

The California Debate: A Crossroad for the Ages

Matthew Bauer, LAc

Legislation was recently introduced in California that, if passed, would increase the education hours required for acupuncture licensure in that state. Assembly Bill 1943 mandates California approved schools teach a minimum of 3200 hours by the year 2003 and then 4000 hours by 2007. Currently, a minimum of 2348 hours is required. Sponsored by the Council of Acupuncture and Oriental Medicine Associations (CAOMA), a coalition of seven California acupuncture associations, AB 1943 represents the latest in a series of attempts by parties in that state to increase entry-level education requirements. Its introduction also represents the latest volley in a long standing feud between forces within our profession that are sharply divided over the issue of appropriate education hours.

The Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) together with the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) and the Acupuncture and Oriental Medicine Alliance, have opposed the movement to raise California's education hours. Representatives from all of these organizations - state and national -- have clashed in the past, and there is every indication AB 1943 will up the stakes in this struggle.

I have friends and professional acquaintances in leadership roles on both sides of this debate. Over the years, despite their differences of opinion, the organizations these people represent have accomplished great things in helping advance acupuncture and Oriental medicine in this country. But as their sphere of influence grew over time, these groups increasingly found themselves crossing paths, culminating in the showdown now taking place in California. Frustrated over the current state of affairs and regretting the inevitable drain of resources, both sides nevertheless feel they have little choice but to continue to fight for what they believe.

Watching this debate evolve over the years, I have maintained a neutral position as I truly felt both sides made valid points. As each side defended their position in various venues, several difficult questions emerged: what is the role of a licensing board; by what criteria should entry-level standards be established; what is the significance of primary care in licensing standards; and how important is the development of a single, national educational and licensing/certification system?

I have spent many hours discussing these questions with those at opposite ends of the political spectrum. I have come to believe that, like the spokes of a wheel, most of these questions are connected to one central hub that we, as a profession, must focus on if we are ever to resolve the current impasse: *How much Western medical training should acupuncturists have, and should they be expected to make a Western medical diagnosis in addition to an Oriental medical diagnosis?*

Those in favor of increasing California's education hours feel the question of making a Western medical diagnosis is a done deal: California law, they state, already requires this of its licensed acupuncturists by virtue of their primary care status. Education hours need to be increased to allow, among other things, more training in Western medicine so acupuncturists can render the Western diagnosis they are obligated to perform. Those opposing an increase in education hours disagree, believing the "primary care" language contained in California statutes does not compel acupuncturists to render a Western medical diagnosis. Even if it did, some would argue, that is a

mistake that should be corrected.

As stated above, both sides make valid points in defense of their position. Those opposed to acupuncturists being responsible for performing a Western medical diagnosis warn that publicly making this a requirement will leave acupuncturists vulnerable to the legal liabilities such a responsibility entails. Some also worry that even 4000 hours of training is not adequate to competently train acupuncturists to perform both Western and Oriental medical diagnosis. It is better, they state, to acknowledge our limits in Western diagnosis and train acupuncturists to learn when to refer to those who have thorough training. Those in favor of increased hours, in addition to their interpretation of California law, state that Western medicine is the prevalent medical system not only in this country but throughout the world. Insurance companies require Western medical diagnosis on their claim forms, and U.S. courts do not recognize Oriental medical concepts. Without better training in Western medicine, we leave ourselves more legally vulnerable. Besides, they argue, our colleagues in countries such as China or Korea train their acupuncturists more fully in Western medicine and few find fault with their training.

Interpreting California law is too complex and technical an issue to consider in this article. It also does not address the broader debate. Other states have likewise attempted to establish regulations requiring 4000 hour entry-level licensing, and there is every indication this trend will continue. The recently approved, nationally accredited, 4000 hour *post* entry-level doctorate program, so many years in the making, is another important consideration in this debate -- but its development seems to have hardened the resolve of those at odds with each other.

Acupuncture and Oriental medicine is the product of a science inspired by a worldview spawned in another time and culture. The amazing resiliency of this medical system and its current explosion of worldwide popularity is testimony to its enduring value. We live today in a time and culture dominated by a medical system produced from a science inspired by a different worldview. It is only natural that questions would arise about how to combine the two. These are questions of importance not only in California or nationally, but internationally. The history of acupuncture and Oriental medicine shows that, while the essential principals remained intact, shifting cultural trends have time and again influenced the way this healing system was practiced. Never before, however, has acupuncture and Oriental medicine faced a more challenging crossroad.

We need to appreciate the magnitude of the philosophic questions before us and not get bogged down with secondary issues. As we attempt to do in our practice, we need to address the root problem as the primary concern and not focus too much on various branches. I believe the only way we can work through this impasse is to hold a series of summit-style meetings with the root issue of Western medicine/diagnosis as the focus. Such a historic meeting would require an unprecedented expenditure of time and resources, but without such a commitment, I fear we are destined to expend even more resources fighting each other and getting nowhere. The founding fathers of our nation held such a meeting when they hammered out our Constitution. Many predicted that meeting would end in failure, but recognition of the importance of the issues inspired a resolve to work out differences at all cost. Where there's a will, there's a way.

The following past issues of *Acupuncture Today* (available online at AcupunctureToday.com in the Archives section) provide an interesting backdrop of information for the current situation in California:

- January, 2000 - Point-Counterpoint: Should the California Acupuncture Board Raise the Number of Hours Required for Licensure?

- May, 2000 - Are Acupuncture Schools and Colleges Providing Primary Care Education for California and Other Independent and Primary Care States?
- July, 2000 - We Get Letters
- November, 2000 - We Get Letters
- January, 2001 - Defining a Primary Care Provider
- February, 2001 - Educational Standards in Acupuncture: A Student's Perspective & Defining a Primary Care Provider, Part II
- May, 2001 - Scope of Practice
- August, 2001 - Spotlight on ACAOM's New Chair: An Interview with Terry Courtney, LAc, MPH & Update from the Council of Colleges of Acupuncture and Oriental Medicine
- October, 2001 - Demystifying Accreditation: An Inside Look at the Accreditation Commission for Acupuncture and Oriental Medicine
- November, 2001 - We Get Letters

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