

New Acupuncture Laws Passed in Virginia, Pennsylvania; Important Defeat in New York

Editorial Staff

As this year's legislative session comes to a close, several bills related to acupuncture and Oriental medicine are being considered for passage by lawmakers across the nation. While a great deal of discussion has taken place in California, it is by no means the only state in which important laws are being debated. This year, much of the political action appears to be taking place in the eastern part of the country. In the past few months, bills have been passed in Pennsylvania and Virginia that will strongly influence the way acupuncture and Oriental medicine are practiced in those states. In addition, several laws that could have had a negative effect on acupuncture profession failed to pass in New York.

Virginia: New Rules for Advisory Boards

After being approved unanimously by both the House and Senate, House Bill 217 was signed into law by Governor Mark Warner in April and took effect July 1, 2002. Although the bill does not affect the practice of acupuncture, it attempts to provide some consistency among the advisory committees that report to the Virginia Board of Medicine, including the acupuncture committee, by revising names and restructuring their membership.

Per HB 217, all advisory committees established by state law will now be known as advisory boards. Advisory board members will no longer be selected by the Board of Medicine, but will be appointed by the governor. In addition, each advisory board will consist of an equal amount of members, saving the Department of Health Professions thousands of dollars a year in travel expenses and related costs.

The original advisory committee consisted of seven members, up to three of whom could be medical doctors, osteopaths or podiatrists qualified to practice acupuncture. The revised advisory board on acupuncture will consist of five members and have the following structure: "Three members shall be licensed acupuncturists who have been practicing for not less than three years. One member shall be a doctor of medicine, osteopathy, chiropractic or podiatry who is qualified to practice acupuncture in Virginia, and one member shall be a citizen member appointed from the Commonwealth at large."

Members will serve on the advisory board for four-year terms. Any vacancies that occur during a board member's term will be filled for the remainder of that term. While there are no limits to the number of years a member may serve on the advisory board, members may not serve for more than two successive terms.

Pennsylvania: More Supervision, but Scope of Practice Expands

Senate Bill 1007, an amendment to the Acupuncture Registration Act, went into effect on July 15. While the bill imposes some restrictions on acupuncturists who are not licensed physicians, it also greatly expands the scope of practice and lays the legislative groundwork for the formation of

educational programs in Pennsylvania.

Pennsylvania is one of only a handful of states that require non-physician acupuncturists to practice acupuncture under the general supervision of a physician. In this instance, supervision is defined as having a physician perform a medical diagnosis, review the results of a recent medical exam, or be personally available to the acupuncturist for consultation.

Supervising doctors may also place conditions on the course of treatment if the doctor feels it is required as a matter of sound medical practice. One new condition included in SB 1007 requires that before administering treatment, non-physician acupuncturists must: 1) Ensure that the patient has obtained a written referral from a licensed physician; 2) Ensure that the patient has undergone a medical diagnostic exam, or has had the results of a recent exam reviewed by a licensed physician; and 3) Keep a copy of the referral and the results of the medical exam in the patient's file.

With this increase in supervision comes an advance in the scope of practice for non-physician acupuncturists. SB1007 expands the practice of acupuncture to include several "supplemental techniques," including "traditional and modern Oriental therapeutics, heat therapy, moxibustion, electrical and low-level laser stimulation, acupressure and other forms of massage, herbal therapy and counseling that shall include the therapeutic use of foods and supplements and lifestyle modifications, and any other techniques approved by the board" (in this case, the State Board of Medicine). These techniques may also be used by other licensed health professionals.

Much of the new language in SB 1007 pertains to education. Currently, no acupuncture schools in Pennsylvania have attained accredited or candidate status from the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM). The bill establishes the standards for the creation of such a school by:

- Providing a definition of an acupuncture educational program;
- Requiring the Department of Education to approve any acupuncture program that meets the requirements of the state, and meets or exceeds the standards required for AOM programs established by a recognized accrediting agency;
- Requiring all faculty members of acupuncture educational programs to be registered acupuncturists in Pennsylvania (or a state that has reciprocity); and
- Allowing students in educational programs to perform acupuncture or supplemental techniques, provided that a licensed physician is available for consultation and an acupuncturist is on-site to supervise the students.

Senate Bill 1007 was introduced concurrently by 22 senators in June, 2001. After being reviewed by six committees (including the Appropriations Committee twice), it passed both the House and Senate by a combined vote of 240-1, and was signed into law by Governor Mark Schweiker on May 16.

New York: Podiatrist/Laser Therapy Bills Defeated

The profession survived a major scare as Assembly Bill 3788 was not voted on by the state Assembly. A Senate version of the same bill (SB 1788) passed in June. Had the bill passed both houses, it would have amended the education law to allow podiatrists to practice acupuncture. State law already provides for the certification of physicians and dentists as acupuncturists.

Another small victory was scored when the legislature did not cast a vote on Senate Bill 7053/Assembly Bill 11102. If passed, the bill would have restricted the use of laser therapy or "intense pulse light devices" on humans and animals to medical doctors, dentists, veterinarians and

podiatrists. Unauthorized use of these items would have been considered a class A misdemeanor.

Several other laws related to acupuncture were deliberated during this year's legislative session, but either failed to pass or did not make it out of committee:

Senate Bill 1824/Assembly Bill 8817 would have repealed certain sections of the Education Law and replaced them with new definitions of "Oriental medicine," "acupuncture," "profession of acupuncture," "doctor of Oriental medicine" and "board." Additionally, the bill would include regulations for using the titles "licensed acupuncturist," "doctor of Oriental medicine" and "certified acupuncturist."

Senate Bill 1780/Assembly Bill 4277 would have required insurers delivering or issuing a group or blanket policy for acupuncture services to provide equal coverage for such treatment when performed by a "licensed person," whether that person is an acupuncturist, physician or dentist. The bill was referred to the insurance committee, but no action was taken.

Senate Bill 1831/Assembly Bill 8777 would have amended the state insurance laws such that every insurer that issues a policy of accident and health insurance which provides coverage for in-patient hospital care would also be required to provide coverage for acupuncture services, if requested by the policyholder. In addition, every group or blanket insurance policy that provides surgical, hospital or medical coverage would have to provide acupuncture services or make them available at the request of the policyholder, except for policies that cover employees who work in more than one state.

Senate Bill 2153, like SB 1831, would have required group health and accident insurance policies and policies for hospital coverage to provide coverage of acupuncture services when those services are performed by a licensed or certified acupuncturist. The bill failed to make it out of the insurance committee.

Editor's note: If you know of a new acupuncture law that has recently passed or is in the process of being passed in your state, we'd like to hear about it. Please e-mail us at editorial@acupuncturetoday.com; if you'd like, we'll make sure to include your name as a source in any article written about that legislation.

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