

Acupuncture Board

Proposed Repeal of Sponsored Free Health Care Events Regulations

Proposed deletions of regulatory provisions are shown in single strikethrough.

(1) Delete Article 1.5 of Division 13.7 of Title 16 of the California Code of Regulations, inclusive of Sections 1399.407, 1399.407.1, 1399.407.2, and 1399.407.3, as follows:

~~Article 1.5. Sponsored Free Health Care Events—Requirements for Exemption~~

~~§ 1399.407. Definitions.~~

~~(a) For the purposes of section 901 of the Code:~~

~~(1) "Community-based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.~~

~~(2) "Out-of-state practitioner" means a person who is not licensed in California to engage in the practice of acupuncture but who holds a current valid license or certificate in good standing in another state, district, or territory of the United States to practice acupuncture.~~

~~(3) "In good standing" means the person:~~

~~(A) Has not been charged with an offense for any act substantially related to the practice for which the applicant is licensed by any public agency; and~~

~~(B) Has not entered into any consent agreement or been subject to an administrative decision that contains conditions placed upon the applicant's professional conduct or practice, including any voluntary surrender of license; and~~

~~(C) Has not been the subject of an adverse judgment resulting from the practice for which the applicant is licensed that the board determines constitutes evidence of a pattern of negligence or incompetence.~~

~~NOTE: Authority cited: Sections 901 and 4933, Business and Professions Code.
Reference: Section 901, Business and Professions Code.~~

§ 1399.407.1 Sponsoring Entity Registration and Recordkeeping Requirements.

(a) ~~Registration.~~ A sponsoring entity that wishes to provide, or arrange for the provision of, health care services at a sponsored event under section 901 of the Code shall register with the board not later than 90 calendar days prior to the date on which the sponsored event is scheduled to begin. A sponsoring entity shall register with the board by submitting to the board a completed "Registration of Sponsoring Entity Under Business & Professions Code Section 901" Form 901-A (DCA/2016—revised), which is hereby incorporated by reference.

(b) ~~Determination of Completeness of Form.~~ The board may, by resolution, delegate to the Department of Consumer Affairs the authority to receive and process Form 901-A on behalf of the board. The board or its delegatee shall inform the sponsoring entity within 15 calendar days of receipt of Form 901-A in writing that the form is either complete and the sponsoring entity is registered or that the form is deficient and what specific information or documentation is required to complete the form and be registered. The board or its delegatee shall reject the registration if all of the identified deficiencies have not been corrected at least 30 days prior to the commencement of the sponsored event.

(c) ~~Recordkeeping Requirements.~~ Regardless of where it is located, a sponsoring entity shall maintain at a physical location in California a copy of all records required by section 901 as well as a copy of the authorization for participation issued by the board to an out-of-state practitioner. The sponsoring entity shall maintain these records for a period of at least five years after the date on which a sponsored event ended. The records may be maintained in either paper or electronic form. The sponsoring entity shall notify the board at the time of registration as to the form in which it will maintain the records. In addition, the sponsoring entity shall keep a copy of all records required by section 901(g) of the Code at the physical location of the sponsored event until that event has ended. These records shall be available for inspection and copying during the operating hours of the sponsored event upon request of any representative of the board.

(d) ~~Requirement for Prior Board Approval of Out-of-State Practitioner.~~ A sponsoring entity shall not permit an out-of-state practitioner to participate in a sponsored event unless and until the sponsoring entity has received written approval from the board.

(e) ~~Report.~~ Within 15 calendar days after a sponsored event has concluded, the sponsoring entity shall file a report with the board summarizing the details of the sponsored event. This report may be in a form of the sponsoring entity's choosing, but shall include, at a minimum, the following information:

- ~~(1) The date(s) of the sponsored event;~~
- ~~(2) The location(s) of the sponsored event;~~
- ~~(3) The type(s) and general description of all health care services provided at the sponsored event; and~~
- ~~(4) A list of each out of state practitioner granted authorization pursuant to this article who participated in the sponsored event, along with the license number of that practitioner.~~

NOTE: Authority cited: Sections 901 and 4933, Business and Professions Code.
Reference: Section 901, Business and Professions Code.

~~§ 1399.407.2. Out of State Practitioner Authorization to Participate in Sponsored Events.~~

~~(a) Request for Authorization to Participate. An out of state practitioner ("applicant") may request authorization from the board to participate in a sponsored event and provide such health care services at the sponsored event as would be permitted if the applicant were licensed by the board to provide those services. An applicant shall request authorization by submitting to the board a completed "Request For Authorization To Practice Without a California License at a Registered Free Health Care Event" Form 901-B (CAB/2016), which is hereby incorporated by reference, accompanied by a non-refundable processing fee of \$25. The applicant shall also furnish either a full set of fingerprints or submit a Live Scan inquiry to establish the identity of the applicant and to permit the board to conduct a criminal history record check.~~

~~(b) Response to Request for Authorization to Participate. Within 20 calendar days of receiving a completed request for authorization, the board shall notify the sponsoring entity whether that request is approved or denied.~~

~~(c) Denial of Request for Authorization to Participate.~~

~~(1) The board shall deny a request for authorization to participate if:~~

~~(A) The submitted Form 901-B is incomplete and the applicant has not responded within 7 calendar days to the board's request for additional information; or~~

~~(B) The applicant has failed to comply with a requirement of this article or has committed any act that would constitute grounds for denial of an application for licensure by the board; or~~

~~(C) The applicant does not possess a current valid license in good standing as defined in Section 1399.407~~

~~(2) The board may deny a request for authorization to participate if:~~

~~(A) The request is received less than 20 calendar days before the date on which the sponsored event will begin; or~~

~~(B) The applicant has been previously denied a request for authorization by the board to participate in a sponsored event; or~~

~~(C) The applicant has previously had authorization to participate in a sponsored event terminated by the board; or~~

~~(D) The applicant has already participated in four (4) or more sponsored events during the 12 month period immediately preceding the date the current authorization is received by the board.~~

~~(d) Appeal of Denial. An applicant requesting authorization to participate in a sponsored event may appeal the denial of such request by following the procedures set forth in section 1399.407.3.~~

~~NOTE: Authority cited: Sections 901 and 4933, Business and Professions Code.
Reference: Sections 144 and 901, Business and Professions Code.~~

~~§ 1399.407.3. Termination of Authorization and Appeal.~~

~~(a) Grounds for Termination. The board may terminate an out-of-state practitioner's authorization to participate in a sponsored event for any of the following reasons:~~

~~(1) The out-of-state practitioner has failed to comply with any applicable provision of this article, or any applicable practice requirement or regulation of the board.~~

~~(2) The out-of-state practitioner has committed an act that would constitute grounds for discipline if done by a licensee of the board.~~

~~(3) The board has received a credible complaint indicating that the out-of-state practitioner is unfit to practice at the sponsored event or has otherwise endangered consumers of the practitioner's services.~~

~~(b) Notice of Termination. The board shall provide both the sponsoring entity and the out-of-state practitioner with a written notice of the termination, including the basis for the termination. If the written notice is provided during a sponsored event, the board~~

~~may provide the notice to any representative of the sponsored event on the premises of the event.~~

~~(c) Consequences of Termination. An out-of-state practitioner shall immediately cease his or her participation in a sponsored event upon receipt of the written notice of termination. Termination of authority to participate in a sponsored event shall be deemed a disciplinary measure reportable to the national practitioner data banks. In addition, the board shall provide a copy of the written notice of termination to the licensing authority of each jurisdiction in which the out-of-state practitioner is licensed.~~

~~(d) Appeal of Termination. An out-of-state practitioner may appeal the board's decision to terminate an authorization in the manner provided by section 901(j)(2) of the Code. The request for an appeal shall be considered a request for an informal hearing under the Administrative Procedure Act pursuant to the provisions of Chapter 4.5 (commencing with Section 11445.10) of Part 1 of Division 3 of Title 2 of the Government Code.~~

~~(e) Informal Conference Option. In addition to requesting a hearing, the out-of-state practitioner may request an informal conference with the Executive Officer regarding the reasons for the termination of authorization to participate. The Executive Officer shall, within 30 days from receipt of the request, hold an informal conference with the out-of-state practitioner. At the conclusion of the informal conference, the Executive Officer may affirm or dismiss the termination of authorization to participate. The Executive Officer shall state in writing the reasons for his or her action and mail a copy of his or her findings and decision to the out-of-state practitioner within ten days from the date of the informal conference. The out-of-state practitioner does not waive his or her request for a hearing to contest a termination of authorization by requesting an informal conference. If the termination is dismissed after the informal conference, the request for a hearing shall be deemed to be withdrawn.~~

~~NOTE: Authority cited: Sections 901 and 4933, Business and Professions Code.
Reference: Section 901, Business and Professions Code.~~



SPONSORED FREE HEALTH CARE EVENTS

REGISTRATION OF SPONSORING ENTITY UNDER BUSINESS & PROFESSIONS CODE SECTION 901

In accordance with California Business and Professions Code section 901(d), a non-government organization administering an event to provide health care services to uninsured and underinsured individuals at no cost, may include participation by certain health care practitioners licensed outside of California if the organization registers with the California licensing authorities having jurisdiction over those professions. This form shall be completed and submitted by the sponsoring organization **at least 90 calendar days prior to the sponsored event.** *Note that the information required by Business and Professions Code section 901(d) must also be provided to the county health department having jurisdiction in each county in which the sponsored event will take place.*

PART 1 — ORGANIZATIONAL INFORMATION

1. Organization Name: _____

2. Organization Contact Information (use principal office address):

| | |
|------------------|----------------------------------|
| _____ | _____ |
| Address Line 1 | Phone Number of Principal Office |
| _____ | _____ |
| Address Line 2 | Alternate Phone |
| _____ | _____ |
| City, State, Zip | Website |
| _____ | _____ |
| County | |

— Organization Contact Information in California (if different):

| | |
|------------------|-----------------|
| _____ | _____ |
| Address Line 1 | Phone Number |
| _____ | _____ |
| Address Line 2 | Alternate Phone |
| _____ | _____ |
| City, State, Zip | |
| _____ | |
| County | |

3. Type of Organization:

Is the organization operating pursuant to section 501(c)(3) of the Internal Revenue Code? Yes No

If not, is the organization a community-based organization*?

____ Yes ____ No

Organization's Tax Identification Number _____

If a community-based organization, please describe the mission, goals, and activities of the organization (attach separate sheet(s) if necessary): _____

* A "community-based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

PART 2 — RESPONSIBLE ORGANIZATION OFFICIALS

Please list the following information for each of the principal individual(s) who is the officer(s) or official(s) of the organization responsible for operation of the sponsoring entity.

Individual 1:

Name _____ Title _____

Address Line 1 _____ Phone _____

Address Line 2 _____ Alternate Phone _____

City, State, Zip _____ E-mail address _____

County _____

Individual 2:

Name _____ Title _____

Address Line 1 _____ Phone _____

Address Line 2 _____ Alternate Phone _____

City, State, Zip _____ E-mail address _____

County _____

Individual 3:

| | |
|------------------|-----------------|
| _____ | _____ |
| Name | Title |
| _____ | _____ |
| Address Line 1 | Phone |
| _____ | _____ |
| Address Line 2 | Alternate Phone |
| _____ | _____ |
| City, State, Zip | E-mail address |
| _____ | _____ |
| County | |

(Attach additional sheet(s) if needed to list additional principal organizational individuals)

PART 3 — EVENT DETAILS

1. Name of event, if any: _____

2. Date(s) of event (not to exceed ten calendar days): _____

3. Location(s) of the event (be as specific as possible, including address):

4. Describe the intended event; including a list of all types of healthcare services intended to be provided (*attach additional sheet(s) if necessary*):

5. Attach a list of all out-of-state health care practitioners who you currently believe intend to apply for authorization to participate in the event. The list should include the name, profession, and state of licensure of each identified individual.

___ Check here to indicate that list is attached.

Note:

- Each individual out-of-state practitioner must request authorization to participate in the event by submitting an application to the applicable licensing Board or Committee.
- The organization will be notified in writing whether authorization for an individual out-of-state practitioner has been granted.

This form, any attachments, and all related questions shall be submitted to:

Department of Consumer Affairs
Attn: Sponsored Free Health Care Events
Division of Programs and Policy Review
1625 North Market Blvd., Ste. S-308
Sacramento, CA 95834
Tel: (916) 574-7970
Fax: (916) 574-8613
E mail: CRP2@dca.ca.gov

- I understand that I must maintain records in either electronic or paper form both at the sponsored event and for five (5) years in California, per the recordkeeping requirements imposed by California Business and Professions Code section 901 and the applicable sections of Title 16, California Code of Regulations, for the regulatory bodies with jurisdiction over the practice to be engaged in by out-of-state practitioners
- I understand that our organization must file a report with each applicable Board or Committee within fifteen (15) calendar days of the completion of the event.

I certify under penalty of perjury under the laws of the State of California that the information provided on this form and any attachments is true and current, and that I am authorized to sign this form on behalf of the organization:

Name Printed _____ Title _____

Signature _____ Date _____

PERSONAL INFORMATION COLLECTION, ACCESS AND DISCLOSURE

Disclosure of your personal information is mandatory. The information on this form is required pursuant to Business and Professions Code section 901. Failure to provide any of the required information will result in the form being rejected as incomplete. The information provided will be used to determine compliance with the requirements promulgated pursuant to Business and Professions Code section 901. The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the applicable Board or Committee, unless the records are exempted from disclosure by section 1798.40 of the Civil Code. An individual may obtain information regarding the location of his or her records by contacting the Division of Programs and Policy Review at the address and telephone number listed above.



REQUEST FOR AUTHORIZATION TO PRACTICE WITHOUT A CALIFORNIA LICENSE AT A REGISTERED FREE HEALTH CARE EVENT

In accordance with California Business and Professions Code Section 901, any acupuncturist who is licensed or certified and in good standing in another state, district, or territory in the United States may request authorization from the Acupuncture Board (Board) to participate in a free health care event offered by a sponsoring entity, registered with the Board pursuant to Section 901, for a period not to exceed ten (10) days.

PART 1 – APPLICATION INSTRUCTIONS

An application must be complete and must be accompanied by all of the following:

- A processing fee of \$25 made payable to the Board (check or money order only).
- A copy of each valid and current license and/or certificate authorizing the applicant to engage in the practice of acupuncture issued by any state, district, or territory of the United States.
- A copy of a valid photo identification of the applicant issued by one of the jurisdictions in which the applicant holds a license or certificate to practice.
- A full set of fingerprints on hard cards or a Live Scan inquiry. This will be used to establish your identity and to conduct a criminal history record check. However, this requirement shall apply only to the first application for authorization that you submit.

Live Scan is only available in California for residents or visitors. A listing of California Live Scan sites can be found at <http://ag.ca.gov/fingerprints/publications/contact.php>. Only Live Scan fingerprints completed in California can be accepted. You must fill out a *Request for Live Scan Service* form, which can be obtained from the Board's website at www.acupuncture.ca.gov/pubsandforms/index or by calling the Board at 916-515-5200.

Procedure: You must take the completed form to the service location, pay a fee and your fingerprints will be taken on a glass without ink. The fee for the Live Scan depends upon the vendor. The fingerprints will then be transmitted electronically to the Department of Justice, who then forwards a report to the Board. Keep a copy of the Live Scan form for your records.

Ink on Fingerprint Cards (hard cards). If you are unable to get your fingerprints completed in California via Live Scan, you must contact the Board to obtain 8" x 8" fingerprint cards (FD-258). Other States' resident cards will not be accepted. Be sure to type or print legibly in black ink in all the areas on the card asking for personal information, that the card is dated and signed by the official taking the fingerprints, and that your signature is on the card.



~~*The information provided on this application is maintained by the Executive Officer of the California Acupuncture Board, pursuant to Business and Professions Code Section 901. It is mandatory that you provide all information requested. Omission of any item of information will result in the application being rejected as incomplete. The information provided will be used to determine compliance with the requirements of Section 901 and may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure as per Civil Code Section 1798.40. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Board at the address and telephone number listed above.~~

PART 3 — LICENSURE INFORMATION

1. Do you hold a current license, certification, or registration issued by a state, district, or territory of the United States authorizing the unrestricted practice of acupuncture in your jurisdiction(s)?

No If no, you are not eligible to participate as an out-of-state practitioner in the sponsored event.

Yes If yes, list every license, certificate, and registration authorizing you to engage in the practice of acupuncture in the following table. If there are not enough boxes to include all of the relevant information, please attach an addendum to this form. Please also attach a copy of each of your current licenses, certificates, and registrations.

| State/ Jurisdiction | Issuing Agency/Authority | License Number | Expiration Date |
|------------------------|--------------------------|----------------|-----------------|
| - | | - | - |
| - | | - | - |
| - | | - | - |
| - | | - | - |
| | | | |

2. Have you ever had a license or certification to practice acupuncture revoked or suspended?
 ___ Yes ___ No

3. Have you ever been subject to any disciplinary action or proceeding by a licensing body?



Yes No

4. Are you currently the subject of any investigation by any governmental entity?

Yes No

5. Have you ever been convicted of any crime, including an infraction, misdemeanor or felony?

Yes No

6. Have you ever committed any act or been convicted of a crime constituting grounds for denial of licensure?

Yes No

7. Have you ever allowed any license or certification to practice acupuncture to cancel or to remain in expired status without renewal?

Yes No

8. If you answered "Yes" to any of questions 2-6, please explain (attach additional page(s) if necessary):

PART 4 – SPONSORED EVENT

1. Name of non-profit or community based organization hosting the free healthcare event (the "sponsoring entity"): _____

2. Name of event: _____

3. Date(s) & location(s) of the event: _____

4. Date(s) & location(s) applicant will be performing healthcare services (if different): _____

5. Please specify the healthcare services you intend to provide: _____

6. Name and phone number of contact person with sponsoring entity: _____



PART 5—ACKNOWLEDGMENT/CERTIFICATION

I, the undersigned, declare under penalty of perjury under the laws of the State of California and acknowledge that:

- I have not committed any act or been convicted of a crime constituting grounds for denial of licensure by the Board.
- I hold a current valid license or certificate in good standing in another state, district, or territory of the United States to practice acupuncture.
- I will comply with all applicable practice requirements required of licensed acupuncturists and all regulations of the Board.
- In accordance with Business and Professions Code Section 901(i), I will only practice within the scope of my licensure and/or certification and within the scope of practice for California-licensed acupuncturists.
- I will provide the services authorized by this request and Business and Professions Code Section 901 to uninsured and underinsured persons only and shall receive no compensation for such services.
- I will provide the services authorized by this request and Business and Professions Code Section 901 only in association with the sponsoring entity listed herein and only on the dates and at the locations listed herein for a period not to exceed 10 calendar days.
- I am responsible for knowing and complying with California law and practice standards while participating in a sponsored event located in California.
- Practice of a regulated profession in California without proper licensure and/or authorization may subject me to potential administrative, civil and/or criminal penalties.
- The Board may notify the licensing authority of my home jurisdiction and/or other appropriate law enforcement authorities of any potential grounds for discipline associated with my participation in the sponsored event.
- All information provided by me in this application is true and complete to the best of my knowledge. By submitting this application and signing below, I am granting permission to the Board to verify the information provided and to perform any investigation pertaining to the information I have provided as the Board deems necessary.

Signature _____ Date _____

Name Printed _____

NOTE: Authorization will not be issued until clearance has been received from the California Department of Justice and the Federal Bureau of Investigation.