent and capable professional TCM practitioners.

HMS Mission Statement:

"To educate and thereby develop skilled and knowledge practitioners rooted in the traditions of Chinese medicine, and to train specialists in massage techniques and methods of massage therapy. Acupuncture graduates are to be practitioners who can also integrate Traditional Chinese Medicine into the Western health care practices and systems and serve their communities by adapting TCM to present day circumstances. The School provides an academic environment for faculty, students and graduates to further their studies in their respective fields. The school also provides health care education and low-cost medical care to the community through the school's clinic".

APPROVAL FROM BPPE

On May 15, 2016, HMS submitted an application to Bureau for Private Postsecondary and Vocational Education (BPPE) for its Master of Arts in Acupuncture program. As of September 2016, the application is still in the review process.

ACCREDITATION

HMS Master of Arts in Acupuncture is not accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM).

DEGREES OFFERED AT HMS

1. Massage Fundamentals for the Practitioner
2. Massage Therapy
3. Master of Arts in Acupuncture

HMS is applying for California Acupuncture Board Training Program approval for its Master of Arts in Acupuncture program. Currently, HMS has 2 students enrolled in its Master of Arts in Acupuncture program.

PART II: GOVERNANCE, ADMINISTRATION, AND PERSONNEL

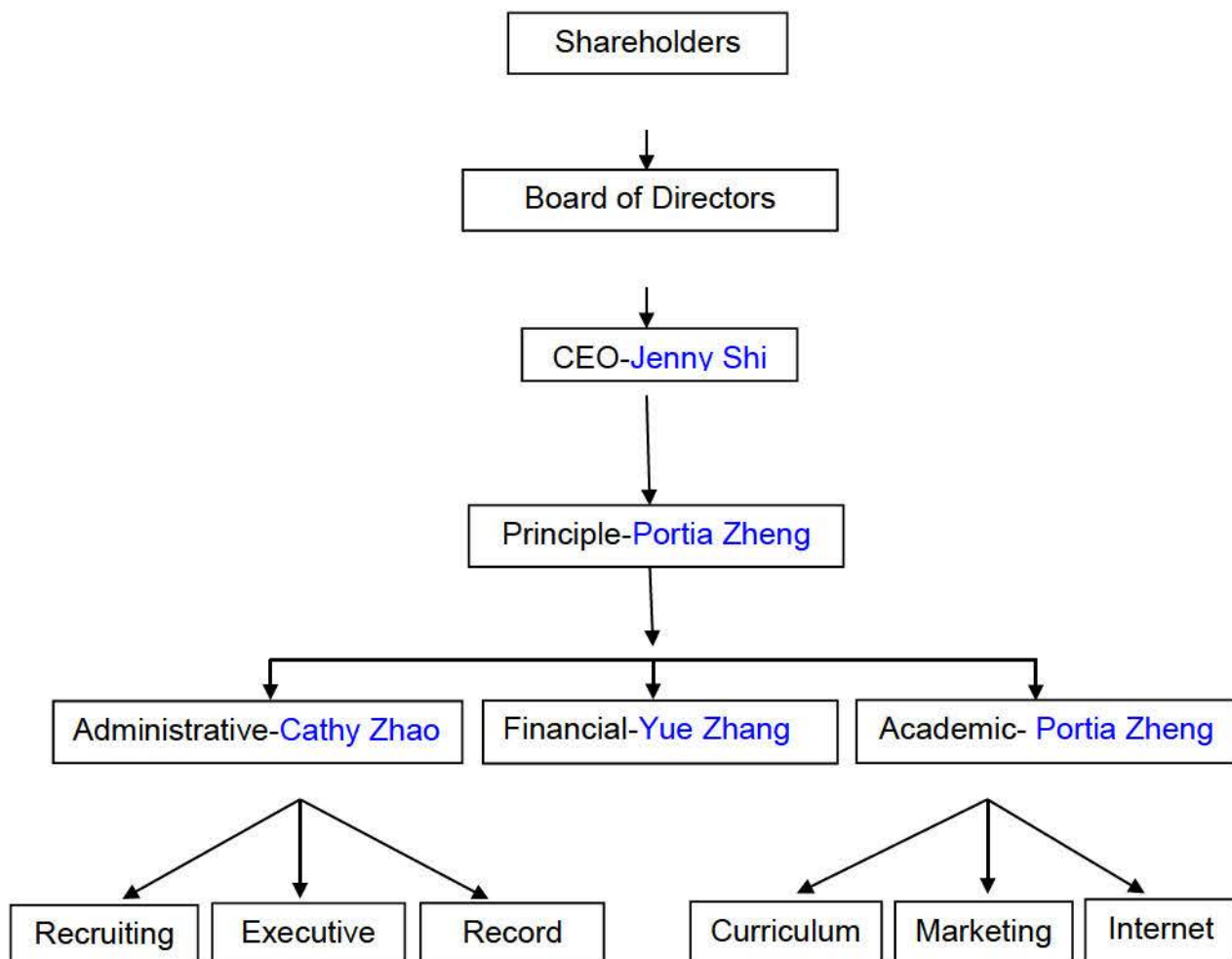
HMS's Board of Directors consists of three members:

1. Jenny Shi, L.Ac. – President
2. Shuping Li – Secretary
3. Shuna Shi – Treasurer

The HMS Board meets 2 times per year.

Health Medicine School

Organizational Chart



PART III: RESOURCES

TEACHING FACILITIES

HMS is located at 821 San Antonio Rd, Palo Alto, CA 94303. There are a total of three classrooms. Classroom D holds up to 15 students. Classroom H holds up to 10 students. Classroom M holds up to 20 students.

Number and type of teaching aids (computers, projectors, recorders, etc.);

Quantity	Type of Teaching Aid
3	White Board
1	TV Set
2	Computer
1	Projector
2	Speaker
11	Anatomical Charts
2	Anatomical Body Model
2	Massage/Acupuncture Table
3	Herbal Example Books

Total square footage of space is 3230.

- 3 classrooms
 - Classroom D
 - Seats 15 students
 - Have 1 computer work station, 1 wall mounted sharp containers, 1 red bag, 1 massage tables, 1 infrared lamp, 1 fire extinguisher, 1 towel dispenser, 1 white board, 4 wall mounted charts, & 1 anatomical body model
 - Classroom H
 - Seats 10 students
 - Have 1 computer work station, 1 wall mounted sharps container, 1 red bag, 1 massage tables, 1 white board, 3 wall mounted charts, & 1 anatomical body model
 - Classroom M
 - Seats 20 students
 - Have 1 TV set, 4 wall mounted herbs chart, 1 white boards
- 2 treatment rooms
- Clinic with herbal room, reception area, & one consultation room
- Student lounge/Break Area
- Two administrative offices
- School library on site

FINANCES

Summary of HMS Expenditures & Revenues

Fiscal Year	2014	2013	2012
Expenditures			
Payroll	167,875	38,490	40,557
Rent	8,000	38,950	57,600
Consulting Fee	10,500	0	24,725
Utilities	3,672	7,187	11,089
Repairs and Maintenance	9,350	5,410	142
Other	13,142	11,403	8,296
Total	212,539	101,440	142,139
Income			
Net Tuition and Fees	23,921	9,550	16,575
Service Income	207,946	0	0
Total	233,212	9,550	18,292
Net Surplus/Deficit	19,873	(92,690)	(124,647)

PART IV: HMS MASTER OF ARTS IN ACUPUNCTURE CURRICULUM NON-COMPLIANCE

HMS is applying for California Acupuncture Board Training Program approval for its Master of Arts in Acupuncture program. HMS operates class year-round on a semester. The program may be completed in 36 months with a total of 3060 hours.

The following pages details the non-compliances found in the training programs submitted curriculum and the corrective actions the program has taken to come into compliance.

Finding #1:

BS 132 General Physics does not include a survey of biophysics

Training Program Curriculum Requirement: **CCR § 1399.434 (a)(3):**

“General Physics, including a general survey of biophysics”

[HMS Corrective Action Taken](#)

HMS BS 132 General Physics course description includes a survey of biophysics and is outlined in the syllabi week 13-15.

HMS is now in compliance.

Finding #2: The course, BS 242 General Psychology does not include counseling skills

Training Program Curriculum Requirement: **CCR § 1399.434 (a)(4):**

“General Psychology, including counseling skills”

[HMS Corrective Action Taken](#)

HMS BS 242 course description includes a general counselling skills outlined in the syllabi week 13-15.

HMS is now in compliance.

Finding #3:

The course, BS 214 Human Anatomy, does not include neuroanatomy

Training Program Curriculum Requirement: **CCR § 1399.434 (a)(5):**

“Anatomy – a survey of microscopic, gross anatomy, and neuroanatomy”

HMS Corrective Action Taken

HMS BS 132 course description includes a survey neuroanatomy outlined in the syllabi week 5-7.

HMS is now in compliance.

Finding #4:

BS 232 General Pathology I and BS 343 General Pathology II does not include a survey of microbiology, immunology, psychopathology, and epidemiology

Training Program Curriculum Requirement: **CCR § 1399.434 (a)(7):**

“Pathology and Pathophysiology – a survey of the nature of disease and illness, including microbiology, immunology, psychopathology, and epidemiology”

HMS Corrective Action Taken

HMS BS 342 course description includes a survey of microbiology, immunology, psychopathology, and epidemiology outlined in the syllabi week 8-11.

HMS is now in compliance.

Finding #5:

AC 304 Acupressure does not include Tui Na or Shiatsu Principles

Training Program Requirement: **CCR § 1399.434 (b)(1)(C):**

“Oriental Massage (Tui Na or Shiatsu) Principles and Theory”

HMS Corrective Action Taken

HMS AC 304 course description includes as outlined in the syllabi “Theories and techniques of acupressure and Tui Na and Shiatsu” week 4.

HMS is now in compliance.

Finding #6:

The courses listed below do not cover dermatology, geriatrics, or family medicine:

AC 453 Acupuncture Theory/Therapy V
OM 513 TCM Internal Medicine
OM 523 TCM Internal medicine
OM 552 Traumatology/Orthopedics
OM 511 TCM External Medicine
OM 531 TCM Gynecology/Obstetrics Disorders
OM 541 TCM Pediatrics Medicine
OM 561 TCM Ophthalmology, Ear, Nose, Throat, Mouth

Training Program Curriculum Requirement: **CCR § 1399.434(b)(1)(F):**

“Acupuncture and Oriental Medicine Specialties, including dermatology, gynecology, pediatrics, ophthalmology, orthopedics, internal medicine, geriatrics, family medicine, traumatology, and emergency care”

HMS Corrective Action Taken

HMS AC 453 course description includes a clinical application of family medicine, internal medicine, orthopedics, traumatology, genetics, gynecology, pediatrics, dermatology ophthalmology and emergency care outlined in the syllabi weeks 5-7 and 15.

HMS is now in compliance.

Finding #7:

OM 602 TCM Classical Theory, does not include instruction of Jin Gui and Shang Han classical theory

Training Program Curriculum Requirement: CCR § 1399.434(b)(1)(G):

“Classical acupuncture and Oriental medicine literature, including Jin Gui, Wen Bing/Shang Han, Nei Jing”

HMS Corrective Action Taken

HMS OM 602 course descriptions includes as outlined in the syllabi the study of Shang Han week 4-6 and Jin Gui week 12-15.

HMS is now in compliance.

Finding #8

AC 443 Acupuncture Techniques IV does not include electro-acupuncture

Training Program Curriculum Requirement: CCR § 1399.434(b)(2)(B):

“Acupuncture techniques and treatment procedures, including electro-acupuncture”

HMS Corrective Action Taken

HMS OM 602 course descriptions are supported as outlined in the syllabi a study of Micro therapy week 3- 7and week 8.

HMS is now in compliance.

Finding #9:

AC 304 Acupressure does not include instruction of Tui Na or Shiatsu

Training Program Curriculum Requirement: **CCR § 1399.434(b)(2)(B):**

“Oriental massage (e.g., Tui Na or Shiatsu), acupressure and other techniques utilizing manual therapy and mechanical devices”

HMS Corrective Action Taken

HMS updated course descriptions AC 304 are supported as “Theories and technics of acupressure and Tui na/Shiatsu” week 4 and “Intro to TCM diagnosis regarding acupressure and Tui ma/Shiatsu”, week 5.

HMS is now in compliance.

Finding #10

AC 463 Acupuncture Theory/Therapy VI does not include ultrasound

Training Program Curriculum Requirement: **CCR § 1399.434 (b)(2)(G)**

“Cold and heat therapy, including moxibustion and ultrasound”

HMS Corrective Action Taken

HMS AC 463 course description is supported as outlined in the syllabi a study of Introduction to Ultrasound week 12.

HMS is now in compliance.

Finding #11

AC 463 Acupuncture Theory/Therapy VI does not include dermal tacks

Training Program Curriculum Requirement: **CCR § 1399.434(b)(2)(H)**

“Lifestyle counseling, and self-care recommendations”

HMS Corrective Action Taken

HMS OM 613 is supported in the course descriptions and as outlined in the syllabi as the “Introduction of lifestyle counseling and self-care recommendations and review of case study”, week 13.

HMS is now in compliance.

Finding #12

AC 463 Acupuncture Theory/Therapy VI does not include auricular therapy

Training Program Curriculum Requirement: **CCR § 1399.434(b)(2)(J)**

“Acupuncture micro therapies, including auricular and scalp therapy”

HMS Corrective Action Taken

HMS AC 463 course description is supported as outlined in the syllabi as an “Introduction to auricular therapy”, week 4.

HMS is now in compliance.

Finding #13

AC 463 Acupuncture Theory/Therapy VI does not review equipment maintenance and safety

Training Program Curriculum Requirement: **CCR § 1399.434(b)(2)(L)**

“Equipment maintenance and safety”

HMS Corrective Action Taken

HMS AC 443 course description is supported as outlined in the syllabi a study of equipment maintenance and safety week 4.

HMS is now in compliance.

Finding #14:

AC 463 Acupuncture Theory/Therapy VI and AC 443 Acupuncture Techniques IV do not discuss adjunctive acupoint stimulation devices, including magnets and beads

Training Program Curriculum Requirement: **CCR § 1399.434(b)(2)(M)**

“Adjunctive acupoint stimulation devices, including magnets and beads”

HMS Corrective Action Taken

HMS AC 463 course description is supported as outlined in the syllabi a study of adjunctive acupoint stimulation devices-magnets and beads week 15.

HMS is now in compliance.

Finding #15

CM 301 Ethics, does not include comprehensive history taking

Training Program Curriculum Requirement: **CCR § 1399.434(c)(1)**

“Comprehensive History Taking”

HMS Corrective Action Taken

HMS CM 314 course description is supported as outlined in the syllabi as an introduction to comprehensive history taking-patient interview technique, components of clinical history, general social and family history (week 1).

HMS is now in compliance.

Finding #16

CM 314 Physical Diagnosis does not include neuromusculoskeletal, orthopedic, neurological, and functional assessment

Training Program Curriculum Requirement: **CCR § 1399.434(c)(2)**

“Standard physical examination and assessment, including neuromusculoskeletal, orthopedic, neurological, abdominal, and ear, nose and throat examinations, and functional assessment”

HMS Corrective Action Taken

HMS CM 314 course description is supported as outlined in the syllabi a study of the functional assessment of neuro muscular, orthopedic, neurological physical examinations week 5-7.

HMS is now in compliance.

Finding #16

CM 501 Pharmacology does not discuss pharmacological assessment, emphasizing side-effects and herb-drugs interactions

Training Program Curriculum Requirement: **CCR § 1399.434(c)(3)**

“Pharmacological assessment, emphasizing side-effects and herb-drugs interactions”

HMS Corrective Action Taken

HMS CM 501 course description of pharmacological assessment, emphasizing side-effects and herb-drug interactions is supported as outlined in the syllabi and discussed week 2-14.

HMS is now in compliance.

Finding #17

CM 404 Clinical Medicine I does not include patient/practitioner rapport, communication skills, including multicultural sensitivity

Training Program Curriculum Requirement: **CCR § 1399.434(c)(4)**

“Patient/practitioner rapport, communication skills, including multicultural sensitivity”

HMS Corrective Action Taken

HMS CM 301 course description is supported as outlined in the syllabi as the discussion of patient/practitioner rapport, communication skills, including multicultural sensitivity in weeks 5-6.

HMS is now in compliance.

Finding #18

CM 404 Clinical Medicine I does not discuss procedures for ordering diagnostic imaging, radiological, and laboratory test and incorporating the resulting data and reports

Training Program Curriculum Requirement: **CCR § 1399.434(c)(5)**

“Procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports”

HMS Corrective Action Taken

HMS CM 314 now outlines in the syllabi the review of procedures for ordering diagnostic imaging, radiological, and laboratory tests and incorporating the resulting data and reports in weeks 5-7.

HMS is now in compliance.

Finding #19

CM 404 Clinical Medicine I does not include clinical reasoning and problem solving

Training Program Curriculum Requirement: **CCR § 1399.434(c)(6)**

“Clinical reasoning and problem solving”

HMS Corrective Action Taken

HMS CM 314 course description now details the study of the application of clinical reasoning and is supported as outlined in the syllabi as the chief components of both clinical reasoning and problem solving week 13 and evidenced based practice about diagnostic and therapeutic processes week 14.

HMS is now in compliance.

Finding #20

OM 613 TCM Review and OM 424 TCM Diagnosis II do not include clinical impressions and the formation of a working diagnosis, including acupuncture and Oriental medicine diagnoses and the World Health Organization’s internal classification of disease (ICD-9)

Training Program Curriculum Requirement: **CCR § 1399.434(c)(7)**

“Clinical impressions and the formation of a working diagnosis, including acupuncture and Oriental medicine diagnoses and the World Health Organization’s internal classification of disease (ICD-9)”

HMS Corrective Action Taken

HMS OM 424 course description is supported as outlined in the syllabi as the clinical formation for a working diagnosis(including acupuncture and oriental medicine week 13-14 followed by the WHO introduction to ICD 9 and translation from TCM diagnosis to ICD 9 week 15.

HMS is now in compliance.

Finding #21

CM 403 Public Health/CPR does not include awareness of at-risk population, including gender, age, indigent, and disease specific patients

Training Program Curriculum Requirement: **CCR§ 1399.434(c)(8)**

“Awareness of at-risk population, including gender, age, indigent, and disease specific patients”

HMS Corrective Action Taken

HMS CM 301 course description is supported as outlined in the syllabi to include and awareness of at-risk populations, including gender, age, indigent, and disease specific patents 2-3.

HMS is now in compliance.

Finding #22

CM 404 Clinical Medicine I does not include a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, and public health and

Training Program Curriculum Requirement: **CCR§ 1399.434(c)(10)**

“Clinical sciences – a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition, and public health”

HMS Corrective Action Taken

HMS CM 404 course description is supported as outlined in the syllabi to include a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, and public health detailed in weeks 1-10 and weeks 14-15.

HMS is now in compliance.

Finding #23

CM 423 Case Management I does not include primary care responsibilities

Training Program Curriculum Requirement: **CCR§ 1399.434(d)(1)**

“Primary care responsibilities”

HMS Corrective Action Taken

HMS CM 423 course description is supported as outlined in the syllabi as the introduction of the responsibility of primary care responsibilities, week 2.

HMS is now in compliance.

Finding #24

CM 423 Case Management I does not include secondary and specialty care responsibilities

Training Program Curriculum Requirement: **CCR § 1399.434(d)(2)**

“Secondary and specialty care responsibilities”

HMS Program Corrective Action Taken

HMS CM 423 course description is supported as outlined in the syllabi as the introduction of the responsibility of secondary and specialty care responsibilities outlined in week 2.

HMS is now in compliance.

Finding #25

CM 423 Case Management I, does not include psychosocial assessment

Training Program Curriculum Requirement: **CCR § 1399.434(d)(3)**

“Psychosocial assessment”

HMS Program Corrective Action Taken

HMS CM 423 course description is supported as outlined in the syllabi as “psychosocial assessment-a step by step methodology for skilled individual assessment”, week 3.

HMS is now in compliance.

Finding #26

CM 433 Case Management II does not include treatment of contraindications and complications, including drug and herb interactions

Training Program Curriculum Requirement: **CCR § 1399.434(d)(4)**

“Treatment of contraindications and complications, including drug and herb interactions”

HMS Corrective Action Taken

HMS CM 423 course description is supported as outlined in the syllabi as an “introduction of treatment contraindications and complications between TCM and modern medicine, including drug and herb interactions”, week 5.

HMS is now in compliance.

Finding #27

CM 433 Case Management II does not include treatment planning, continuity of care, referral, and collaboration

Training Program Curriculum Requirement: **CCR § 1399.434(d)(5)**

“Treatment planning, continuity of care, referral, and collaboration”

HMS Corrective Action Taken

HMS CM 423 course description is supported as outlined in the syllabi as “treatment planning, continuity of care, referral, and collaborations-including the role of patient care team, implementation of strategies, referral decision making”, week 6.

HMS is now in compliance.

Finding #28

CM 433 Case Management II does not include follow-up care, final review, and functional outcome measurement

Training Program Curriculum Requirement **CCR § 1399.434(d)(6):**

“Follow-up care, final review, and functional outcome measurements”

HMS Corrective Action Taken

HMS CM 423 course description is supported as outlined in the syllabi as “quality of care and the outcomes management including follow up care, final review, and functional outcome measurements, prognosis and future medical care”, week 7.

HMS is now in compliance.

Finding #29

CM 433 Case Management II does not include instruction in the process of prognosis and future medical care

Training Program Curriculum Requirement: **CCR § 1399.434(d)(7)**

“Prognosis and future medical care”

HMS Corrective Action Taken

HMS CM 423 course description is supported as outlined in the syllabi as “quality of care and the outcomes management including follow up care, final review, and functional outcome measurements, prognosis and future medical care”, week 7.

HMS is now in compliance.

Finding #30

CM 433 Case Management II does not include discussion of case management for injured workers and socialized medicine patients, including a knowledge of workers compensation/labor codes and procedures and qualified evaluations

Training Program Curriculum Requirement: **CCR § 1399.434(d)(8)**

“Case management for injured workers and socialized medicine patients, including a knowledge of workers compensation/labor codes and procedures and qualified medical evaluations”

HMS Corrective Action Taken

HMS CM 433 course description is supported as outlined in the syllabi as “Case management for injured workers and socialized medicine patients-definitions, benefits, process, criteria for referral and termination including workers compensation/labor codes and procedures and qualified medical examiners”, week 1.

HMS is now in compliance.

Finding #31

CM 433 Case Management II does not include medical-legal report writing, expert medical testimony, and independent medical review

Training Program Curriculum Requirement: **CCR §1399.434(d)(10)**

“Medical-legal report writing, expert medical testimony, and independent medical review”

HMS Corrective Action Taken

HMS CM 433 course description is supported as outlined in the syllabi as “Medical–legal report writing, expert medical testimony, and independent medical review”, week 5, “case analyze: medical–legal report writing and independent medical review”, week 11.

HMS is now in compliance.

Finding #32

CM 433 Case Management II does not include discussion about special care/seriously ill patients

Training Program Curriculum Requirement: **CCR §1399.434(d)(11)**

“Special care/seriously ill patients”

HMS Corrective Action Taken

HMS CM 433 course description is supported as outlined in the syllabi as “Special care/ seriously ill patients-provider’s responsibilities, the necessity of treatment, communication with the seriously ill patient”, week 6.

HMS is now in compliance.

Finding #33

CM 433 Case Management II, does not include discussion about emergency procedures

Training Program Curriculum Requirement: **CCR § 1399.434(d)(12)**

“Emergency procedures”

HMS Corrective Action Taken

HMS CM 433 course description is supported as outlined in the syllabi as “Emergency procedure- process of medical emergency, fire, security, electrical failure”, week 7.

HMS is now in compliance.

Finding #34

CM 443 Practice Management does not include business written communications

Training Program Curriculum Requirement: **CCR §1399.434(e)(2)**

“Business written communications”

HMS Corrective Action Taken

HMS CM 443 course description is supported as outlined in the syllabi as “Business written communication-significance, identification, function, features, email”, week 4.

HMS is now in compliance.

Finding #35

CM 443 Practice Management, does not include a review of the labor code

Training Program Curriculum Requirement: **CCR §1399.434(e)(3)**

“Knowledge of regulatory compliance and jurisprudence (municipal, California, and federal laws, including OSHA, Labor Code, Health Insurance Portability and Accountability Act of 1996 (HIPAA)”

HMS Corrective Action Taken

HMS CM 433 course description is supported as outlined in the syllabi as “Knowledge of regulatory compliance including OSHA, Labor code, HIPPA”, week 6.

HMS is now in compliance.

Finding #36

CM 443 Practice Management, does not include discussion on planning and establishing a professional office

Training Program Curriculum Requirement: **CCR §1399.434(e)(5)**

“Planning and establishing a professional office”

HMS Corrective Action Taken

HMS CM 443 course description is supported as outlined in the syllabi as “Planning and establishing a professional office-self-awareness”, week 10.

HMS is now in compliance.

Finding #37

CM 443 Practice Management, does not include discussion on practice growth and development

Training Program Curriculum Requirement: **CCR § 1399.434(e)(6)**

“Practice growth and development”

HMS Corrective Action Taken

HMS CM 433 course description is supported as outlined in the syllabi as “practice growth and development including seeking outside input, develop action steps, setting longer term goals”, week 10.

HMS is now in compliance.

Finding #38

CM 443 Practice Management, does not discuss the ability to practice interdisciplinary medical settings including hospitals

Training Program Curriculum Requirement: **CCR § 1399.434(e)(7)**

“Ability to practice interdisciplinary medical settings including hospitals”

HMS Corrective Action Taken

HMS CM 433 course description is supported as outlined in the syllabi as the “Ability to practice in interdisciplinary medical including hospitals”, week 10.

HMS is now in compliance.

Finding #38

CM 443 Practice Management, does not include discussion on risk management

Training Program Curriculum Requirement: **CCR§ 1399.434(e)(8)**

“Risk Management and insurance issues”

HMS Corrective Action Taken

HMS CM 433 course description is supported as outlined in the syllabi as “Risk management and insurance issues-”, week 12.

HMS is now in compliance.

Finding #39

CM 443 Practice Management does not include instruction of ethics and peer review

Training Program Curriculum Requirement: **CCR§ 1399.434(e)(9)**

"Ethics and peer review"

HMS Corrective Action Taken

HMS CM 433 course description is supported as outlined in the syllabi as "practice ethics week 14, peer review", week 15.

HMS is now in compliance.

Finding #40

CM 403 Public Health/CPR does not discuss treatment of chemical dependency

Training Program Curriculum Requirement: **CCR § 1399.434(f)(4)**

HMS Corrective Action Taken

HMS CM 403 course description is supported as outlined in the syllabi as "The treatment of chemical dependency, general information ..." week 8, and, "The treatment of chemical dependency, specific information ..." week 9 - 10.

HMS is now in compliance.

Finding #41

CM 401 Research Methodology does not discuss knowledge of academic peer review process

Training Program Curriculum Requirement: **CCR § 1399.434(g)(2)**

"Knowledge of academic peer review process"

HMS Corrective Action Taken

HMS CM 401 course description is supported as outlined in the syllabi as "Knowledge of academic peer review, consequences of peer review", week 6.

HMS is now in compliance.

Finding #42

CM 401 Research Methodology does not discuss knowledge of critique of research method

Training Program Curriculum Requirement: **CCR § 1399.434(g)(3)**

“Knowledge of critique of research method”

HMS Corrective Action Taken

HMS CM 433 course description is supported as outlined in the syllabi as “practice ethics week 14, Peer review”, week 15.

HMS is now in compliance.

PART V: HMS MASTER OF ARTS IN CLINICAL NON-COMPLIANCE

HMS submitted a training program application in 2009 without an operating clinic. In 2013, HMS opened the campus clinic. Since HMS has not received training program approval from the Board, the school has not started any students in the clinical internship. However, the site visit team evaluated the clinic for compliance to ensure the curriculum requirements are reflected in the clinical training pursuant to 1399.434

Finding: HMS clinical practicum for intern training did not demonstrate sufficient application of Eastern and Western diagnostic procedures in evaluating patients.

Acupuncture Board Training Program Curriculum

CCR Section 1399.434(h) (2):

“Diagnosis and evaluation (minimum 250 hours) – the application of Eastern and Western diagnostic procedures in evaluating patients”

HMS Clinic

The application of Eastern and Western diagnostic procedures in evaluating patients is not met as evidenced by the following findings:

- 1) No scale or ruler in treatment rooms. During patient’s initial exam, weight and height were not taken. Baseline vital statistics are a necessary part of history and western assessment.
- 2) Patient mentioned prescription drug use but clinician did not ask the patient to identify the medication they were taking. Clinician prescribed TCM herbal Rx. For teaching and safety drug interactions must be considered. Patient and clinician discussed hypertension although did not ask about medications or suggest herbal Rx.
- 3) No ICD 9 diagnostic code or CPT coding were recorded or communicated.

- 4) All billing operations are done off site and Diagnostic ICD-9 and CPT coding were not generated by the clinician making these unavailable for student observation.
- 5) No treatment planning was shared with the patient or observing SME.
- 6) Follow-up notes did not contain TCM or western assessment, just brief notes as in one case just date of service and "Shoulder pain" were written down without any additional treatment details.
- 7) Several files lacked standard medical terminology, required for follow-up visits.
- 8) Flow of diagnosis to treatment to procedures not communicated by clinician to front office in a format available for student observation.

HMS Corrective Action Taken

HMS submitted new medical charts, meeting minutes, and a memo to all supervisors to demonstrate corrective action of findings of clinical non-compliance found during the site visit (See HMS Corrective Action Report). Upon review of the medical charts, meeting minutes, and memo, HMS is in full compliance with CCR § 1399.434(h)(2).

This action brings Health Medicine School in full compliance with CCR Section 1399.434(h)(2).

PART VIII: RECOMMENDATION

Protection of the public shall be the highest priority for the Acupuncture Board in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount (California Business and Professions Code, Section 4928.1).

Health Medicine School's acupuncture training program is in full compliance with CCR § 1399.434.

Staff Recommendation:

Conditional Approval, to be contingent on:

- 1) verification of a letter of intent to pursue accreditation officially received by The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM)
- 2) BPPE approval

#10b

Training Programs Approvals

Institute of Clinical Acupuncture and
Oriental Medicine
Honolulu, HI

ACUPUNCTURE BOARD

1747 North Market Boulevard, Suite 180, Sacramento, CA 95834
(916) 515-5200 FAX (916) 928-2204 www.acupuncture.ca.gov



**Institute of Clinical Acupuncture and Oriental Medicine
California Acupuncture Board
Training Program Approval Report**

PART I: BACKGROUND

INSTITUTION MISSION AND OBJECTIVE

In 1996, Dr. Catherine Low and Dr. Wai Low established the Institute of Clinical Acupuncture and Oriental Medicine (ICAOM) in Honolulu, Hawaii. The ICAOM was established to provide students with education and training to become acupuncture and Chinese medical practitioners. At that time, the ICAOM offered a Certificate of Completion diploma in Acupuncture and Oriental medicine and had its first graduating class in 1997. In the same year, Dr. Catherine Low and Dr. Wai Low decided to create a more mainstream model of education in Oriental Medicine. Thus, in 1999, a Master of Science in Oriental Medicine program was created.

ICAOM's mission statement:

"The Institute of Clinical Acupuncture and Oriental Medicine dedicates itself to the advancement of educational, clinical, and professional excellence, fostering the development of competent and skillful Oriental Medicine practitioners, and promoting Oriental medicine in the local and global communities."

The ICAOM is governed by the following four goals:

1. "Our graduates will understand and be able to apply the principles, philosophies, and methods of Oriental Medicine."
2. "Our graduates will be knowledgeable about Biomedicine and other healing arts, and will be able to make informed and appropriate referrals."
3. "Our graduates will meet the educational requirements to qualify for both the National Board certification and professional licensing in the State of Hawaii."
4. "Our Institute will strive to provide opportunities for our faculty to advance their knowledge and skills in order to enhance their ability to become leaders in their fields."

APPROVAL AND ACCREDITATION

The ICAOM is approved by the Hawaii State Board of Acupuncture to operate and licensed by the State of Hawaii Department of Commerce and Consumer Affairs. Additionally, in 2002, the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) accredited the ICAOM for its Master of Science in Oriental Medicine degree program.

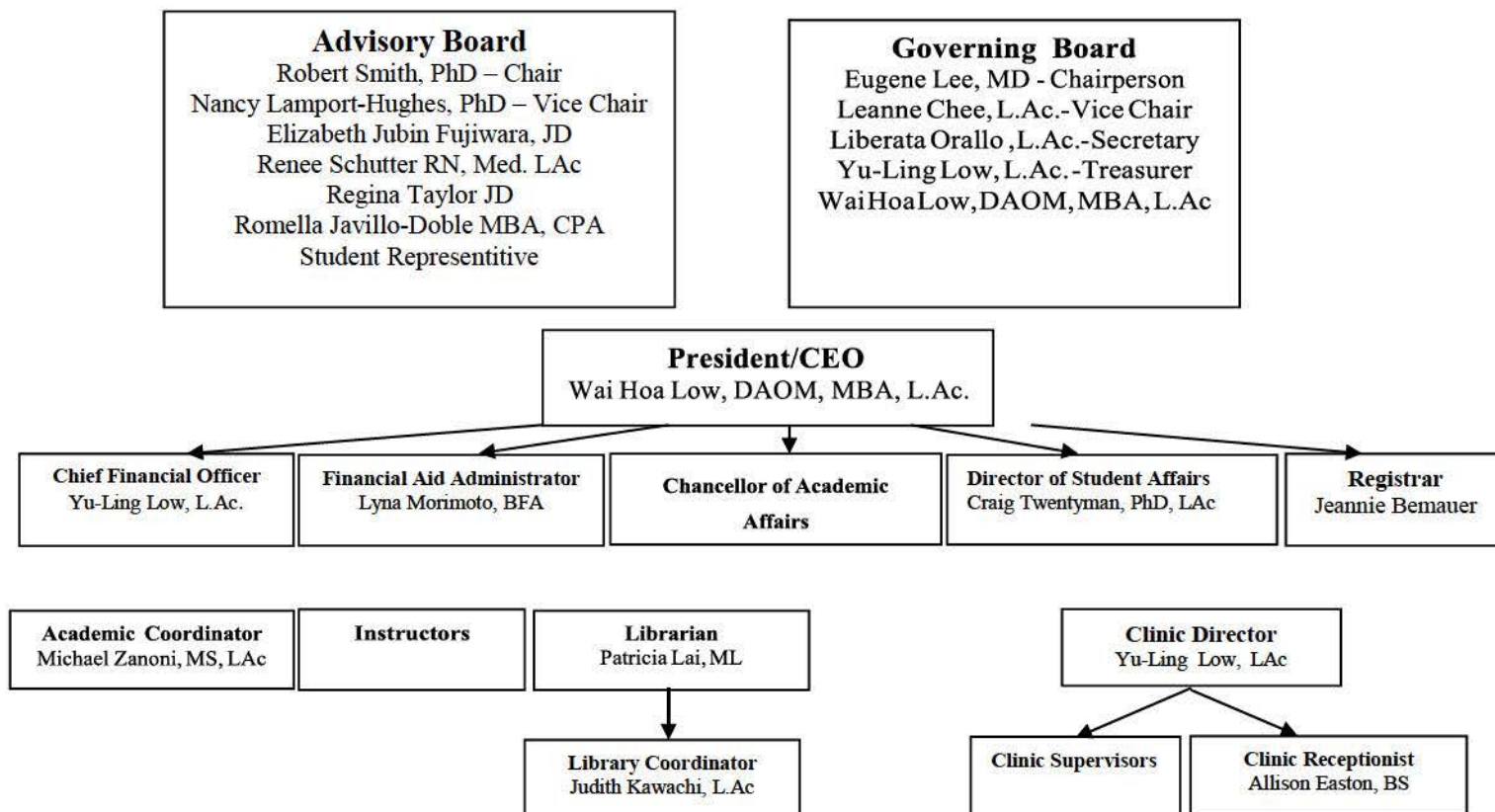
DEGREES OFFERED AT ICAOM

1. Master of Science in Oriental Medicine

The ICAOM is applying for California Acupuncture Board Training Program Approval for its Master of Science in Oriental Medicine program. Currently, The ICAOM has approximately 40 students enrolled in its program, which is offered in English only.

PART II: GOVERNANCE, ADMINISTRATION, AND PERSONNEL

INSTITUTE OF CLINICAL ACUPUNCTURE AND ORIENTAL MEDICINE MASTER PROGRAM ORGANIZATIONAL CHART



The ICAOM's Governing Board consists of five members:

1. Eugene Lee, M.D – Chair
2. Leanne Chee, Dipl. C.H., L.Ac. – Vice Chair
3. Catherine Yu-Ling Low, B.A. (Taiwan), Dipl. Ac., Dipl. C.H., L.Ac. – Treasurer
4. Liberata Orallo, L.Ac., MSOM – Secretary
5. Wai Hoa Low, DAOM, MBA, Dipl. Ac., L.Ac. – Director

The Governing Board meets three to four times annually and meetings are documented through meeting minutes.

The ICAOM's Advisory Board consists of six members:

1. Nancy Lamport-Hughes, Ph.D – Chair
2. Rene'e Schuetter, M.Ed., RN – Co-Chair
3. Romella O. Javillo-Doble, MBA, CPA – Secretary
4. Elizabeth Fujiwara, MSW, Esq.
5. Laurie Steelsmith, N.D., L.Ac.
6. Regina Taylor, Esq.
7. Student Representative from the Student Association

The Advisory Board also meets three to four times a year and meetings are documented through meeting minutes.

The ICAOM have eight administrators:

1. Wai Hoa Low, DAOM, MBA, Dipl. Ac., L.Ac. – President/CEO
2. Edmund Bernauer, Ph.D – Chancellor of Academic Affairs
3. Michael M. Zaroni, Ph.D., M.S., L.Ac. – Academic Coordinator
4. Craig Twentyman, Ph.D., MSOM, L.Ac. – Director of Student Affairs
5. Catherine Yu-Ling Low, B.A. (Taiwan), Dipl. Ac., Dipl. C.H., L.Ac. – Clinic Director/CFO
6. Jeanne E. Bernauer – Registrar
7. Lyna Morimoto, BA, BFA, MAc, DAc – Financial Aid Coordinator
8. Patricia Lai, BA, MLS – Library Consultant

Additionally, the ICAOM have 16 instructional faculty members.

PART III: RESOURCES

TEACHING FACILITIES

The ICAOM has three classrooms located in their building. The first classroom, "Room A", can seat up to 25 students. The second classroom, "Room B", can seat up to 15 students. The last classroom, "Room C", can seat up to 10 students. The classrooms are equipped with various teaching aids such as: computers, projectors, video/DVD players, X-ray viewer, televisions, full skeleton, and charts of the human body.

LIBRARY

The ICAOM has a library located on the premises that is open from 10:00am to 5:00pm, Monday through Friday, or by appointment to use during other hours. The library has a total of 1,806 volumes, which includes 1,626 books in English and 183 books in Chinese. The library has computer workstations with Internet access and an online library catalog for student to use and access. Additionally, the ICAOM maintains a Reference library with important texts that are available for use in the clinic and classroom. Lastly, the ICAOM's library is an affiliate member of the National Network of Libraries of Medicine. The ICAOM's library is managed by Patricia Lai, BA, MLS, and is the ICAOM's Library Consultant. Her background includes serving as Archivist for the State of Hawaii, and a Librarian at the Bishop Museum.

FINANCES

The ICAOM operates as a regulator corporation. The major expenditures for the ICAOM are: 1) Educational Services 2) General and Administrative 3) Marketing and Admission 4) Occupancy and 5) Depreciation and Amortizations. The school major revenues are: 1) Tuition and Fees 2) Clinical Services 3) Miscellaneous. In 2012, the ICAOM had a surplus of \$97,794. In 2013, the institution had a surplus of \$55,474. In 2014, the ICAOM had a surplus of \$97,487.

Summary of the ICAOM's Expenditure and Revenue

Fiscal Year	2014	2013	2012
Expenditures			
Educational Services	\$219,619	\$229,255	\$140,841
General and Administrative	\$270,993	\$335,329	\$311,970
Marketing and Admission	\$ 13,877	\$ 15,025	\$ 18,760
Occupancy	\$126,071	\$114,121	\$ 92,154
Depreciation and Amortizations	\$ 326	\$ 8,194	\$ 12,032
Total	\$630,886	\$701,924	\$575,757
Income			
Tuition and Fees	\$628,689	\$665,409	\$559,608
Clinical Services	\$ 95,348	\$ 99,818	\$106,473
Miscellaneous	\$ 4,336	\$ 2,171	\$ 7,470
Total	\$728,373	\$757,398	\$673,551
Net Surplus/ Deficit	\$ 97,487	\$ 55,474	\$ 97,794

PART IV: ICAOM'S MASTER OF SCIENCE IN ORIENTAL MEDICINE CURRICULUM NON-COMPLIANCE

The ICAOM's Master of Science in Oriental Medicine (M.S.O.M) program is 180 credits with a total of 3,240 hours of didactic and clinical training. The institution operates on a trimester system.

Finding #1:

ICAOM courses T404 Ethics and Practice management and B202 Clinical Safety does not include a survey of biophysics

Training Program Curriculum Requirement: **CCR § 1399.434(e)(3):**

"Knowledge of regulatory compliance and jurisprudence (municipal, California, and federal laws, including OSHA, Labor Code, Health Insurance Portability and Accountability Act of 1996 (HIPAA))."

ICAOM Corrective Action Taken

ICAOM's B202 course description is supported as outlined in the syllabi as "OSHA standards applicable to safety in an Oriental medicine clinic".

This action brings Institute of Clinical Acupuncture and Oriental Medicine in compliance with CCR § 1399.434(e)(3).

Finding #2: The ICAOM's curriculum does not meet the 240 required hours for Clinical Medicine, Patient Assessment, and Diagnosis.

Training Program Curriculum Requirement: **CCR § 1399.434(c):**

"Clinical Medicine, Patient Assessment and Diagnosis 240 hours."

ICAOM Corrective Action Taken

ICAOM's updated Appendix C worksheet now shows section (c) (Clinical Medicine, Patient Assessment, and Diagnosis) with total clock hours of 270. This now exceeds the 240 hour requirement for these studies.

This action brings Institute of Clinical Acupuncture and Oriental Medicine in compliance with CCR § 1399.434(c).

Finding #3: The ICAOM's curriculum does not meet the 40 required hours for Public Health.

Training Program Curriculum Requirement: CCR § 1399.434(f):

“Public Health 40 hours.”

ICAOM Corrective Action Taken

ICAOM's updated Appendix C worksheet detailing ICAOM's course B202, A301, B204, B406 achieves the 40 hour requirement for public health studies.
This action brings Institute of Clinical Acupuncture and Oriental Medicine in compliance with CCR § 1399.434(f)

PART V: ICAOM'S MASTER OF SCIENCE IN ORIENTAL MEDICINE CLINICAL NON-COMPLIANCE

The site visit team evaluated the clinic for compliance to ensure the curriculum requirements are reflected in the clinical training pursuant to CCR 1399.434.

California Acupuncture Board Clinical Training Program Requirement:

CCR § 1399.434(h)(2):

“Diagnosis and evaluation (minimum 275 hours) – the application of Eastern and Western diagnostic procedures in evaluating patients”

Training Program Curriculum Requirement Record Keeping: **CCR §1399.453:**

“An acupuncturist shall keep complete and accurate records on each patient who is given acupuncture treatment, including but not limited to, treatments given and progress made as a result of the acupuncture treatments.”

Clean Needle Technique Reference

Council of Colleges of Acupuncture and Oriental Medicine, CCAOM *Clean Needle Technique Manual: Best Practices for Acupuncture Needle Safety and Related Procedures* (7th ed.) (Rev. Jan. 2016), retrieved from <http://www.ccaom.org/cntmanual.asp>.

Department of Industrial Relations Worker's Compensation Requirement

Section 9785. Reporting Duties of the Primary Treating Physician:

“(h) When the primary treating physician determines that the employee's condition is permanent and stationary, the physician shall, unless good cause is shown, report within 20 days from the date of examination any findings concerning the existence and extent of permanent impairment and limitations and any need for continuing and/or future medical care resulting from the injury. The information may be submitted on the “Primary Treating Physician's Permanent and Stationary Report” form (DWC Form PR-3 or DWC Form PR-4) contained in section 9785.3 or section 9785.4, or in such other manner which provides all the information required by Title 8, California Code of

Regulations, section 10606. For permanent disability evaluation performed pursuant to the permanent disability evaluation schedule adopted on or after January 1, 2005, the primary treating physician's reports concerning the existence and extent of permanent impairment shall describe the impairment in accordance with the AMA Guides to the Evaluation on Permanent Impairment, 5th Edition (DWC Form PR-4). Qualified Medical Evaluators and Agreed Medical Evaluators may not use DWC Form PR-3 or DWC Form PR-4 to report medical-legal evaluations."

Finding: ICAOM's clinical practicum for intern training did not demonstrate sufficient application of Eastern and Western diagnostic procedures in evaluating patients.

1. Eastern assessments were not applied to some patients:
 - a. The Eight Principles diagnosis was incomplete in some inspected medical charts.
 - b. Pharmacological assessment was not documented and/or discussed.
 - c. Proposed Herbs/Formulas were not listed in all inspected medical charts. Indicated herbs/formulas should be included even if only for teaching purposes.
 - d. Inspected medical charts did not have CPT coding.
2. Western assessments were not applied to some patients:
 - a. Though there is a section for blood pressure on the daily intake form, it was often not performed on every visit. Additionally, the original intake form does not have a section for blood pressure.
 - b. Although some medical charts included pain, range of motion, and sensory, the standard physical examination was not performed for the musculoskeletal case observed.
3. Patient records were not complete:
 - a. Patient charts do not include page numbers.
4. The Clean Needle Technique was not properly applied:
 - a. Prior to Needling, the disinfected area was touched with contaminated hand and therefore re-contaminated.
 - b. In one observed treatment, an alcohol soaked cotton ball was used to disinfect more than one area.
5. Although the charts did list a section for a pain scale, it was not the two dimensional scale used in California's Worker's Compensation system. For worker's compensation, there must be four levels of severity and frequency of pain.

ICAOM Program Corrective Action Taken

ICAOM submitted new medical charts, meeting minutes, and a memo to all supervisors to demonstrate corrective action of findings of clinical non-compliance found during the site visit (See ICAOM Corrective Action Plan, June 6, 2015). Upon review of the medical charts, meeting minutes, and memo, ICAOM is in full compliance with CCR § 1399.434(h)(2).

SUMMARY

For the purposes of a training clinic, all of the above should be included in a patient medical chart with Differential Diagnosis/Assessment so that the intern learns all aspects of the training program.

PART VI: PEER REVIEW RECOMMENDATIONS

1. In order to help interns with patient diagnosis, the patient intake forms can list out the Eight Principles for interns to circle.
2. The institution should encourage students to utilize other Eastern diagnosis such as six pathogenic assessment, six stages, four levels, and San Jiao when appropriate.
3. Diagnostic analysis should be discussed prior to treatment.

PART VII: RECOMMENDATION

Protection of the public shall be the highest priority for the Acupuncture Board in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount (California Business and Professions Code, Section 4928.1).

The Institute of Clinical Acupuncture and Oriental Medicine's acupuncture training program is in full compliance with CCR § 1399.434.

Staff Recommendation:

ICAOM is in full compliance and recommends training program approval.

#10c

Training Programs Approvals

Maryland University of
Integrative Health
Laurel, Maryland

ACUPUNCTURE BOARD

1747 North Market Boulevard, Suite 180, Sacramento, CA 95834
(916) 515-5200 FAX (916) 928-2204 www.acupuncture.ca.gov



**Maryland University of Integrative Health
7750 Montpelier Road
Laurel, MD 20723
Training Program Seeking Approval - Exit Report**

PART I: BACKGROUND

INSTITUTION MISSION, VISION, AND PRINCIPLES

Maryland University of Integrative Health, formerly Tai Sophia Institute, was incorporated in Maryland in 1974 as the College of Chinese Acupuncture, U.S., by cofounders Bob Duggan and Dianne Connelly. It is the outgrowth of a program begun in England, in which U.S. students studied acupuncture with Dr. J. R. Worsley. In 1978, the college changed its name to The Traditional Acupuncture Institute (TAI). In 1980, TAI received approval to teach acupuncture in Maryland from the Maryland State Board for Higher Education (now the Maryland Higher Education Commission) and began teaching acupuncture classes in 1981. TAI changed its name to Tai Sophia Institute in 2000. The institution officially achieved university status and changed its name to Maryland University of Integrative Health (MUIH) on March 1, 2013.

MUIH's Mission:

"A distinctive community of scholars, researchers, practitioners, and advocates, Maryland University of Integrative Health promotes whole person, relationship-centered healthcare. Through discovery and exploration, we deliver progressive educational programs, advance innovative clinical models, build mutually beneficial partnerships, and provide opportunities for fulfilling careers."

MUIH's Vision:

"Serving as a leader in the global transformation of health and wellness, we integrate healing traditions and contemporary science, acknowledges the wisdom of the body and nature as a teacher, and focus on the interconnection of the mind, body, and spirit."

Additionally, MUIH's Guiding Principles and Values are:

- | | |
|--------------------|-----------------|
| 1. Interconnection | 6. Community |
| 2. Holism | 7. Mindfulness |
| 3. Transformation | 8. Integrity |
| 4. Diversity | 9. Integrity |
| 5. Resilience | 10. Discernment |

ACCREDITATION AND APPROVAL

MUIH is institutionally accredited by the Middle States Commission on Higher Education. The Middle States Commission on Higher Education is recognized by the U.S. Secretary of Education and accredits colleges and universities in the Mid-Atlantic region of the United States.

MUIH's Master of Acupuncture program is programmatically accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). MUIH's Master of Oriental Medicine achieved ACAOM accreditation for its Master of Oriental Medicine program in August of 2016. Additionally, MUIH is seeking candidacy/accreditation from ACAOM for the Doctor of Acupuncture and the Doctor of Oriental medicine programs.

MUIH's Master of Science in Yoga Therapy is accredited by the Accreditation Committee of the International Association of Yoga Therapists (IAYT).

MUIH has state approval from the Maryland Higher Education Commission for all of its academic programs.

ACADEMIC PROGRAMS/CERTIFICATIONS OFFERED AT MUIH:

MUIH currently offers ten academic programs and six certification programs:

1. Doctor of Clinical Nutrition
2. Master of Science in Nutrition and Integrative Health
3. Post-Master's Certificate in Nutrition and Integrative Health
4. Master of Science in Yoga Therapy
5. Master of Arts in Health and Wellness Coaching
6. Post-Baccalaureate Certificate in Health and Wellness Coaching
7. Master of Science in Health Promotion
8. Master of Science in Therapeutic Herbalism
9. Post-Baccalaureate Certificate in Herbal Studies
10. Post-Baccalaureate Certificate in Medical Herbalism
11. Post-Master's Certificate in Clinical Herbalism
12. Doctor of Acupuncture
13. Doctor of Oriental Medicine
14. Master of Acupuncture
15. Master of Oriental Medicine
16. Post-Baccalaureate Certificate in Chinese Herbs

MUIH is applying for California Acupuncture Board Training Program approval for its Master of Science in Oriental Medicine.

PART II: GOVERNANCE, ADMINISTRATION, AND PERSONNEL

MUIH's Board of Trustees consists of thirteen members (MUIH Org chart attached):

- | | |
|------------------------------|----------------------------------|
| 1. Adele Wilzack, R.N., M.S. | 8. Christopher Fromant, M.B.A. |
| 2. T. James Truby, M.A. | 9. Ton Gardeniers, M.A. |
| 3. Frank Vitale, M.B.A. | 10. Janet Kahn, Ph.D. |
| 4. Sherman L. Cohn, J.D. | 11. Bonnie Kramer, M.S., M.Ac. |
| 5. Jonathon Anders | 12. Beverly J. White-Seals, J.D. |
| 6. Hamed Faridi, Ph.D. | 13. David Fogel, M.D. |
| 7. Anne Lin, Pharm D. | |

The Board of Trustees currently meets four times a year and meeting minutes are documented.

MUIH have fourteen members in its Executive Management Committee to oversee the university:

1. Frank Vitale, M.B.A., President and CEO
2. Mary Ellen Hrutka, Ph.D., Acting Provost and Vice President for Academic Affairs
3. Gail Doerr, M.S., Vice President for University and Student Affairs
4. Louise Gussin, J.D., M.D.E., Vice President for Administration and General Counsel
5. Marc Levin, M.B.A, M.A., CPA, Vice President, Chief Financial Officer and Treasurer
6. Cheryl Walker Shapero, M.L., Vice President for Institutional Development, Chief Values Officer, and Interim Program Director, Health & Wellness Coaching
7. Mary Ellen Hrutka, Ph.D., Associate Provost, Digital Learning and Faculty Engagement
8. Jeff Millison, M.Ac., Dipl. Ac. (NCCAOM), Academic Director, Acupuncture and Oriental Medicine
9. James Snow, M.A., RH(AHG), Assistant Provost for Academic Research and Interim Academic Director, Integrative Health Sciences
10. Michael Tims, Ph.D., Academic Director, Herbal Programs
11. Kathleen Warner, Ph.D., Academic Director, Nutrition and Integrative Health
12. Chad Egresi, MPA, Associate Vice President of Enrollment Management & Disability Services
13. Susan Testa, MS, RDN, LDN, Associate Vice President, Clinical Services
14. Deneb Falabella, M.Ac., Dipl. Ac. (NCCAOM), Assistant Provost for Academic Assessment and Accreditation

PART III: RESOURCES

TEACHING FACILITIES

Classrooms	Location	# of Seats
1	7750 Montpelier Road	32
2	7750 Montpelier Road	38
3	7750 Montpelier Road	46
4	7750 Montpelier Road	48
5	7750 Montpelier Road	56
6	7750 Montpelier Road	57
7	7750 Montpelier Road	25
8	7750 Montpelier Road	48
9	7750 Montpelier Road	16

All nine classrooms consist of a built-in 10-inch screen, mounted projector, laptops. Bigger classrooms are equipped with a sound system with wireless microphones.

Languages	Volumes
English	12,270
Chinese	81
Japanese	5
Korean	2
French	14
Spanish	8

LIBRARY

MUIH has a library on campus called the Sherman Cohn Library that is approximately 1,400 square feet. The Sherman Cole Library contains many publications to support all academic programs offered at MUIH. The library has a total of 12,880 volumes in the six different languages outlined in the table below. Of the 12,880 volumes, the relevant collections pertaining to MUIH's Master of Oriental Medicine program shown below:

1,020	– Western Sciences	27	– Medical Terminology
467	– Nutrition and Vitamins	950	– Clinical Sciences
450	– Western Pharmacology	162	– Qi Gong and Tai Chi Chuan
3,114	– Traditional Oriental Medicine	467	– Practice Management and Ethics
525	– Philosophy of Eastern and Western Medicine		
280	– Acupuncture Anatomy and Physiology		
814	– Acupuncture Techniques		
145	– Acupressure		
320	– Herbology		
720	– Diagnostic Procedures of Eastern and Western Medicine		

The library has five work stations. The library is currently subscribed to: Planta Medica, Natural Standard, the EBSCO host database, and a customized version of PubMed. Students can also make appointments for individual research consultation with library staff and the library also offers general training and customized course needs training in group sessions. Additionally, the library has reference materials that do not circulate available for student to view on site. The library is open to the public, current students, faculty, staff and alumni. The library hours is shown above. Wi-Fi service is available throughout the building.

FINANCES

MUIH operates as a non-profit corporation. The top five major expenditures for MUIH are: 1) Administration & General 2) Buildings 3) Faculty 4) Student Clinic and 5) Library. The two major revenues for MUIH are: 1) Tuition and Fees and 2) Student Clinic. In 2012, the school had a net surplus of \$2,096,585. In 2013, MUIH had a net surplus of \$1,979,574. Most recently, in 2014, the university had a net surplus of \$1,525,839. The revenue has decreased from 2012 to 2014 due to the reduction in enrollment. Additionally, MUIH has an endowment with an estimated worth of \$528,134.

Summary of MUIH's Expenditures & Revenues

Fiscal Year	2014	2013	2012
Expenditures			
Admin & General	\$ 712,099	\$ 743,700	\$ 681,182
Buildings	\$ 686,095	\$ 790,889	\$ 766,474
Faculty	\$ 667,344	\$ 633,786	\$ 525,508
Student Clinic	\$ 242,684	\$ 271,724	\$ 300,488
Library	\$ 201,015	\$ 232,614	\$ 225,433
Total	\$ 2,510,015	\$ 2,672,713	\$ 2,499,085
Income			
Tuition and Fees	\$ 3,532,770	\$ 4,157,396	\$ 4,107,886
Student Clinic	\$ 503,084	\$ 494,891	\$ 400,784
Total	\$ 4,035,854	\$ 4,652,287	\$ 4,508,670
Net Surplus/Deficit	\$ 1,525,839	\$ 1,979,574	\$ 2,096,585

PART IV: MUIH'S MASTER OF SCIENCE IN ORIENTAL MEDICINE CURRICULUM NON-COMPLIANCE CCR § 1399.434

Finding #1:

HRB 644a Western Pharmacology I, and, HRB 644b Western Pharmacology II lack instruction of chemistry, including organic and biochemistry

Training Program Curriculum Requirement: **CCR § 1399.434(a)(2):**

"Chemistry, including organic and biochemistry."

MUIH Corrective Actions Taken

MUIH's initial Corrective Action included the addition of ISCI520 Biology, Chemistry and Physics in Health and additional hours to HRB 644a Western Pharmacology I and HRB 644b Western Pharmacology II to meet the requirement of Chemistry, including organic and biochemistry. Upon review of the syllabi, these courses only offer a remedial overview of general chemistry, therefore do not meet the Board's specific requirement of the instruction of organic and biochemistry.

Additional corrective actions updated the curriculum to include the course ISCI 522 Foundations in Organic Chemistry that includes instruction of chemistry, including organic and biochemistry. MUIH also states in the programs academic catalog that "A face-to face organic/biochemistry course at a regionally accredited college or university prior to degree completion would be accepted as completing this subject area".

MUIH is now in compliance.

Finding #2:

The following courses lack specific instruction of upper division general psychology:

ACP 632A Diagnostic Skills: Awakening the Observer
APP 601 Initiating a Healing Presence
APP 602 Being the Needle

Training Program Curriculum Requirement: **CCR § 1399.434(a)(4):**

"General Psychology, including counseling skills."

MUIH Corrective Actions Taken

MUIH stated on its initial corrective action response that the following courses fulfill CCR § 1399.434(a)(6):

ACP631 Diagnostic Skills: Awakening the Observer, ACP632a Diagnostic Skills: Cultivating the Instrument, ACP632b Interpersonal Communication Skills/Rapport, ACP634 Traditional Interactive Diagnosis, APP600a School of Philosophy and Healing in Action Intensive, ACP631 Diagnostic Skills: Awakening the Observer, ACP632b Interpersonal Communication Skills/Rapport, ACP634 Traditional Interactive Diagnosis

Upon review, all courses listed in the corrective action lack specific instruction of general psychology, including counseling skills, and therefore do not meet the Board's requirement. This curriculum requirement is intended to address at least the minimum requirement of a general psychology course such that, *"The curriculum in basic sciences shall prepare students to enter postsecondary upper division biomedical and clinical science courses"* CCR§1399.434 1(a). Although the listed coursework may apply to other required areas of the training, they are not applicable in fully meeting the general psychology requirement.

MUIH submitted further corrective action requiring that, "MUIH will continue to accept appropriate coursework completed at a regionally accredited college or university in fulfillment of the California Acupuncture Board's psychology requirement.

For any student who has not already successfully completed such coursework, the University will now require that the student completes, "A face-to face counselling or psychology course at a regionally accredited college or university prior to degree completion."

MUIH is now in compliance.

Finding #3:

The courses listed below lacking instruction in microbiology, immunology, psychopathology, and epidemiology

ISCI 615 Mind Body Science (Online)

ISCI 755 Biomedicine: Systems Review

ISCI 758 Biomedicine: Integration with Chinese Medicine

ACP 710 Theory: NCCAOM Review Elective (no credit)

Training Program Curriculum Requirement: **CCR § 1399.434(a)(7):**

"Pathology and Pathophysiology – a survey of the nature of disease and illness, including microbiology, immunology, psychopathology, and epidemiology."

MUIH Corrective Actions Taken

MUIH submitted a corrective action to include the course ISci754 Biomedicine: Safe Practices, to fulfill CCR § 1399.434(a)(7). Upon review of the updated course syllabus, the instruction of microbiology, immunology, psychopathology, and epidemiology are now included.

MUIH is now in compliance

Finding #4:

The courses only add up to 321.50 clock hours. Further review shows that the course, CHP 641D does not exist and therefore this section only totals up to 314 clock hours which does not meet the Board's requirement of 450 clock hours.

HRB 644b Western Pharmacology II

CHP 621A Chinese Herbal Medicine Theory I

CHP 621B Five Element Theory & Integration
 CHP 621C Five Element Theory & Integration
 CHP 641A Clinical Observation
 CHP 641B Clinical Observation II
 CHP 641C Clinical Observation III
 CHP 641D
 CHP 731A Clinical Thought Process
 CHP 731B Clinical Thought Process
 CHP 741A Diagnostic Skills
 CHP 780C Core Group III
 CHP 711A Chinese Herbal Medicine Theory II
 CHP 721A Clinical Internship

Training Program Curriculum Requirement: **CCR § 1399.434(b)(1)(D)**:

“Chinese Herbal Medicine Principles and Theory, including relevant botany concepts (This subject area shall consist of at least 450 hours of instruction).”

MUIH Corrective Actions Taken

§1399.434(b)(1)(D) of MUIH's California CRF (see Appendix 1-4) has been updated to reflect the following courses and hours associated with Chinese Herbal Medicine Principals and Theory, including relevant botany concepts totaling 470.75 didactic hours.

Coursework detail:

CHP610	History of Chinese Herbal	3.75
CHP621a	Chinese Herbal Medicine Theory	55.00
CHP621b	Five Element Theory Integration	45.00
CHP621c	Five Element Theory Integration	78.75
CHP641a	Clinic Observation	7.50
CHP641b	Clinic Observation II	7.50
CHP641c2	Clinic Observation III	15.00
CHP711a	Chinese Herbal Medicine Theory	52.50
CHP711b	Chinese Herbal Medicine Theory	65.00
CHP711c	Chinese Herbal Medicine Theory	71.25
CHP731a	Clinical Thought Process	5.00
CHP741a	Diagnostic Skills	15.00
CHP770c	Pharmacy Practicum	7.50
CHP780a	Core Group I	6.00
CHP780b	Core Group II	3.00
CHP780c	Core Group III	3.00
MOM614a	Chinese Medical Physiology I	15.00
MOM616	Chinese Medical Physiology II	15.00

MUIH is now in compliance

Finding #5:

The courses listed lack instruction of dermatology, pediatrics, ophthalmology, orthopedics, internal medicine, geriatrics, family medicine, traumatology, and emergency care.

ACP 718 Theory: Advanced Modes of Integration

CHP 711A Chinese Herbal Medicine Theory II

CHP 711B Chinese Herbal Medicine Theory II

CHP 711C Chinese Herbal Medicine Theory II

Training Program Curriculum Requirement: **CCR § 1399.434(b)(1)(F)**:

“Acupuncture and Oriental Medicine Specialties, including dermatology gynecology, pediatrics, ophthalmology, orthopedics, internal medicine, geriatrics, family medicine, traumatology, and emergency care.”

MUIH Corrective Actions Taken

MUIH's Acupuncture and Oriental Medicine Curriculum Committee (AOMCC) incorporated a unit on ophthalmology in CHP780A-C Core Group III.

MUIH's AOMCC also designed a new course, MOMCA701 California Supplemental Information, which includes a review of specialty topics in the practice of clinical medicine. The new course was discussed by MUIH's AOMCC on 11-30-15, and was formally approved on 12-14-15.

The syllabi for the above courses have been amended to reflect the material that was already presented in each course more accurately. These corrective actions address the Boards curriculum requirement of Acupuncture and Oriental Medicine Specialties, including dermatology gynecology, pediatrics, ophthalmology, orthopedics, internal medicine, geriatrics, family medicine, traumatology, and emergency care.

MUIH is now in compliance

Finding #6:

ACP 601b History and Classics: Chinese Medicine from the Classical Perspective, ACP 700 History and Classics: Visiting Scholar Intensive and CHP 610 History of Chinese Herbal Medicine lack instruction of Jin Gui and Wen Bing/Shang Han.

Training Program Curriculum Requirement: **CCR § 1399.434(b)(1)(G)**:

“Classical acupuncture and Oriental medicine literature, including Jin Gui, Wen Bing/Shang Han, Nei Jing.”

MUIH Corrective Actions Taken

Upon review of the course description and syllabi, the course ACP621a Chinese Herbal Medicine Theory 1 meets the Board's requirement of 'instruction of Jin Gui, Essentials from the Golden Cabinet, and Wen Bing/Shang Han, Diseases due to warm/Diseases due to cold'.

MUIH is now in compliance

Finding #7.

The three courses CHP 770 Pharmacy Practicum, CHP 770b Pharmacy Practicum, CHP 770c Pharmacy Practicum lack instruction on herbal counseling

Training Program Curriculum Requirement: **CCR § 1399.434(b)(2)(E)**:

“Herbal prescription, counseling and preparation.”

MUIH Corrective Actions Taken

MUIH listed the following courses on its corrective action response to fulfill CCR § 1399.434(b)(2)(E): CHP731a Clinical Thought Process I, CHP731b Clinical Thought Process II. MUIH also adjusted the hours associated with CHP770c Pharmacy Practicum

Review of updated course descriptions and syllabi for CHP731a Clinical Thought Process I and CHP731b Clinical Thought Process II confirmed instruction of herbal counseling and preparation.

MUIH is now in compliance

Finding #8:

CHP 621C Five Element Theory & Integration HRB 644A Western Pharmacology lack of instruction of dietary and supplement counseling

Training Program Curriculum Requirement: **CCR § 1399.434(b)(2)(F)**

“Oriental and Western clinical and medical nutrition, dietary and supplement prescription and counseling.”

MUIH Corrective Actions Taken

Updated course descriptions, syllabi and weekly breakdowns included confirmed that ISCI754 Biomedicine: Safe Practices and UTR676 Chinese and Western Nutrition Therapy now requires instruction in Oriental and Western clinical and medical nutrition, dietary and supplement prescription and counseling.

MUIH is now in compliance

Finding #9

ACP 644 Treatment Skills: Basic Treatment Skills, ACP 790b Supervised Clinical Practice: Core Groups, APP 600 School of Philosophy and Healing in Action (SOPHIA) Intensive do not include instruction of ultrasound

Training Program Curriculum Requirement: **CCR § 1399.434(b)(2)(G)**:

“Cold and heat therapy, including moxibustion and ultrasound.”

MUIH Corrective Actions Taken

Review of the new course description, syllabus and weekly breakdown in the new course MOM-CA701 California Supplemental Information confirmed that a review of heat/cold therapies focusing on ultrasound, survey of various modalities and specialties are now included.

MUIH is now in compliance

Finding #10:

ACP 719 Theory: Chinese Medical Therapy and Asian Bodywork and ISCI 667 Science of Addiction lack instruction of dermal tacks

Training Program Curriculum Requirement: **CCR § 1399.434(b)(2)(I):**

“Adjunctive acupuncture procedures, including bleeding, cupping, gua sha, and dermal tacks.”

MUIH Corrective Actions Taken

Review of the new course descriptions, syllabi and weekly breakdowns confirmed that ACP644 Treatment Skills Basic, and ACP790B Supervised Clinical Practice now includes developing proficiency with using adjunctive acupoint stimulation devices, including magnets, seeds, dermal tacks and beads. The listed coursework also includes clinical competency evaluations of this skill.

MUIH is now in compliance

Finding #11

ISCI 754 Biomedicine: Safe Practices, ISCI 667 Science of Addiction, and ACP 718 Theory: Advanced Modes of Integration do not include instruction of auricular and scalp therapy

Training Program Curriculum Requirement: **CCR § 1399.434(b)(2)(J):**

“Acupuncture micro therapies, including auricular and scalp therapy.”

MUIH Corrective Actions Taken

Review of the course description, syllabus and weekly breakdown updated for ACP/MOM 644 Basic Treatment Skills confirms that it presents a review of auricular points & trigger points and practice. ACP818-MOM818 presents ‘basic scalp acupuncture needed for treatment’.

MUIH is now in compliance

Finding #12:

ISCI 754 Biomedicine: Safe Practices, ACP 644 Treatment Skills: Basic Treatment Skills, and, ACP 719 Theory: Chinese Medical Therapy and Asian Bodywork lack instruction of magnets and beads.

Training Program Curriculum Requirement: **CCR § 1399.434(b)(2)(M):**

“Adjunctive acupoint stimulation devices including magnets and beads.”

MUIH Corrective Actions Taken

Review of the course descriptions, syllabi and weekly breakdowns confirm that ACP644 Treatment Skills Basic and ACP790B Supervised Clinical Practice now addresses using adjunctive acupoint stimulation devices, including magnets, seeds, dermal tacks and beads. The listed coursework also includes clinical competency evaluations of this skill.

MUIH is now in compliance

Finding #13:

ACP 631 Diagnostic Skills: Awakening the Observer and ACP 716 Theory: NCCAOM Review Elective do not include instruction of the World Health Organization’s internal classification of disease (ICD-9/10).

Training Program Curriculum Requirement: **CCR § 1399.434(c)(7):**

“Clinical impressions and the formation of a working diagnosis, including acupuncture and Oriental medicine diagnoses and the World Health Organization’s internal classification of disease (ICD-9).”

MUIH Corrective Actions Taken

Review of the course description, syllabus and weekly breakdown included confirms that coursework in ACP790b Supervised Clinical Practice: Core Groups now requires students to “demonstrate the ability to form clinical impressions and a working diagnosis, including acupuncture and Oriental medicine diagnoses, and the World Health Organization’s international classification of diseases (ICD-9)”. Coursework included in ACP/MOM 767 Practice Management, develops and adds clarity to this topic requiring student to be able to “identify CPT and ICD 9(10) codes, what they are used for and how to locate them.”

MUIH is now in compliance

Finding #14:

The following courses lack instruction of awareness of at risk population, including gender, age, indigent, and disease specific patents:

ISCI 758 Biomedicine: Integration with Chinese Medicine

ACP 644 Treatment Skills: Basic Treatment Skills
ISCI 667 Science of Addiction
ISCI 754 Biomedicine: Safe Practices

Training Program Curriculum Requirement: **CCR § 1399.434(c)(8):**

“Awareness of at-risk population, including gender, age, indigent, and disease specific patients.”

MUIH Corrective Actions Taken

MUIH's initial corrective action response listed the courses: 1) ISCI652 Physical Assessment 2) ISCI755 Biomedicine: Systems Review, and 3) the adjustment of ISCI667 Science Of Addiction and ACP644 Treatment Skills: Basic Treatment Skills to satisfy CCR § 1399.434(c)(8). The courses do not meet the Board's requirement, lacking specific language that clearly detailing instruction of gender, age and indigent patients.

MUIH has supplied further corrective actions by updating the course description and syllabi of ISCI667 Science of Addiction and the addition of AOM 690a - Introduction to Community Acupuncture and Supervised Community Practice.

MUIH is now in compliance

Finding #15:

ISCI 755 Biomedicine: Systems Review, does not include a survey of clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy

Training Program Curriculum Requirement: **CCR § 1399.434(c)(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.”

MUIH Corrective Actions Taken

Review of the updated course descriptions, syllabi and weekly breakdowns confirms that MOMCA701, and ACP790B Supervised Clinical Practice now identifies the clinical practices of: medicine, osteopathy, dentistry, dermatology, pediatrics, geriatrics, traumatology, ophthalmology, orthopedics, psychology, nursing, chiropractic, podiatry, naturopathy and homeopathy.

This action brings MUIH in compliance with CCR § 1399.434(c)(11).

Finding #16:

ACP 790b Supervised Clinical Practice: Core Groups and ACP 615 Theory: Organs of the Body and Patterns of Disharmony I, does not include instruction of primary care responsibilities.

Training Program Curriculum Requirement: **CCR § 1399.434(d)(1):**

“Primary care responsibilities.”

MUIH Corrective Actions Taken

Review of the updated course descriptions, syllabi and weekly breakdowns for MOMCA701 and ACP790B Supervised Clinical Practice confirmed that MUIH now requires students to identify knowledge of and demonstrate familiarity with primary care responsibilities.

MUIH is now in compliance

Finding #17:

ACP 790b Supervised Clinical Practice: Core Groups and CHP 780c Core Group III lack instruction of secondary and specialty care responsibilities

Training Program Curriculum Requirement: **CCR § 1399.434(d)(2):**

“Secondary and specialty care responsibilities.”

MUIH Corrective Actions Taken

Review of the updated course descriptions, syllabi and weekly breakdowns for MOMCA701, and ACP790B Supervised Clinical Practice has determined that the courses now require students to identify knowledge of and demonstrate familiarity with secondary and specialty care responsibilities.

MUIH is now in compliance

Finding #18:

APP 604 Deepening Your Healing Presence lacks instruction of psychosocial assessment

Training Program Curriculum Requirement: **CCR § 1399.434(d)(3):**

“Psychosocial assessment”

MUIH Corrective Actions Taken

MUIH initial corrective actions listed the courses ISCI652 Physical Assessment and ACP758a Healing and Transforming the Emotions as addressing this finding. There remained a lack of direct instruction or language in regard to the Board requirement of psychosocial assessment.

Subsequent corrective actions document the creation of additional coursework to be available beginning January 2017 as a two unit, 30 hour course. MOMCA702 California Supplemental Information II will be offered for students intending to sit for the California Acupuncture Licensing Exam. A review of the materials confirms the instruction of psychosocial assessment.

MUIH is now in compliance

Finding #19:

ACP 790b Supervised Clinical Practice: Core Groups and CHP 780b Core Group II lack instruction of follow-up care, final review, and functional outcome measurements

Training Program Curriculum Requirement: **CCR § 1399.434(d)(6):**

“Follow-up care, final review, and functional outcome measurements.”

MUIH Corrective Actions Taken

Review of the updated course descriptions, syllabi and weekly breakdowns of MOMCA701 and ACP790B Supervised Clinical Practice confirms they now require students to identify the skills and concepts involved in follow-up care, final review, and functional outcome measurements.

MUIH is now in compliance

Finding #20

ACP 790b Supervised Clinical Practice: Core Groups lacks instruction of the process of advising patients on prognosis and future medical care

Training Program Curriculum Requirement: **CCR § 1399.434(d)(7):**

“Prognosis and future medical care.”

MUIH Corrective Actions Taken

Review of the updated course descriptions, syllabi and weekly breakdowns of MOMCA701 and ACP790B Supervised Clinical Practice confirms that they now require students to identify the concepts and skills involved in treatment planning, continuity of care, referral, and collaboration including prognosis and future western/integrated medical care. Students are also required to demonstrate integration of acupuncture and herbal medicine in treatment plans of short and long term prognosis.

MUIH is now in compliance

Finding #21:

ACP 767 Practice Management: Maintaining a Successful Practice and ACP 710 Theory: NCCAOM Review Elective does not include a review of worker compensation/labor codes and procedures

Training Program Curriculum Requirement: **CCR § 1399.434(d)(8):**

“Case management for injured workers and socialized medicine patients, including knowledge of worker compensation/labor codes and procedures and qualified medical evaluations.”

MUIH Corrective Actions Taken

Review of the updated course descriptions, syllabi and weekly breakdowns of MOMCA701 and ACP790B Supervised Clinical Practice confirms they now require students to summarize the

case management process for injured workers and socialized medicine patients including procedures for worker's compensation/labor codes. In addition, the listed coursework outlines the process for medical-legal report writing, expert medical testimony and independent medical review

MUIH is now in compliance

Finding #22:

ACP 767 Practice Management: Maintaining a Successful Practice, does not include instruction of medical-legal report writing, expert medical testimony, and independent medical review

Training Program Curriculum Requirement: **CCR § 1399.434(d)(10):**

"Medical-legal report writing, expert medical testimony, and independent medical review."

MUIH Corrective Actions Taken

Review of the updated course descriptions, syllabi and weekly breakdowns of MOMCA701 and ACP790B Supervised Clinical Practice confirms that they now require students to demonstrate knowledge of providing expert medical testimony, medical/legal report writing and independent medical review. In addition the listed coursework outlines the process for medical-legal report writing, expert medical testimony and independent medical review

MUIH is now in compliance

Finding #23:

ACP 767 Practice Management: Maintaining a Successful Practice does not include instruction of special care/seriously ill patients

Training Program Curriculum Requirement: **CCR § 1399.434(d)(11):**

"Special care/seriously ill patients."

MUIH Corrective Actions Taken

Review of the updated course description, syllabus and weekly breakdown of ACP790B confirmed that, through the adjustment of hours and the addition of discussion, now requires students to identify the skills and concepts necessary when working with special care patients, unique populations, seriously ill patients and terminally diagnosed patients.

MUIH is now in compliance

Finding #24:

CHP 760 Clinic Orientation lacks specific instruction of business written communications

Training Program Curriculum Requirement: **CCR § 1399.434(e)(2):**

“Business written communications.”

MUIH Corrective Actions Taken

Review of the updated course description, syllabus and weekly breakdown of MOMCA701 California Supplemental Information confirms that the curriculum content of business writing, medical-legal report writing, and expert testimony are now specifically addressed in week two of the course. The topic of effective business written communication is clearly stated in the course’s learning outcomes.

MUIH is now in compliance

Finding #25:

ACP 766 Practice Management: Building a Successful Practice and ACP 767 Practice Management: Maintaining a Successful Practice lack instruction of OSHA and the Labor code

Training Program Curriculum Requirement: **CCR § 1399.434(e)(3):**

“Knowledge of regulatory compliance and jurisprudence (municipal, California, and federal laws, including OSHA, Labor Code, Health Insurance Portability and Accountability Act of 1966 (HIPAA)”

MUIH Corrective Actions Taken

Review of the updated course description, syllabus and weekly breakdown for MOMCA701 California Supplemental Information confirms that the application of the knowledge of regulatory compliance and jurisprudence (municipal, California, and federal laws, including OSHA, Labor Code, Health Insurance Portability and Accountability Act of 1966 (HIPAA) is now included.

MUIH is now in compliance

Finding #26:

ACP 644 Treatment Skills: Basic Treatment Skills it lacks instruction of the ability to practice in interdisciplinary medical settings including hospitals

Training Program Curriculum Requirement: **CCR § 1399.434(e)(7):**

“Ability to practice in interdisciplinary medical settings including hospitals.”

MUIH Corrective Actions Taken

MUIH listed the course, ISCI636 Integrative Science of Acupuncture, ISCI755 Biomedicine: Systems Review ISCI758 Biomedicine: Integration with Chinese Medicine to fulfill CCR § 1399.434(e)(7). The course does not meet the Board’s requirement lacking instruction of the

ability to practice in interdisciplinary medical settings, including hospitals. The corrective action is general without specific attention to the language addressing this requirement.

MUIH submitted the additional corrective of the addition of coursework of AOM794 Collaborative Care that exists in their accredited Doctoral program to the training program seeking California acupuncture training program approval. Upon review the syllabus for this course documents the instruction of the ability to practice in interdisciplinary medical settings including hospitals.

MUIH is now in compliance

Finding #27:

ACP 644 Treatment Skills: Basic Treatment Skills does not include instruction of public and community health and disease prevention

Training Program Curriculum Requirement: **CCR § 1399.434(f)(1):**

“Public and community health and disease prevention.”

Review of the corrective action confirmed that the revised syllabi for ISCI754 Biomedicine: Safe Practices and ACP790a Supervised Clinical Practice: Community Health now provide instruction in public and community health and disease prevention

MUIH is now in compliance

Finding #28:

ACP 644 Treatment Skills: Basic Treatment Skills and ACP 710 Theory: NCCAOM Review Elective lacks instruction of public health education.

Training Program Curriculum Requirement: **CCR § 1399.434(f)(2):**

“Public health education.”

MUIH Corrective Actions Taken

MUIH listed on its initial corrective action response that the courses: ISCI667 Science Of Addiction, ISCI755 Biomedicine: Systems Review and ISCI754 Biomedicine: Safe Practices satisfy CCR § 1399.434(f)(2). Upon review, these courses do not meet the Board’s requirement because it lacks specific instruction of public health education.

MUIH submitted additional corrective actions that document the creation of additional coursework to be available beginning January 2017 as a two credit 30 hour course MOMCA702 California Supplemental Information II offered for students intending to sit for the California Acupuncture Licensing Exam. MUIH supplied documentation of this coursework that includes instruction of public Health education

MUIH is now in compliance

Finding #29:

RES 511 Fundamentals of Information (No credit), it does not include instruction of research and evidence based medicine

Training Program Curriculum Requirement: **CCR § 1399.434(g)(1):**

“Research and evidence based medicine.”

MUIH Corrective Actions Taken

Review of the course description, syllabus and weekly breakdown confirms ISCI701 Intro Statistics, Research Design & Info Literacy in Integrative Health provides students with an overview of the scientific method, research ethics, evidence-based medicine, and through the importance of research and oversight in integrative health study design overview. Both curriculum areas are delivered the first week of the course.

MUIH is now in compliance

Finding #30:

Training Program Curriculum Requirement: **CCR § 1399.434(g)(3):**

“Knowledge of critique of research methods.”

ISCI 615 Mind Body Science (online) does not include instruction of knowledge of critique of research methods and therefore does not meet the Board’s requirements.

MUIH Corrective Actions Taken

Review of the course description, syllabus and weekly breakdown for ISCI701 Intro Statistics, Research Design & Info Literacy in Integrative Health confirms that it provides students with the knowledge of how to critically evaluate a quantitative article.

MUIH is now in compliance

PART VI: MUIH’S CLINICAL CURRICULUM NON-COMPLIANCE CCR § 1399.434

The site visit team evaluated the clinic for compliance to ensure the curriculum requirements are reflected in the clinical training pursuant to CCR 1399.434.

Finding: MUIH MOM’s clinical practicum for intern training did not demonstrate sufficient application of Eastern and Western diagnostic procedures in evaluating patients.

Training Program Clinical Requirement: **CCR § 1399.434(h)(2):**

“Diagnosis and evaluation (minimum 275 hours) – the application of Eastern and Western diagnostic procedures in evaluating patients”

California Acupuncture Board Record Keeping Requirement

CCR § 1399.453:

“An acupuncturist shall keep complete and accurate records on each patient who is given acupuncture treatment, including but not limited to, treatments given and progress made as a result of the acupuncture treatments.”

Clean Needle Technique Reference

Council of Colleges of Acupuncture and Oriental Medicine, *CCAOM Clean Needle Technique Manual: Best Practices for Acupuncture Needle Safety and Related Procedures* (7th ed.) (Rev. Jan. 2016), retrieved from <http://www.ccaom.org/cntmanual.asp>.

Department of Industrial Relations Worker’s Compensation Requirement

§ 9785. Reporting Duties of the Primary Treating Physician:

“(h) When the primary treating physician determines that the employee's condition is permanent and stationary, the physician shall, unless good cause is shown, report within 20 days from the date of examination any findings concerning the existence and extent of permanent impairment and limitations and any need for continuing and/or future medical care resulting from the injury. The information may be submitted on the “Primary Treating Physician's Permanent and Stationary Report” form (DWC Form PR-3 or DWC Form PR-4) contained in § 9785.3 or § 9785.4, or in such other manner which provides all the information required by Title 8, California Code of Regulations, § 10606. For permanent disability evaluation performed pursuant to the permanent disability evaluation schedule adopted on or after January 1, 2005, the primary treating physician's reports concerning the existence and extent of permanent impairment shall describe the impairment in accordance with the AMA Guides to the Evaluation on Permanent Impairment, 5th Edition (DWC Form PR-4). Qualified Medical Evaluators and Agreed Medical Evaluators may not use DWC Form PR-3 or DWC Form PR-4 to report medical-legal evaluations.”

MUIH Clinic

1. Some inspected medical charts have diagnosis/treatment that is not supported by western and eastern assessments.
 - a. Eastern assessments were not applied to some patients:
 - i. Though medical charts have a section for Five Elements, most charts were not filled out.
 1. Although the SME did hear the discussion of Eastern Assessments, these were not noted in the medical charts.
 - ii. The medical chart is missing tongue shape in most reviewed cases.
 1. The May 2015 MOM medical charts now have ‘shape’ as a field.
 - iii. Inspected medical charts lacked documentation of Eight Principles

1. Although the SME did hear the discussion of Eight Principles, these were not always noted in the medical charts.
- iv. Inspected medical charts lacked documentation of Zang-Fu.
 1. Although the SME did hear the discussion of Zang-Fu, these were not always noted in the medical charts.
- v. Although proposed herbs/formulas are noted in charts, there is no documentation of the dosage prescribed.
- vi. There is no field for pharmacological assessments. In the initial intake form, there is a field for medication but most records are blank. This creates confusion on whether the assessment was ever conducted or if the patient is not on medication.
- vii. For acupuncture treatments, the treatment plan in the inspected medical charts lacked prognosis and future medical care. For continuity of care, prognosis and duration of prognosis must be documented.
 1. Frequency of treatment not prescribed
 2. Type of future treatment not prescribed
- viii. For Herbal treatments, the treatment plan in the inspected medical charts lacked prognosis and future medical care.
 1. There is no frequency and duration in application of herbs.
- b. Western assessments were not applied to patients:
 - i. Chief complaint was based on patient's subjective statement but not transcribed into objective findings and recorded in standard medical terminology.
 - ii. Standard physical assessments, such as orthopedic, were not conducted for musculoskeletal cases and are missing in the charts.
 - iii. Although there is a field for blood pressure in the initial intake form it was not taken for most initial visits.
 1. For training purposes, blood pressure, height and weight must be recorded in follow-up visits.
2. Patient's records were not accurate and complete:
 - a. Although Medical charts noted the treatment number and date on every page, additional pages for intern intake notes were not numbered.
 - b. In one inspected supervisor herbal prescription form, the patient's name, date and dosage were missing.
 - c. In one of the reviewed charts, there is a missing page from the intake form.
3. The Clean Needle Technique was not properly applied:
 - a. During treatment observation, a dabbing motion was used with an alcohol pad to disinfect the treatment area. A wiping motion should always be used.
4. There is no pain scale in the medical chart. In California's Worker's Compensation system, the two-dimensional pain scale is used, noting the four levels of pain in the categories of severity and frequency.

Training Program Corrective Actions Taken:

MUIH (MUIH) has submitted new medical charts, meeting minutes, and memos to all supervisors and appropriate parties to demonstrate corrective action of findings of clinical

non-compliance found during the site visit (See MUIH Corrective Action Report, and supporting documents). Upon review of the medical charts, meeting minutes, and memo, MUIH is in full compliance with CCR § 1399.434(h) (2).

PART VI: PEER REVIEW RECOMMENDATIONS

1. Needle packages should be kept in the clean field and not in lab coat pockets.
2. It was observed that the Revised Medical Chart is applied in the MOM program but not in the M.Ac. program. This creates inconsistent acupuncture training between the two programs. Using the same form is recommended. Even if the Acupuncture program does not use herbs.

PART VII: RECOMMENDATION

Protection of the public shall be the highest priority for the Acupuncture Board in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount (California Business and Professions Code, § 4928.1).

MUIH's Master of Oriental Medicine California Track acupuncture training program is in full compliance with CCR § 1399.434.

Staff Recommendation: Approval

