

**California Acupuncture Board
&
Licensing Committee
Meetings
June 12-13, 2025**



Board Members

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

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

Thursday, June 12, 2025

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

Physical Address:

California University of Silicon Valley
441 De Guigne Dr.
Room #860 - Health Center
Sunnyvale, CA 94085

Remote Access:

This meeting will also be held via WebEx Events for public participation.
Instructions to connect to the meeting can be found by clicking [here](#).

[Click here to join the meeting](#)

If joining using the link above

Webinar number: 2481 179 7149
Webinar password: Acu612

If joining by phone

+1-415-655-0001 US Toll
Access code: 2481 179 7149
Passcode: 228612

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

ACTION MAY BE TAKEN ON ANY ITEM LISTED ON THE AGENDA

Members of the Committee

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

1. Call to Order, Roll Call, and Establishment of Quorum

2. Chair's Remarks (Matecki)

3. Public Comments for Items Not on the Agenda

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

4. Review and Possible Approval of Committee Meeting Minutes for March 7, 2025

- 5. Discussion and Possible Action on the Clean Needle Technique Requirements (Matecki)**
- 6. Discussion and Possible Action on Stakeholder Identified Changes to the Acupuncture Curriculum Requirements (Matecki)**
 - a. Doctorate Degree**
 - b. Degree Titles**
 - c. Prerequisites**
 - d. Science Requirements**
 - e. Clinical Hours – Internship/Externship**
 - f. Establish English Proficiency Requirement for Foreign Trained and Tutorial Students Not Taking the CALE in English**
 - g. Necessity of Graduation Requirement to Qualify for CALE**
- 7. Future Agenda Items**
- 8. Adjournment**

Informational Notes:

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

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

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

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

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

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

Members of the public may but are not obligated to provide their names or personal information as

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



**Draft Committee
Meeting Minutes -
03/06/2025**

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**LICENSING COMMITTEE MEETING
DRAFT MEETING MINUTES
March 6, 2025**

LOCATION:

1625 North Market Boulevard
Suite 102
Sacramento, CA 95834

Remote Access via Web Ex Teleconference

Staff Present

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

Members of the Committee Present

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

Item 1 – Call to Order and Roll Call

Meeting commenced at 1:19 p.m.
Roll call taken. All members present.

Item 2 – Chair’s Opening Remarks

Chair Amy Matecki (Chair Matecki) welcomed members, staff, and the public to the California Acupuncture Board (Board) Licensing Committee meeting.

Item 3 – Review and Possible Action on Acupuncturist Scope of Practice for Consumer and Patient Safety, Access, and Clarity on the Following Matters:

To start the discussion, , the Board's legal counsel reminded the public that the Board's role is centered on public protection through enforcement of the Acupuncture License Act. While the Board can suggest clarifications or propose regulatory updates, any formal scope changes must be enacted by the legislature.

a. Asian Massage/Tui Na/Manual Therapy

Chair Matecki opened the discussion on the term Asian Massage and its implications for scope of practice and public perception. Although Asian Massage is recognized as part of the acupuncture scope of practice, discussion from the public indicated the terminology remains consistently misunderstood. The confusion stressed the need for its

name modernization and advocacy that Manual Therapy is a more accurate and respected term. A public member urged the Board to push for legislative updates to align with current clinical practices. Another public member acknowledged that stakeholders would need to lead the effort, with the Board playing a supportive role by reviewing proposals for safety and public interest. The Licensing Committee (Committee) clarified that while the Board cannot unilaterally change statutory language, the Board can facilitate the process by collecting input from the profession and supporting legislative initiatives when appropriate.

b. Trigger Point Acupuncture/Dry Needling

The dialogue then moved to trigger point therapy and dry needling. Executive Officer Benjamin Bodea (E.O. Bodea) reminded the public that dry needling has been previously discussed by the Board most recently in 2017, and soon after was invited to a Physical Therapy Board meeting to provide this guidance there. In California, dry Needling is treated as the unlicensed practice of acupuncture when performed by unlicensed individuals or other medical professionals who are not expressly permitted by law. E.O. Bodea also emphasized the importance of submitting written complaints for such unlicensed practice.

c. Modern Device Point Stimulation – Heat, Magnets, Light, Lasers, Sound Therapy

The committee next discussed acupuncture scope of practice as it pertains to current point stimulation techniques using heat, magnets, light, lasers, and sound therapy. E.O. Bodea noted that while heat and magnets are already included in the scope of acupuncture, light, laser, and sound therapy are not explicitly recognized. Concerns were raised that while practitioners are already using such devices, the lack of official guidance creates uncertainty and risk of disciplinary action. A public member emphasized the need for guidance from the Board so practitioners will not unknowingly violate regulations. The Board's legal counsel clarified that while the Board can create regulations, any changes to the statutory scope of practice must come from the legislature. The Board's primary mandate is public protection, not professional advocacy. However, the Committee acknowledged the importance of being informed by the profession and encouraged practitioners to gather data, document safety, and work collaboratively with the Board toward legislative or regulatory change.

d-f. Bleeding/Therapeutic Blood Withdrawal/Needles/Acupotomy

The discussion then proceeded to therapeutic blood withdrawal, the different types of needles that are used in acupuncture and newer procedures such as Acupotomy. Chair Matecki expressed a desire to understand more from the profession on these topics.

A public member expressed hesitation about including it in scope without more research and data. Committee members and stakeholders acknowledged the complexity presented by scope of practice issues in an environment of evolving clinical/medical practice.

The Item discussion indicated a need for continued public and stakeholder engagement. The Committee reaffirmed its openness to hearing from the profession and reiterated its role as a partner and not a barrier in advancing clarity, modernization, and public understanding of acupuncture and related practices.

Item 4 – Public Comments for Items Not on the Agenda

Board Member Gregory Leung (Leung) expressed appreciation of the issues raised by the stakeholders as well as their input.

The first public speaker expressed concern over foreign transcript evaluation standards. The second speaker shared the technical issues they experienced during their licensing exam raising concerns about the integrity and reliability of the exam process.

The last public speaker advocated for better recognition and regulation of Tuina. E.O. Bodea clarified that only one foreign transcript evaluator is currently approved by the Board and applicants should ensure they use the approved evaluator.

Item 5 – Future Agenda Items

Member Leung asked to discuss the qualifications of acupuncture assistants, for the profession to continue to provide the Board updates on changes in the use of acupuncture devices, and their efforts to modernize the scope of practice.

Item 6 – Adjournment

President Chen adjourned the meeting at or around 3:51 p.m.



Law & Regulations - Clean Needle Technique



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DATE	June 12, 2025
TO	Licensing Committee Members
SUBJECT	Acupuncture Laws and Regulations pertaining to Clean Needle Technique

The following are the laws and regulations within the Acupuncture Licensure Act that refer to Clean Needle Technique.

Statutes - Business and Professions Code (BPC)

BPC § 4927

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

- (a) "Board" means the Acupuncture Board.
- (b) "Person" means any individual, organization, or corporate body, except that only individuals may be licensed under this chapter.
- (c) "Acupuncturist" means an individual to whom a license has been issued to practice acupuncture pursuant to this chapter, which is in effect and is not suspended or revoked.
- (d) "Acupuncture" means the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control for the treatment of certain diseases or dysfunctions of the body, and includes the techniques of electroacupuncture, cupping, and moxibustion.
- (e) "Supervising acupuncturist" means a person who meets the following conditions:
 - (1) Is licensed to practice acupuncture in this state and that license is current, valid, and has not been suspended or revoked or otherwise subject to formal disciplinary action, unless approved by the board.
 - (2) Has practiced as a licensed acupuncturist in this state for at least five years.
 - (3) Is in compliance with subdivision (j) of Section 4955.
- (f)
 - (1) "Acupuncture assistant" means a person who, without a license, may perform basic supportive acupuncture procedures under the supervision and order of an acupuncturist.
 - (2) The supervising acupuncturist shall be physically present and available in the place of practice during the performance of any ordered basic supportive acupuncture procedures.

- (3) The supervising acupuncturist engaging the services of an acupuncture assistant shall be responsible for the training and overall competency of the acupuncture assistant, including the ability to perform any specific basic supportive acupuncture service.
- (4) The supervising acupuncturist shall ensure the acupuncture assistant meets the following:
 - (A) Is enrolled in an approved educational and training program and has completed at least a minimum of 700 hours of clinical practice or has completed an approved educational and training program.
 - (B) Holds a certificate in **Clean Needle Technique** issued by the Council of Colleges of Acupuncture and Herbal Medicine, or its successor entity, or has completed an approved educational and training program's **Clean Needle Technique** course using the Council of Colleges of Acupuncture and Herbal Medicine **Clean Needle Technique**, 7th edition, revised 1/2016.
- (g) (1) "Basic supportive acupuncture service" means any of the following:
 - (A) Needle removal.
 - (B) Cupping.
 - (C) Moxibustion.
 - (D) Gua sha.
 - (E) Any other service listed under subdivision (b) of Section 4937.
- (2) "Basic supportive acupuncture service" does not include diagnosis, point location, needle insertion, electrical stimulation, rendering advice to patients, or any other procedure requiring a similar degree of judgment or skill.

California Code of Regulations (CCR)

§ 1399.416 Equivalent Educational Training and Clinical Experience Qualifying for Licensure.

- (a) For documented educational training and clinical experience to qualify for licensure under Section 4938 of the Code, an applicant shall document that such education and experience meets the curriculum requirements of Section 1399.434, including certified transcripts, and certificates of completion of a course in cardiopulmonary resuscitation (CPR) pursuant to Section 1399.434(f)(3) or **clean needle technique** (CNT) pursuant to Section 1399.434(b)(2)(K), if not specified in the transcript.
- (b) All foreign-trained applicants shall submit documentation of the applicant's education and clinical experience to a credentials evaluation service approved by the Board, pursuant to Section 1399.416.4 for a course-by-course evaluation. All foreign-trained applicants must have successfully completed equivalent coursework to the coursework set forth under section 1399.434.

CCR § 1399.425 Requirements for Approval of an Acupuncture Tutorial.

- (a) An acupuncture tutorial shall provide a trainee with a structured learning experience in all the basic skills and knowledge necessary for the independent practice of acupuncture.
- (b) An acupuncture tutorial which is in the nature of on-the-job training may be full time or part time employment relationship, however, the training plan and proposed supervision

shall be contained in a written agreement between the supervisor and trainee. There shall be no tuition fees charged to the trainee by the supervising acupuncturist.

- (c) An acupuncture tutorial shall provide formal clinical training with supplemental theoretical and didactic instruction. The theoretical and didactic training required in subsections (e)(8) through (e)(20) shall be obtained in an approved acupuncture school or another postsecondary educational institution which is accredited or approved under Chapter 8 (commencing with Section 94800) of Part 59 of Division 10 of Title 3 of the Education Code or is accredited by a regional accrediting agency authorized by the U.S. Department of Education.
- (d) The clinical training shall consist of a minimum of 2250 hours in the following areas:
- (1) Practice observation.
 - (2) History and physical examination.
 - (3) Therapeutic treatment planning.
 - (4) Preparation of the patient.
 - (5) Sterilization, use, and maintenance of equipment.
 - (6) Moxibustion.
 - (7) Electroacupuncture (AC and DC voltages).
 - (8) Body and auricular acupuncture.
 - (9) Treatment of emergencies, including cardiopulmonary resuscitation.
 - (10) Pre- and post-treatment instructions to the patient.
 - (11) Contraindications and precautions.
- (e) The theoretical and didactic training shall consist of a minimum of 1548 hours (approximately 100 semester units) in the following areas:

Minimum Class Hours

- (1) Traditional Asian medicine--a survey of the theory and practice of traditional diagnostic and therapeutic procedures.
- (2) Acupuncture anatomy and physiology--fundamentals of acupuncture, including the meridian system, special and extra loci, and auriculotherapy.
- (3) Acupuncture techniques--instruction in the use of needling techniques, moxibustion, electroacupuncture, including contraindications and complications. Tutorial trainees shall either (1) successfully complete, at a Board-approved acupuncture school, a course which requires a student to pass an examination in **clean needle technique** that uses as its primary reference the most current edition of the "**Clean Needle Technique Manual**", published by the National Acupuncture Foundation, or (2) successfully complete a **Clean Needle Technique** course administered by the Council of Colleges of Acupuncture and Herbal Medicine.
- (4) Acupressure.
- (5) Breathing techniques--introductory course in qi gong.
- (6) Traditional Asian exercise--introductory course in tai chi chuan. 660
- (7) Traditional Asian herbology including botany. 300

- (8) Practice management--instruction in the legal and ethical aspects of maintaining a professional practice, including record keeping, professional liability, patient accounts, and referral procedures.
- (9) Ethics relating to the practice of acupuncture.
- (10) Clinical medicine--a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, and homeopathy to familiarize practitioners with the practices of other health care practitioners.
- (11) History of medicine--a survey of medical history, including transcultural healing practices.
- (12) Medical terminology--fundamentals of English language medical terminology.
- (13) General sciences--a survey of or courses in general biology, chemistry, and physics.
- (14) Anatomy--a survey of microscopic and gross anatomy and neuroanatomy.
- (15) General Psychology--including counseling skills.
- (16) Physiology--a survey of basic physiology, including neurophysiology, endocrinology, and neurochemistry.
- (17) Pathology--a survey of the nature of disease and illness, including microbiology, immunology, psychopathology, and epidemiology.
- (18) Clinical sciences--a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition, vitamins, and public health.
- (19) Western pharmacology.
- (20) A minimum of eight (8) hours in a certified course offering first-aid and adult/child cardiopulmonary resuscitation (CPR). Such course shall be taken from the American Red Cross, American Heart Association, or other organization with an equivalent course work approved by the Board.

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(f) The course work specified in this section shall extend over a minimum period of four (4) academic years, eight (8) semesters, 12 quarters, nine (9) trimesters, or 36 months. No more than 1500 hours of clinical training and/or theoretical and didactic training is to be completed per 12 month period.

(g) The acupuncture services provided by the trainee shall be done in a manner that does not endanger the health and welfare of patients receiving such services.

No trainee shall render acupuncture services to any patient unless the patient has been informed that such services will be rendered by that trainee. The patient on each occasion of treatment shall be informed of the procedure to be performed by the trainee under the supervision of the supervising acupuncturist and have consented in writing prior to performance to permit such rendering of the acupuncture procedure by the trainee. The foregoing requirements shall also be applied to those instances wherein the trainee is to assist the supervisor in the rendering of acupuncture services.

(h) The acupuncture tutorial training program shall be set forth in a written agreement signed by the supervisor and trainee which sets forth, but is not limited to, the training plan, length of training time, method for providing the theoretical and didactic training, and guidelines for supervision of the acupuncture services rendered by the trainee. A copy of such written agreement shall be submitted with the application for approval.

- (i) As a condition of approval, or continued approval, all tutorial programs are subject to an on-site visit by representatives of the Board to review and evaluate the status of the program. It will be the responsibility of the trainee and supervisor to reimburse the Board for direct costs incurred in conducting such review and evaluation.
- (j) Acupuncture trainees shall have met the following prerequisites prior to the approval of the tutorial program:
 - (1) Be at least 18 years of age.
 - (2) Successful completion of an approved high school course of study or passage of a standard equivalency test.
- (k) An acupuncture tutorial shall be made available regardless of sex, race, religion, creed, color, or physical handicap.
- (l) The requirements of this section shall not apply to persons who commenced a tutorial and registered with the Board as provided in Section 1399.424 prior to January 1, 1999. Such persons shall meet the curriculum and clinical training requirements in effect at the time the Board approved their application for a tutorial program.

CCR § 1399.434 Criteria for Approval of Acupuncture and Asian Medicine Curriculum.

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

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

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

- (1) General biology;
- (2) Chemistry, including organic and biochemistry;
- (3) General physics, including a general survey of biophysics;
- (4) General psychology, including counseling skills;
- (5) Anatomy--a survey of microscopic, gross anatomy and neuroanatomy;
- (6) Physiology--a survey of basic physiology, including neurophysiology, endocrinology, and neurochemistry;
- (7) Pathology and Pathophysiology--a survey of the nature of disease and illness, including microbiology, immunology, psychopathology, and epidemiology;
- (8) Nutrition and vitamins;

(b) Acupuncture and Asian Medicine Principles, Theories and Treatment.....1,255 hours

The curriculum in acupuncture and Asian medicine principles, theories, and treatment shall consist of at least 1,255 hours of didactic instruction in the following principles, theories, prescription, and treatment procedures of acupuncture and Asian medicine:

(1) Acupuncture and Asian Medicine Principles and Theories

- (A) Asian Medicine Principles and Theory;
- (B) Acupuncture Principles and Theory;
- (C) Asian Massage (e.g., *tui na* or *shiatsu*) Principles and Theory;
- (D) Chinese Herbal Medicine Principles and Theory, including relevant botany concepts
(This subject area shall consist of at least 450 hours of instruction);

- (6) Clinical reasoning and problem solving;
- (7) Clinical impressions and the formation of a working diagnosis, including acupuncture and Asian medicine diagnoses, and the World Health Organization's International Classification of Diseases (ICD-10);
- (8) Awareness of at-risk populations, including gender, age, indigent, and disease specific patients;
- (9) Standard medical terminology;
- (10) Clinical sciences--a review of internal medicine, pharmacology, neurology, surgery, obstetrics/gynecology, urology, radiology, nutrition, and public health;
- (11) Clinical medicine--a survey of the clinical practice of medicine, osteopathy, dentistry, psychology, nursing, chiropractic, podiatry, naturopathy, and homeopathy to familiarize practitioners with the practices of other health care practitioners.

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

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

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

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

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

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

(9) Ethics and peer review.

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

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

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

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

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

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

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

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

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

CCR § 1399.451 Treatment Procedures.

In treating a patient, an acupuncturist shall adhere to the following procedures:

- (a) The acupuncturist's hands shall be brush-scrubbed with soap and warm water immediately before examining patients or handling acupuncture needles and other instruments, and between patients.

- (b) All instruments shall be sterilized before and between uses in a manner that destroys all microorganisms. All needle trays that contain sterile needles shall also be sterile. Each time instruments are sterilized, the acupuncturist shall use a tape or strip indicator that shows that sterilization is complete.
- (c) Acupuncture points, where needles are to be inserted, shall be cleaned with an appropriate antiseptic before insertion of the needle.
- (d) In the event an acupuncture needle inserted in a patient breaks subcutaneously, the treating acupuncturist shall immediately consult a physician. An acupuncturist shall not sever or penetrate the tissues in order to excise such a needle.
- (e) Any complication, including but not limited to, hematoma, peritonitis, or pneumothorax arising out of acupuncture treatment shall be referred immediately to a physician, dentist, or podiatrist, if appropriate, if immediate medical treatment is required.
- (f) Acupuncture shall not be performed using hypodermic needles.
- (g) All instruments to be discarded shall be disposed of safely.
- (h) Needles shall be disposed of by placing them in a sealed, unbreakable container marked "Hazardous Waste" and disposed of in accordance with state and local law.

CCR § 1399.454 Single Use Needles.

An acupuncturist shall use needles labeled for single use only that meet the requirements of federal regulations 21 CFR Part 880.5580 (61 FR 64617, December 6, 1996). It shall constitute unprofessional conduct for an acupuncturist to use a needle more than once.



**Law & Regulations -
Education
Prerequisite**



**CALIFORNIA
ACUPUNCTURE
BOARD**

STATE OF CALIFORNIA – DEPARTMENT OF CONSUMER AFFAIRS – BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

GAVIN NEWSOM, GOVERNOR

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DATE	June 12, 2025
TO	Licensing Committee Members
SUBJECT	Acupuncture Laws and Regulations Pertaining to Education Pre-requisites

The following are subsets of the laws and regulations within the Acupuncture Licensure Act that refer to education pre-requisites.

Laws (Business and Professions Code (BPC))

BPC § 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.

California Code of Regulations (CCR)

CCR § 1399.425 Requirements for approval of an acupuncture tutorial.

(j) Acupuncture trainees shall have met the following prerequisites prior to the approval of the tutorial program:

(1) Be at least 18 years of age.

(2) Successful completion of an approved high school course of study or passage of a standard equivalency test.

CCR § 1399.435 Criteria for acupuncture and Asian medicine training programs.

An acupuncture and Asian medicine training program approved by the Board shall adopt the following procedures for its program effective January 1, 2005:

(a) Candidates for admission shall have successfully completed at least two (2) academic years (60 semester credits/90 quarter credits) of education at the baccalaureate level that is appropriate preparation for graduate level work, or the equivalent from an institution accredited by an agency recognized by the U.S. Secretary of Education.



Law & Regulations - Clinical Hours

**CALIFORNIA
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www.acupuncture.ca.gov



DATE	June 12, 2025
TO	Licensing Committee Members
SUBJECT	Acupuncture Laws and Regulations pertaining to Clinical Hours (1399.434(h))

The following is a subset of California Code of Regulations (CCR) section 1399.434 that relates to the clinical hour requirements from the curriculum of a Board approved educational and training program.

CCR § 1399.434 Criteria for Approval of Acupuncture and Asian Medicine Curriculum.

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

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

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



ACAHM Clinical Training Definitions

ACAHM Accreditation Commission for Acupuncture and Herbal Medicine

Position Paper Title: Off-Campus Clinical Training

Approved By: ACAHM Executive Director

Document History: Initial Publication Date: 20 February 2024

Last Updated:

Related Commission Materials: [Glossary](#); [Comprehensive Standards and Criteria](#); [Position Paper: Compliance with Out-of-State Educational Activities](#); [Distance Education Policy](#); [Notification of Change Policy](#)

References:

Responsible Official: ACAHM Director of Accreditation Services

SUMMARY

This *Position Paper* focuses on the requirements for ACAHM-accreditable programs offering clinical training at off-campus locations.

BACKGROUND

The Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM or Commission) recognizes the following types of [clinical training](#):

1. *Clinical Observation*
2. *Clinical Internship*
3. *Clinical Externship*

Clinical Internship versus Clinical Externship

Internship and externship are not differentiated by geographical location, i.e., on-campus or off-campus.

Clinical internship training is directly controlled by a main or branch campus, is carried out by program faculty, and involves student-delivered patient care.

Clinical externship training involves an indirect relationship to the campus. The campus is responsible for establishing learning objectives and expected learning outcomes, and ensuring that qualified (i.e., appropriate experience as a licensed professional) practitioners instruct and evaluate student clinical externs.

ACAHM's minimum program length requirements¹ stipulate that the majority of clinical training for entry-level programs must be clinical internship.

¹ See criterion 7.02: *Minimum Program Length, Credits and Hours*.

For example, master's programs in acupuncture with a Chinese herbal medicine specialization must include at least **870** clock hours of instruction in integrated acupuncture and herbal clinical training, comprised of at least **150** hours in clinical observation and **700** clock hours of instruction in clinical internship. [Leaving 20 hours that could be classified as observation, internship, or externship.]

Entry-level doctoral programs in acupuncture with a Chinese herbal medicine specialization must include at least **1,000** clock hours of instruction in integrated acupuncture and herbal clinical training, comprised of at least **150** hours in clinical observation and **700** clock hours of instruction in clinical internship. [Leaving 150 hours that could be classified as observation, internship, or externship.]

Clinical Settings

Clinical training may occur **on-campus** (i.e., at a main or branch campus) or at **off-campus** locations (i.e., private practice clinic, community health center, hospital, out-patient clinic, etc.). Regardless of where clinical training occurs, the clinical location must meet the corresponding conditions outlined in ACAHM's [Glossary](#)².

For clinical observation and internship training that does not occur on-campus, the location:

- (A) is subject to a written agreement³ providing for reasonable access to and assessment by program administrators and
- (B) requires proof of appropriate insurance.

For clinical externship training, the location:

- (A) is subject to a written agreement and
- (B) requires proof of appropriate insurance.

Additionally, when a proposed clinical training location is in a state different from where an institution has an ACAHM accredited or pre-accredited main or branch campus (i.e., out-of-state clinical training location), the institution/program must maintain written evidence confirming that the out-of-state clinical training location has received all necessary local and state authorizations/certifications to offer clinical training.⁴

If an off-campus clinical training site also delivers classroom instruction resulting in the location offering fifty (50) percent or more of an ACAHM-accredited program, the location is considered an "additional location" or "branch campus" as defined in ACAHM's [Glossary](#). Refer to ACAHM's [Notification of Change Policy](#), substantive change sections 1.02 and 1.03 for details.

Clinical Internship Training Requirements

Clinical internship training must be carried out by program faculty and involve student-delivered patient care. Faculty are instructional staff of an institution/program responsible and compensated for the design, delivery, and assessment of academic courses.

Programs are expected to utilize and document self-assessment, examination, and evaluation practices to demonstrate the effectiveness the off-campus clinical sites at providing clinical training that is functionally equivalent to clinical training at the main campus. This evaluation must incorporate input from the institution's communities of interest– board, faculty, students, administration, and staff – and reflect on the off-campus clinical

² See definition for *Clinical Settings – Internship Locations and Externship Locations* found in ACAHM's [Glossary](#)

³ See *criterion 2.04: Off-Campus Control*.

⁴ This requirement also applies to programs and institutions offering some or all of an ACAHM-accredited or pre-accredited program via online or [distance education](#) delivery. See also, ACAHM's [Position Paper: Compliance with Out-of-State Educational Activities](#).

sites' impact on the institution's compliance with applicable ACAHM accreditation standards, including but not limited to the following criteria:

- 4.01: *Recordkeeping Systems*, programmatic components B, C
- 4.04: *Clinical Records*, all components
- 6.02: *Assessment of Student Learning*, all components
- 6.03: *Programmatic Review*, all components
- 6.05: *Assessment Methods*, all components
- 7.01: *Program Level*, programmatic component F
- 7.05: *Clinical Training*, programmatic components A, B, C, D
- 8.05: *Faculty Communication*, all components.

From the ACAHM GLOSSARY

Clinical Settings

1. Clinical Internship Location – A clinical internship location:

- (1) offers less than fifty (50) percent of an ACAHM-accredited or pre-accredited program,
- (2) clinical training is directly controlled by a main or branch campus,
- (3) training is carried out by program faculty,
- (4) faculty and faculty placement are administered by the main or branch campus,

For clinical internship training that does not occur at a main or branch campus (e.g., private practice clinic, hospital, out-patient clinic) the location:

- (A) is subject to a written agreement providing for reasonable access to and assessment by program administrators, and
- (B) requires proof of appropriate insurance.

2. Clinical Externship Location. – A clinical externship location:

- (1) offers less than fifty (50) percent of an ACAHM-accredited or pre-accredited program,
- (2) involves an indirect relationship to the main or branch campus,
- (3) is subject to a written agreement, and
- (4) requires proof of appropriate insurance.

Clinical Training

1. Clinical Observation – Clinical observation involves students observing healthcare professionals and senior student interns performing patient care therapies in a clinical setting.

2. Clinical Internship - Clinical internship training:

- (1) involves student-delivered patient care,
- (2) is directly controlled by a main or branch campus,
- (3) is carried out by program faculty,
- (4) faculty and faculty placement are administered by the main or branch campus,
- (5) is under faculty and institutional/programmatic control and direction.
- (6)

3. Clinical Externship - Clinical externship training involves an indirect relationship to the main or branch campus. The main or branch campus is responsible for establishing learning objectives and expected learning outcomes, and ensuring that qualified (i.e., appropriate experience as a licensed professional) practitioners instruct and evaluate student clinical externs.

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

Friday, June 13, 2025

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

Physical Address:

California University of Silicon Valley
441 De Guigne Dr.
Room #860 - Health Center
Sunnyvale, CA 94085

Remote Access:

This meeting will also be held via WebEx Events for public participation.
Instructions to connect to the meeting can be found by clicking [here](#).

[Click here to join the meeting](#)

If joining using the link above

Webinar number: 2484 674 1997

Webinar password: Acu613

If joining by phone

+1-415-655-0001 US Toll

Access code: 22484 674 1997

Passcode: 228613

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

ACTION MAY BE TAKEN ON ANY ITEM LISTED ON THE AGENDA

Members of the Board

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

1. **Call to Order, Roll Call, and Establishment of Quorum**
2. **President's Remarks (Chen)**
3. **Review and Possible Approval of Board Meeting Minutes for March 7, 2025 (Chen)**

4. Executive Management Report

- (A) Budget Update
- (B) Licensing Report Q3 2024-25
- (C) Enforcement Report Q3 2024-25
- (D) Business Modernization Update

5. Report and Possible Action on June 12, 2025, Licensing Committee Meeting (Matecki)

6. Legislative Report and Possible Action on Bills of Interest to the Board (Brothers)

- (A) [AB 45](#) (Bauer-Kahan) Privacy; health care data: location and research.
- (B) [AB 479](#) (Tangipa) Criminal procedure: vacatur relief.
- (C) [AB 485](#) (Ortega) Labor Commissioner: unsatisfied judgments: nonpayment of wages.
- (D) [AB 489](#) (Bonta) Health care professions: deceptive terms or letters: artificial intelligence.
- (E) [AB 667](#) (Solache) Professions and vocations: license examinations: interpreters.
- (F) [AB 659](#) (Berman) Master of Divinity: physician and surgeon: title.
- (G) [AB 742](#) (Elhawary) Department of Consumer Affairs: licensing: applicants who are descendants of slaves.
- (H) [AB 1186](#) (Patel) Data collection; race and ethnicity: minimum categories.
- (I) [SB 364](#) (Strickland) Outdoor advertising displays: permits: new alignments
- (J) [SB 470](#) (Laird) Bagley-Keene Open Meeting Act: teleconferencing.
- (K) [SB 641](#) (Ashby) DCA & DRE: States of emergency: waivers & exemptions.

7. Regulatory Report (Brothers)

- (A) Disciplinary Guidelines; Uniform Standards for Substance Abusing Licensees; Probation Disclosure (Title 16 CCR section 1399.469)
- (B) Align Curriculum Standards and Approval Related Regulations with Statute (Title 16 CCR sections 1399.425, 1399.427, 1399.434, 1399.435, 1399.437 and 1399.439)
- (C) Application for Retired Status; Retired Status; Restoration (Title 16 CCR section 1399.419.3 and 1399.460)
- (D) Standards of Practice for Telehealth Services (Title 16 CCR section 1399.452.1)
- (E) Hand Hygiene Requirements (Title 16 CCR section 1399.451)

8. Discussion and Possible Action on Acupuncturist Posting Requirements (Bodea)

- a. Wall License
- b. Notice to Consumers

9. Discussion and Possible Action Regarding Creating a Regulation Offering CE Credit to Licensees Attending Board Meetings (Bodea)

10. Discussion and Possible Action to Reconsider Previously Approved Text, Authorize Initiation of a New Rulemaking and to Adopt New Amendments to Section 1399.451 in Title 16 of the California Code of Regulations: Hand Hygiene Requirements (Bodea)

- 11. Presentation on Acupuncture Treatments for Mental Health**
- 12. Board Officer Elections**
- 13. Discussion and Possible Action Regarding the Acupuncture Board's Executive Officer Level and Salary Increase (Chen)**
- 14. Public Comments for Items Not on the Agenda**

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

Informational Notes:

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

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

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

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

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

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

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



**Draft Board
Meeting Minutes -
03/07/2025**

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www.acupuncture.ca.gov



**BOARD MEETING
DRAFT MEETING MINUTES
March 7, 2025**

LOCATION:

1625 North Market Boulevard
Suite 102
Sacramento, CA 95834

Remote Access via Web Ex Teleconference

Staff Present

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

Members (of the Board) Present

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

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

Meeting commenced at 9:40 a.m.

Roll call taken. All members present. Quorum established.

Item 2 – President’s Remarks

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

Item 3 – Review and Possible Approval of Board Meeting Minutes for November 7, 2024

Members reviewed the minutes from the November 7, 2024, meeting.

MOTION

Vice-President Francisco Kim (VP Kim) motioned to approve the November 7, 2024, meeting minutes.

Member Shu Dong Li (Li) seconded.

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

6-0

Motion Passes

Public Comment

The public commenter proposed to indicate the name of public speakers in meeting minutes.

Item 4 – Executive Management Report (A) Budget Update

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

VP Kim asked how many months in reserve is recommended. Ms. Lanzone answered twenty-four months, but a healthy month in reserve is typically between six to nine months. The Board is at 16.2 months.

Public Comment

The speaker noted that the Board's funds are from licensing fees and not a part of the general fund and should not be subject to the budget restrictions.

(B) Licensing Report Q2 FY 2024-25

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

Member Ruben Osorio (Osorio) inquired whether the number of new license applications has returned to pre-pandemic levels. Mr. Herdt answered the numbers are stable and has no significant uptick.

Member Gregory Leung (Leung) questioned if the Board would consider a retired license. Executive Officer Benjamin Bodea (E.O. Bodea) responded there is a regulatory package for a retired status the Board is working on.

Member Li inquired on the increasing number of cancelled licenses. Mr. Herdt responded the fee increase and aging licensee population are some of the factors contributing to the cancellations.

Member Amy Matecki (Matecki) lauded the Board's transparency on its licensing statistics.

Public Comment

The speaker sought feedback on the efficacy of the wall license requirement.

(C) Enforcement Report Q2 FY 2024-25

E.O. Bodea reviewed the complaints/convictions, investigations, and disciplinary data for Quarter Two of 2024-25 Fiscal Year (October 1 – December 31, 2024).

Member Leung inquired how the wall license requirement is being enforced. E.O. Bodea answered violations are complaint driven. If the complaint was not specifically for the lack of a wall license then the Board will occasionally find the licensee in violation of the wall license posting requirement and that is addressed at that time via a Citation.

President Chen proposed the wall license requirement be added on the Consumer's Guide to Acupuncture Brochure.

Member Li queried if an acupuncturist is required to obtain a wall license in each practice location. E.O. Bodea confirmed, adding each wall license is specific to a regular place of practice.

Member Matecki asked about the high aging of cases. E.O. Bodea responded the high aging of cases can be attributed to staff vacancies and high turnover rate from the last few years.

Member Ruben Osorio wanted to know the repercussion of not having a wall license. E.O. Bodea answered an acupuncturist would be in violation of Board requirements and subject to a Citation.

Public Comment

The first public commenter asked if the Board is receiving unlicensed practice complaints.

The second public commenter suggested an audit of wall licenses when acupuncturists renew their license.

The final public commenter lauded the Board for including the wall license reminder on license renewals. The commenter also inquired on out-of-scope practice.

D) Business Modernization Update

Mr. Herdt reported:

- the Board is working on a Continuing Education (CE) audit module for the Connect system.
- Connect now allows licensees to submit active and inactive status changes.
- Licensee can request a replacement pocket license in Connect.
- The Board began the development of an enforcement module allowing staff to transition to a more effective and efficient way of handling enforcement cases.

President Chen asked what percentage of the licensee population the Board has email contact information. Mr. Herdt answered ninety-eight percent and part of the high

number can be attributed to the Board's CE audit module. E.O Bodea added the Board is looking to introduce email renewal notifications as well.

The Board recessed from 11:00 a.m.-11:15 a.m.

Item 5 – Presentation from the Accreditation Commission of Acupuncture and Herbal Medicine (ACAHM)

Mark McKenzie, ACAHM Executive Director, and Jason Wright, ACAHM Director of Accreditation Services, presented on several topics namely: ACAHM's program naming policy, English language proficiency standards, pandemic-related flexibilities, and distance education policy. ACAHM has updated program names to remove outdated terms like "Oriental," allowing institutions flexibility in terminology while maintaining clarity about curriculum content. Regarding English proficiency, students entering ACAHM-accredited programs must demonstrate English language ability with international applicants meeting this through standardized tests (e.g., TOEFL, IELTS, Duolingo) or previous English-language education. During the pandemic, ACAHM permitted temporary distance education flexibilities, which expired in October 2023. Now, institutions must receive ACAHM approval for any ongoing distance education. Hands-on skills and clinical internships still require face-to-face instruction though limited observation hours may be done remotely. ACAHM clarified its role is limited to educational standards and not licensure, which varies by state. They also indicated that potential policy changes related to entry-level doctoral degrees post-2030 were under public review with announcements in the future. The Board expressed appreciation for ACAHM's engagement and hoped for continued collaboration.

Public Comment

The first public commenter expressed frustration over the lack of engagement and representation of California acupuncture associations in national surveys and decision-making. The commenter also mentioned the importance of reaching out to associations to better represent the state's significant acupuncture community.

The second commenter stated acupuncture remains the only healthcare profession without a doctoral entry-level degree and emphasized the need to transition the entry level acupuncture degrees from a master's degree to a doctorate degree.

Item 7 – Presentation from Council of Colleges of Acupuncture and Herbal Medicine (CCAHM)

Dr. Thomas Kouo (Dr. Kouo), CCAHM President, and CCAHM Executive Director Kristin Richeimer (Ms. Richeimer), provided an update on CCAHM's work, goals, and challenges they see facing the profession. Dr. Kouo highlighted the mission to support member institutions in preparing competent, well-trained acupuncturists while fostering unity and professionalism. He acknowledged the complexities in transitioning acupuncture education nationwide from a master's to an entry-level doctorate, citing

legislative and regional obstacles. Ms. Richeimer outlined CCAHM's strategic plan, emphasizing goals such as professional unification, enhancing teaching standards, and expanding clinical partnerships. She highlighted ongoing investments in social media, technology upgrades, and faculty development efforts. CCAHM currently includes thirty-seven accredited schools and oversees the Clean Needle Technique exam, which remains a national standard for safety and competency. Dr. Kouo and Ms. Richeimer also discussed their committee structure, including a special ad hoc committee working on renaming the Doctor of Acupuncture and Oriental Medicine degree to remove the outdated term "Oriental."

Public Comment

The first public commenter raised concern about the professional success of acupuncture graduates. The commenter highlighted the financial struggles many practitioners face especially those starting their own practice.

The second public commenter encouraged schools to collaborate more with experienced practitioners and send students to participate in advocacy work.

The third commenter asked if council meetings are open to the public and recommended inclusion of practitioners and associations. The commenter also suggested if the Clean Needle Technique program can be administered within the state.

The final commenter stated the Bureau of Labor Statistics is currently in the process of updating its classification and data regarding the acupuncture profession. The updated classification and data are expected to be reflected starting in 2028.

The Board recessed from 12:50 p.m.-1:45 p.m.

Roll Call taken at 1:50 p.m.

Members Present

6 Present: Chen, Kim, Leung, Li, Matecki, Osorio

Quorum Established

Item 4 – Executive Management Report (E) Enforcement Committee Meeting Update

E.O. Bodea gave a summary of the previous day's enforcement committee meeting. Discussion was on the possible update of the Consumer's Guide to Acupuncture Brochure. The committee agreed that additional work was necessary and emphasized the importance of public input. The committee plans to meet again to continue refining the document. Adding a section on wall licenses was also recommended to enhance public understanding and ensure protection for both consumers and practitioners. Another point of discussion was an updated version of the "Top Ten Enforcement Violations in the Practice of Acupuncture" document. The list was revised to include

current enforcement trends removing less relevant violations and adding more detailed guidance. It was also suggested that acupuncture schools adopt the document to help educate students about common compliance issues.

Public Comment

The public commenter proposed convening a dedicated committee meeting that would allow stakeholders to work with the Board and Legal on revisions in an interactive setting.

Item 4 – Executive Management Report (F) Licensing Committee Meeting Update

Member Matecki gave a report on the committee's discussion from the previous day. The committee collaborated with the public to review various treatments and techniques related to patient safety, access, and terminology. These included practices such as Asian massage, tuina, manual therapy, trigger point acupuncture, dry needling, ashi point therapy, and the use of various stimulation devices involving heat, magnets, light, lasers, sound, as well as techniques like bleeding and therapeutic blood withdrawal. Recognizing the complexity and long-standing nature of these issues, Member Matecki emphasized the Board's commitment to addressing them in collaboration with practitioners, schools, and the public. She stressed that the Board will not dictate professional scope, its priority is ensuring public safety.

Public Comment

The first public commenter stressed that any time dry needling is done, it should be performed by a licensed acupuncturist.

The second commenter reiterated the importance of dry needling.

The third public commenter suggested adding dry needling to the Consumer's Guide to Acupuncture Brochure.

The fourth commenter supported the previous commenters on dry needling.

The final commenter addressed dry needling, therapeutic blood withdrawal, use of lasers, and ultrasound.

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

Member Matecki stated the need for clearer and more accessible information for the public regarding the training and qualifications of licensed acupuncturists in California. She highlighted how difficult it is for patients and even referring physicians to understand what certain degree titles mean in terms of actual clinical and classroom hours. Member Kim asked what specific post-graduate training would make an acupuncturist more credible for referrals from physicians. Member Matecki responded that while licensure is the basic requirement, additional education and training makes a

practitioner more appealing for referrals. She also emphasized the importance of distinguishing graduates from tutorial programs from those with formal advanced degrees and suggested clearly listing credentials and training hours would improve trust and decision-making. Member Osorio echoed concerns about protecting public safety and fairness. He noted that poorly trained practitioners could offer services at a lower cost potentially undermining higher standards. Member Matecki added that while post-graduate training varies, even new graduates can demonstrate high competency and earn the trust of physicians if their foundational training is strong. Member Li supported the idea of modernizing and clarifying terminology and standards in the profession. He called for updates to outdated regulations, better naming conventions and greater national consistency in licensure requirements such as training hours and English proficiency tests. Member Matecki reminded the Board that while national standardization is ideal, the Board's jurisdiction is limited to California. She suggested that improving clarity within the state is a more feasible starting point.

Public Comment

The first commenter emphasized California's leadership in acupuncture and oriental medicine, noting its influential role in shaping education and practice standards across the country.

The second commenter stressed that the focus should be what is best for California regardless of national concerns. The speaker recommended seeking legal guidance to understand what is permissible regarding degree naming.

The third commenter agreed with the previous speaker that the Board should focus on California first.

The final speaker expressed concern that if each state continues to operate under its own unique requirements, the acupuncture profession will remain fragmented and inconsistent.

Item 8 - Legislative Report

E.O. Bodea reported the Bills of Interest to the Board listed on the agenda.

Item 6 – Regulatory Report

E.O Bodea reported the status of the Board's active regulatory packages listed on the agenda.

Item 10 – Establish Future 2025 Board Meeting Calendar

The Board set the following meeting dates for 2025: June 12 and 13 in the Bay Area; August 21 and 22 in Sacramento, December 11 and 12 in San Diego.

Public Comment

The commenter suggested supplementing the Board's regular meetings with informal workshops or informal roundtables.

Item 11 – Public Comments for Items Not on the Agenda

The first commenter requested a reconsideration of current regulations governing externship in acupuncture education.

The second commenter urged the Board to focus on what best serves public safety and consumer protection when it comes to dry needling.

The third commenter requested the Board to revisit and formally discuss the professional title of licensed acupuncturists.

The fourth commenter proposed the Board should consider developing its own Clean Needle Technique certification program.

The fifth commenter suggested two professional titles for licensed acupuncturists.

The sixth speaker urged the Board to consider a broader, more comprehensive professional title that better reflects the full scope of what acupuncturists do.

The final speaker hopes to have greater participation from schools, associations, students, and professionals in future Board meetings.

Item 12 – Future Agenda Items

VP Kim suggested to discuss the externship program restriction.

Member Leung asked to hear about mental health services available in acupuncture.

President Chen proposed to look into a regulation to offer CE credits for licensees attending Board meetings.

Public Comment

The first commenter sought to highlight the importance of expanding the scope of practice for acupuncturists.

The second commenter wanted to discuss artificial intelligence implementation in acupuncture clinical practice.

The third commenter would want a discussion on the possibility of California having its own Clean Needle Technique certification program.

The final commenter suggested the credit for acupuncturists attending a Board meeting should be limited to Category 2.

Closed Session

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

Closed session began at 4:16 pm and ended at 4:44 pm.

Return to Open Session

Item 14 – Adjournment

President Chen adjourned the meeting at or around 4:45 p.m.

DRAFT



Budget Update

Department of Consumer Affairs
Expenditure Projection Report
Acupuncture Board
Reporting Structure(s): 11111700 Support
Fiscal Month: 9
Fiscal Year: 2024 - 2025
Run Date: 04/22/2025

PERSONAL SERVICES

Fiscal Code	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5100 PERMANENT POSITIONS	\$914,000	\$711,316	\$0	\$711,316	\$952,540	\$1,029,000	\$85,249	\$760,141	\$0	\$760,141	\$1,014,935	\$14,065
5100 TEMPORARY POSITIONS	\$19,000	\$0	\$0	\$0	\$0	\$19,000	\$0	\$308	\$0	\$308	\$308	\$18,692
5105-5108 PER DIEM, OVERTIME, & LUMP SUM	\$12,000	\$5,353	\$0	\$5,353	\$8,138	\$12,000	\$266	\$723	\$0	\$723	\$5,800	\$6,200
5150 STAFF BENEFITS	\$564,000	\$408,655	\$0	\$408,655	\$540,941	\$545,000	\$44,383	\$393,809	\$0	\$393,809	\$525,758	\$19,242
PERSONAL SERVICES	\$1,509,000	\$1,125,325	\$0	\$1,125,325	\$1,501,619	\$1,605,000	\$129,899	\$1,154,981	\$0	\$1,154,981	\$1,546,801	\$58,199

OPERATING EXPENSES & EQUIPMENT

5301 GENERAL EXPENSE	\$57,000	\$5,833	\$8,560	\$14,393	\$12,632	\$73,000	\$267	\$5,207	\$14,103	\$19,310	\$22,512	\$50,488
5302 PRINTING	\$18,000	\$10,962	\$13,661	\$24,622	\$25,537	\$18,000	\$0	\$164	\$13,740	\$13,903	\$21,512	-\$3,512
5304 COMMUNICATIONS	\$18,000	\$2,923	\$0	\$2,923	\$4,194	\$18,000	\$300	\$2,067	\$0	\$2,067	\$3,998	\$14,002
5306 POSTAGE	\$6,000	\$775	\$0	\$775	\$1,080	\$6,000	\$251	\$11,887	\$0	\$11,887	\$16,565	-\$10,565
5308 INSURANCE	\$0	\$22	\$0	\$22	\$22	\$0	\$0	\$0	\$0	\$0	\$22	-\$22
53202-204 IN STATE TRAVEL	\$34,000	\$15,994	\$0	\$15,994	\$16,665	\$34,000	\$1,768	\$15,278	\$0	\$15,278	\$26,000	\$8,000
5322 TRAINING	\$4,000	\$525	\$0	\$525	\$525	\$4,000	\$8	\$8	\$0	\$8	\$533	\$3,467
5324 FACILITIES	\$65,000	\$114,262	\$37,607	\$151,869	\$156,032	\$65,000	\$13,396	\$118,759	\$38,669	\$157,427	\$162,646	-\$97,646
53402-53403 C/P SERVICES (INTERNAL)	\$502,000	\$136,150	\$0	\$136,150	\$227,643	\$502,000	\$9,699	\$55,271	\$0	\$55,271	\$83,793	\$418,207
53404-53405 C/P SERVICES (EXTERNAL)	\$653,000	\$158,676	\$98,137	\$256,813	\$274,538	\$556,000	\$7,453	\$173,225	\$175,259	\$348,485	\$373,942	\$182,058
5342 DEPARTMENT PRORATA	\$848,000	\$617,250	\$0	\$617,250	\$704,246	\$548,000	\$46,166	\$461,666	\$0	\$461,666	\$535,000	\$13,000
5342 DEPARTMENTAL SERVICES	\$334,000	\$107,912	\$0	\$107,912	\$175,329	\$323,000	\$13	\$123,631	\$0	\$123,631	\$162,496	\$160,504
5344 CONSOLIDATED DATA CENTERS	\$4,000	\$443	\$0	\$443	\$9,069	\$4,000	\$0	\$0	\$0	\$0	\$6,980	-\$2,980
5346 INFORMATION TECHNOLOGY	\$18,000	\$5,070	\$1,420	\$6,490	\$445,425	\$18,000	\$5,812	\$10,924	\$224,768	\$235,692	\$237,112	-\$219,112
5362-5368 EQUIPMENT	\$0	\$4,590	\$1,379	\$5,969	\$6,100	\$28,000	\$108	\$4,985	\$5,416	\$10,400	\$10,400	\$17,600
5390 OTHER ITEMS OF EXPENSE	\$3,000	\$0	\$0	\$0	\$0	\$3,000	\$0	\$19	\$0	\$19	\$19	\$2,981
54 SPECIAL ITEMS OF EXPENSE	\$0	\$403	\$0	\$403	\$403	\$0	\$0	\$234	\$0	\$234	\$467	-\$467
OPERATING EXPENSES & EQUIPMENT	\$2,564,000	\$1,181,789	\$160,763	\$1,342,552	\$2,059,440	\$2,200,000	\$85,240	\$983,325	\$471,954	\$1,455,280	\$1,663,998	\$536,002

OVERALL TOTALS	\$4,073,000	\$2,307,114	\$160,763	\$2,467,877	\$3,561,058	\$3,805,000	\$215,139	\$2,138,306	\$471,954	\$2,610,261	\$3,210,800	\$594,200
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REIMBURSEMENTS	-\$23,000				-\$58,000	-\$23,000					-\$23,000	
OVERALL NET TOTALS	\$4,050,000	\$2,307,114	\$160,763	\$2,467,877	\$3,503,058	\$3,782,000	\$215,139	\$2,138,306	\$471,954	\$2,610,261	\$3,187,800	\$617,200

ESTIMATED TOTAL NET ADJUSTMENTS						-\$73,000						
OVERALL NET TOTALS	\$4,050,000	\$2,307,114	\$160,763	\$2,467,877	\$3,503,058	\$3,709,000	\$215,139	\$2,138,306	\$471,954	\$2,610,261	\$3,187,800	\$521,200

14.05%

Department of Consumer Affairs
Revenue Projection Report

Reporting Structure(s): 11111700 Support
Fiscal Month:
Fiscal Year: 2024 - 2025
Run Date: 04/22/2025

Revenue															
Fiscal Code	Budget	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Projection To Year End
Delinquent Fees	\$60,000	\$7,050	\$6,300	\$5,200	\$8,750	\$6,450	\$7,900	\$6,800	\$7,100	\$4,200	\$3,700	\$3,700	\$3,700	\$59,750	\$70,850
Other Regulatory Fees	\$278,000	\$20,915	\$24,260	\$17,990	\$17,325	\$39,115	\$46,740	\$21,470	\$23,920	\$20,850	\$15,890	\$18,630	\$13,530	\$232,585	\$280,635
Other Regulatory License and Permits	\$686,000	\$46,629	\$63,262	\$41,959	\$79,370	\$61,627	\$49,863	\$53,956	\$56,014	\$66,206	\$61,483	\$54,063	\$60,250	\$518,886	\$694,682
Other Revenue	\$60,000	\$0	\$0	\$80	\$63,211	\$698	\$200	\$67,421	\$100	(\$23)	\$53,100	\$0	\$0	\$131,687	\$184,787
Renewal Fees	\$3,077,000	\$281,430	\$380,873	\$449,276	\$315,860	\$276,826	\$276,750	\$277,900	\$225,150	\$223,550	\$196,350	\$196,750	\$197,100	\$2,707,615	\$3,297,815
Revenue	\$4,161,000	\$356,024	\$474,695	\$514,505	\$484,516	\$384,715	\$381,453	\$427,547	\$312,284	\$314,783	\$257,050	\$204,450	\$203,800	\$3,650,523	\$4,528,769

Reimbursements															
Fiscal Code	Budget	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Projection To Year End
Scheduled Reimbursements	\$0	\$0	\$0	\$0	\$49	\$49	\$0	\$49	\$98	\$0	\$0	\$0	\$0	\$245	\$245
Unscheduled Reimbursements	\$0	\$5,959	\$10,261	\$2,348	\$125	\$2,348	\$1,486	\$1,236	\$3,828	\$2,236	\$0	\$0	\$0	\$29,827	\$29,827
Reimbursements	\$0	\$5,959	\$10,261	\$2,348	\$174	\$2,397	\$1,486	\$1,285	\$3,926	\$2,236	\$0	\$0	\$0	\$30,072	\$30,072

0108 - Acupuncture Fund
Analysis of Fund Condition
(Dollars in Thousands)
2025-26 Governor's Budget w FM 9

Prepared 5.19.2025

	Actuals 2023-24	CY 2024-25	BY 2025-26	BY +1 2026-27
BEGINNING BALANCE	\$ 4,154	\$ 4,562	\$ 5,711	\$ 5,524
Prior Year Adjustment	\$ 12	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 4,166	\$ 4,562	\$ 5,711	\$ 5,524
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS				
Revenues				
4121200 - Delinquent fees	\$ 60	\$ 71	\$ 60	\$ 60
4127400 - Renewal fees	\$ 2,898	\$ 3,298	\$ 2,883	\$ 2,883
4129200 - Other regulatory fees	\$ 274	\$ 280	\$ 283	\$ 283
4129400 - Other regulatory licenses and permits	\$ 701	\$ 695	\$ 701	\$ 701
4163000 - Income from surplus money investments	\$ 198	\$ 184	\$ 82	\$ 78
4171400 - Escheat of unclaimed checks and warrants	\$ 2	\$ 1	\$ 2	\$ 2
Totals, Revenues	\$ 4,133	\$ 4,529	\$ 4,011	\$ 4,007
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 4,133	\$ 4,529	\$ 4,011	\$ 4,007
TOTAL RESOURCES	\$ 8,299	\$ 9,091	\$ 9,722	\$ 9,531
Expenditures:				
1111 Department of Consumer Affairs (State Operations)	\$ 3,503	\$ 3,184	\$ 3,905	\$ 4,022
9892 Supplemental Pension Payments (State Operations)	\$ 43	\$ 31	\$ 31	\$ -
9900 Statewide General Administrative Expenditures (Pro	\$ 191	\$ 165	\$ 262	\$ 262
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 3,737	\$ 3,380	\$ 4,198	\$ 4,284
FUND BALANCE				
Reserve for economic uncertainties	\$ 4,562	\$ 5,711	\$ 5,524	\$ 5,247
Months in Reserve	16.2	16.3	15.5	14.3

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



Licensing Report

FY 24/25 Acupuncture Licensing Report

License Status	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun
Active	10144	10122	10109	
Inactive	1468	1451	1441	
Delinquent	1694	1688	1614	
Valid	13306	13261	13164	
Cancelled	87	103	191	
Initial AC License Applications Approved	71	73	57	
Initial AC License Applications Denied	0	0	0	
AC License Renewals	1603	1614	1307	
Active Wall Licenses	5140	5398	5622	
Initial Wall Licenses	342	491	499	
Wall License Renewals	447	494	538	

FY 24/25 Continuing Education Report

Type	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun
New CE Provider Applications Approved	13	11	3	
CE Provider Applications Denied	0	0	0	
CE Provider Renewals	29	36	45	
Course Applications Received	635	467	695	
Course Applications Approved	582	617	559	
Course Denials	0	0	0	

FY 24/25 Acupuncture Educational and Training Programs

Application for Board Approval of Curriculum (ABAC)	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun
ABAC - Received	1	5	10	
ABAC - Incomplete	6	5	5	
ABAC - Approved	0	0	0	
Loss of Approval	0	0	0	

FY 24/25 Acupuncture Tutorial Training Programs Report

Type	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun
Applications Received	11	10	6	
New Program Approvals	10	13	5	
Programs Completed	3	2	7	
Programs Terminated, Abandoned	3	2	2	
Total Approved Programs	57	66	62	

EXAMINATION RESULTS STATISTICS - FIRST TIME AND OVERALL						
7/1/2024 - 12/31/2024						
APPROVED ACUPUNTURE AND EDUCATIONAL TRAINING PROGRAMS	1ST TIME TAKERS			OVERALL (Includes Re-Takers)		
	#PASS	#FAIL	PASS %	#PASS	#FAIL	PASS %
Academy of Chinese Culture & Health Sciences	5	2	71%	5	2	71%
Acupuncture & Integrative Medicine College, Berkeley	6	1	86%	6	2	75%
Alhambra Medical University	8	2	80%	9	4	69%
American College of Acupuncture and Oriental Medicine	1	0	100%	1	0	100%
American College of Traditional Chinese Medicine at CIIS*	1	1	50%	2	2	50%
Bastyr University	0	0	N/A	1	1	50%
California Trinity University*	0	0	N/A	0	1	0%
California University - Silicon Valley	2	2	50%	2	2	50%
Dongguk University Los Angeles	8	3	73%	12	6	67%
Emperor's College of Tradional Chinese Medicine	10	2	83%	12	4	75%
Five Branches University	19	9	68%	20	14	59%
Institute of Clinical Acupuncture and Oriental Medicine	1	0	100%	1	0	100%
International Institute of Chinese Medicine*	1	0	100%	1	0	100%
National University of Natural Medicine	2	0	100%	2	0	100%
Pacific College of Health and Science	28	10	74%	31	18	63%
Phoenix Institute of Herbal Medicine and Acupuncture	0	1	0%	0	1	0%
South Baylo University	8	5	62%	11	15	42%
Southern California University of Health Sciences	4	3	58%	4	5	44%
Southwest Acupuncture College	0	0	N/A	1	0	100%
University of East-West Medicine	10	1	91%	11	4	73%
Whitewater University of CA	3	0	100%	3	0	100%
Yo San University	4	3	57%	4	5	45%
Tutorials	2	3	40%	2	4	33%
Foreign	6	3	67%	10	5	67%
GRAND TOTAL	129	51	72%	151	95	61%

*Previously Approved Training Program

EXAMINATION RESULTS STATISTICS - BY LANGUAGE			
7/1/2024 - 12/31/2024			
LANGUAGE	#PASS	#FAIL	PASS %
Chinese	40	19	68%
English	99	66	60%
Korean	12	10	55%
GRAND TOTAL	151	95	61%



Enforcement Report



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**Enforcement Update for FY 2024/2025: Quarter 3 (January- March 2025)****COMPLAINTS/CONVICTIONS & ARRESTS**

DCA Category		Received
Substance Abuse/Drug & Mental/Physical Impairment		0
Unsafe/Unsanitary Conditions		0
Fraud		6
Non-jurisdictional		1
Incompetence/Negligence		8
Other		0
Unprofessional Conduct		10
Sexual Misconduct		5
Discipline by Another State Agency		0
Unlicensed/Unregistered		0
Criminal Charges/Convictions**		4
• Applicants	2	
• Licensees	2	
Total		34

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

INVESTIGATIONS*

DCA Category	Received	Closed	Pending**
Substance Abuse/Drug & Mental/Physical Impairment	0	0	0
Unsafe/Unsanitary Conditions	0	1	9
Fraud	6	6	43
Non-jurisdictional	1	0	3
Incompetence/Negligence	8	10	88
Other	0	0	5
Unprofessional Conduct	10	4	89
Sexual Misconduct	5	3	29
Discipline by Another State Agency	0	0	1
Unlicensed/Unregistered	0	2	11
Criminal Charges/Convictions (includes pre-licensure)	4	0	40
Total	34	26	318

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

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

Enforcement Performance Measures

Q3- January 1, 2025 - March 31, 2025

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

Total Intake Received (Complaints & Convictions)	FY 2023/24	Fiscal Year 2024/25				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Complaints Received	117	41	18	30		89
Convictions/Arrest Received	29	11	1	4		16
Total Intake Received	146	52	19	34		105

PM 2 - Total Intake Cycle Time

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

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

Inv. Cycle Time of Non-AG Cases (Target: 200 Days)	FY 2023/24	Fiscal Year 2024/25				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Desk Investigations Closed	164	23	29	22		74
Field Investigations Closed	7	3	14	4		21
All Investigations Closed	171	26	43	26		95
Avg. Days to Close All Investigations	305	248	783	390		474

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

Aging of Non-AG Cases	FY 2023/24	Fiscal Year 2024/25				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Up to 90 Days	59	9	8	7		24
91 - 180 Days	15	7	9	6		22
181 Days - 1 Year (364)	33	5	5	2		12
1 to 2 Years (365-730)	55	2	1	6		9
2 to 3 Years (731- 1092)	4	3	6	3		12
Over 3 Years (1093 +)	5	0	14	2		16

Non-AG Discipline	FY 2023/24	Fiscal Year 2024/25				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Final Citations*	1	0	2	2		4
Avg. Days to Complete Citations**	302	0	343	1235		302.0
License Denials	1	0	0	0		0

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

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

PM 4 Cycle Time-Initial Discipline

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

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

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

These numbers represents AG cases closed in the specified timeframes.

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

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

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



Legislative Report

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DATE	June 13, 2025
TO	Acupuncture Board Members
FROM	Kristine Brothers, Policy Coordinator
SUBJECT	2025 Legislation of Interest as of May 28, 2025

Bills of Interest to the Board Introduced in 2025:

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

Privacy: health data: location and research.

Status: Revised April 30, 2025. Passed in committee. Read second time and ordered to third reading.

Existing Law:

- Prohibits a person or business, as defined, from collecting, using, disclosing, or retaining the personal information of a person who is physically located at, or within a precise geolocation of, a family planning center, as defined, except as necessary to perform the services or provide the goods requested and not sold or shared.
- Authorizes an aggrieved person or entity to institute and prosecute a civil action against a person or business for a violation of these provisions and specify damages and costs authorized to be recovered.

Summary of Bill:

AB 45 addresses several critical issues related to health data privacy, particularly concerning individuals seeking reproductive health services.

The bill prohibits the collection, use, disclosure, sale, sharing, or retention of personal information from individuals located at or near family planning centers, except when necessary to provide requested services. It also bans geofencing—tracking individuals' locations through their devices—and sharing data with third parties for such purposes around in-person health care providers in California.

AB 45 restricts the release of medical research records that could identify individuals seeking or obtaining an abortion, particularly in response to subpoenas or requests from other states with laws that interfere with reproductive rights or from foreign legal actions.

The bill allows individuals to file civil lawsuits against entities that violate these privacy protections. It also authorizes the Attorney General to seek injunctions and impose civil penalties, with funds directed to the California Reproductive Justice and Freedom Fund.

Board Analysis

The provisions of AB 45 aim to protect the privacy of individuals accessing reproductive health services in California, ensuring that their personal and medical information is not exploited for surveillance or enforcement of restrictive laws from other jurisdictions. Given that AB 45 primarily

focuses on protecting the privacy of individuals seeking reproductive health services, such as abortion, its proposed changes are unlikely to significantly impact the Board or its licensees.

Assembly Bill 479 (Tangipa)

Criminal procedure: vacatur relief

Status: This bill is dead for 2025. The first committee hearing was canceled at the request of the author.

Existing Law:

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

Summary of Bill:

Before the court may vacate the conviction, AB 479 would require the court to make findings regarding the impact on the public health, safety, and welfare, if the petitioner holds a license, as defined, and the offense is substantially related to the qualifications, functions, or duties of a licensee. The bill would require a petitioner who holds a license to serve the petition and supporting documentation on the applicable licensing entity and would give the licensing entity 45 days to respond to the petition for relief.

Board Analysis:

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

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

Under BPC section 4956, the Board may discipline a license based on a plea or verdict of guilty or a conviction following a plea of nolo contendere irrespective of a subsequent order under the provisions of PC section 1203.4. PC section 1203.4 allows for a process where a person can, 1) withdraw their guilty plea and enter a plea of not guilty, or 2) the verdict of guilty can be set aside, or the accusation may be dismissed. This is a similar petition of relief to PC section 236.15.

The Board's law prevents these criminal petitions of relief of having any effect on the Board's administrative discipline. However, BPC section 4956 does not cite the vacatur relief under PC section 236.15 as an exception in which the Board's discipline would be unaffected. Based on the Board's law not addressing the effects of PC section 236.15 on adjudicated administrative discipline, it is unclear how a granted vacatur relief petition would fully impact Board decisions if the court grants a licensee's petition.

Fiscal Impact:

The number of licensees disciplined for a conviction while they were a victim of intimate partner violence or sexual violence is not tracked by the board and is therefore unquantifiable; however, such instances are estimated to be rare. During the last five fiscal years the Board has only taken discipline on seven (7) cases for a substantially related conviction. The assertion the incidence would be rare is based on the low volume of discipline for convictions along with the circumstances or nature of the crimes being unrelated to intimate partner violence and sexual violence.

[Assembly Bill 485](#) (Ortega)

Labor Commissioner: unsatisfied judgments: nonpayment of wages.

Status: Revised March 19, 2025.

Passed in committee. Read second time and ordered to third reading.

Existing Law:

- Authorizes the Labor Commissioner to investigate employee complaints and to take various actions against an employer with respect to unpaid wages.
- Prohibits an employer with an unsatisfied final judgment for nonpayment of wages from continuing to conduct business in California, unless that employer has obtained a bond from a surety company and filed that bond with the Labor Commissioner, as prescribed.

Summary of Bill:

This bill would require state agencies to deny new or renewed licenses or permits to employers who have violated the unsatisfied judgment provision, if those employers operate in industries regulated by the agency. It also mandates that the Labor Commissioner notify the relevant state agency when such a violation is found.

Board Analysis:

The Assembly Committee on Labor and Employment analysis indicates, "Wage theft is the most prevalent type of theft in the country, causing more economic loss than all other types of theft combined." It also explains that AB 485 is part of wage theft reforms being proposed by the Legislature. The bill is designed to designate state agencies to assist the Labor Commissioner and workers in recouping employee's unpaid wages.

According to the Board's 2021 Occupational Analysis, 75% of respondents reported to be self-employed. The data does not, however, specify which of those respondents have employees. Newly enacted law (AB 1264) effective January 1, 2024, established a definition of an "Acupuncture assistant" who performs basic supportive acupuncture procedures under the supervision and order of an acupuncturist. In consideration of this newer defined role in the profession, it's possible there will be more employer – employee relationships established. However, the Board does not track data on the proportion of acupuncture licensees who employ personnel.

The authority established by AB 485 would be similar to the Board's ability to withhold issuance or renewal of a license authorized by Family Code section 17520 for non-compliance with a child support order or judgment. This section of law is more extensive in addressing some of the implementation. In contrast, AB 485 simply provides authority for the Board to deny a new license or deny the renewal of an existing license. Therefore, the Board may need to promulgate regulations for further implementation of the bill.

Fiscal Impact:

The license denial authority from AB 485 could increase workload for enforcement staff who perform the document collection and investigations. However, the Board does not track licensees who employ personnel, therefore the volume of licensees affected by AB 485 cannot be estimated.

Implementation of the bill may require a regulatory package. The rulemaking process for a package typically requires 40 to 80 hours of AGPA time. There is also approximately two to four hours of Board member review and discussion time.

In addition, IT implementation will be required in developing a system status code to trigger the denial of a renewal as well as auto notices issued to the licensee. The Department may want to develop a system notification process from the Labor Commissioner to each DCA program when a licensee is in violation of Labor Code section 238. These are items for OIS to address.

Assembly Bill 489 (Bonta)

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

Status: Amended April 10, 2025. Passed in committee. Read second time and ordered to third reading.

Existing Law:

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

Summary of Bill:

AB 489 applies to Division 2 healing arts licensees. Establishes the definitions of "Artificial intelligence" (AI), "Generative artificial intelligence" (GenAI), and "Health care profession" within the new chapter. The bill makes a violation of the chapter subject to the jurisdiction of each licensing board or enforcement agency. The April 10th amendments also authorize boards to pursue an injunction or restraining order to enforce the bill's provisions.

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

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

Board Analysis:

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

The most recent amendments authorizing the Board to pursue an injunction or restraining order, do not provide new authority given that the Board already has authority to pursue these legal actions against any person in violation of our laws and regulations under BPC section 4963.

Fiscal Impact:

It is possible AB 489 could increase complaint volume for the Board; however, an estimate of an exact increase cannot be determined. The volume is likely to be low based on the Board currently not receiving unlawful complaints by AI or GenAI technology. With the recent amendments, there could be AG costs associated with seeking an injunction/restraining order based on the provisions of AB 489. However, an estimate for these costs cannot be determined nor would there be much incidence of this based on the Board's enforcement history. The effect on the Board's enforcement is expected to be absorbable within current budget and staffing resources.

Assembly Bill 659 (Berman)

Master of Divinity: physician and surgeon: title

Status: Introduced February 14, 2025. In committee, held under submission.

Existing Law:

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

Summary of Bill:

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

Board Analysis:

The provisions of AB 659 only impact licensees who obtain a Master of Divinity. There have been some acupuncture schools who also offer these kinds of programs and may intersect with the licensee community. However, the incidence is estimated to be low. Violation of the proposed BPC section 600 could constitute a violation of the Board's BPC section 4955 (c), false or misleading advertising.

Fiscal Impact:

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

Assembly Bill 667 (Solache)**Professions and vocations: license examinations: interpreters**

Status: Amended April 9, 2025. Passed in committee. Read second time and ordered to third reading.

Existing Law:

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

Summary of Bill:

Beginning July 1, 2026, AB 667 would require certain boards under the jurisdiction of the Department of Consumer Affairs, except those under Division 2, to permit an applicant who cannot read, speak, or write in English to use an interpreter to interpret the English written and oral portions of the license examination if the applicant meets all other requirements for licensure.

In addition, the bill would set interpreter qualifications, including not having the license for which the applicant is taking the examination, and would prohibit the assistance of an interpreter under certain circumstances, including when English language proficiency is required for the license. The bill would also require these boards to post on their website that an applicant may use an interpreter if they cannot read, speak, or write in English, the examination is not offered in their preferred language, and if they meet all other requirements for licensure.

Board Analysis:

After the April 9th amendments, the bill no longer applies to the Board because it excludes all healing arts boards under Division 2.

Fiscal Impact:

None.

Assembly Bill 742 (Elhawary)**Department of Consumer Affairs: licensing: applicants who are descendants of slaves**

Status: Amended March 13, 2025. Revised April 8, 2025. Passed in committee. Read second time and ordered to third reading.

Existing Law:

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

Summary of Bill:

AB 742 requires licensing boards to prioritize applicants who are verified descendants of American slaves, once a certification process is in place. These provisions would only take effect if SB 518 (2025–26), which creates the Bureau for Descendants of American Slavery, is enacted. The provisions would become active when the certification process is established and would automatically expire four years later or by January 1, 2032, whichever comes first.

Board Analysis:

Currently, the Board is statutorily mandated to expedite the initial licensure process for four groups of applicants: (1) members of the Armed Forces who have served on active duty and were honorably discharged, (2) members of the Armed Forces enrolled in the US Department of Defense Skillbridge program; (3) spouses or domestic partners of active duty members of the Armed Forces who are currently assigned to a duty station in California under official active duty military orders, and (4) refugees who have been granted asylum by the Secretary of Homeland Security or the Attorney General of the United States or those with a special immigrant visa. (BPC, §§ 115.4, 115.5, 135.4.). However, AB 742 does not explicitly require the licensure process to be expedited. Instead, it states that the Board shall prioritize these specified applicants. The bill does not clarify what "prioritization" entails, or whether it should be implemented differently from the expedited processing for the applicant groups currently eligible for expedited handling.

Related legislation (SB 518) defines descendants and establishes the Bureau for Descendants of American Slavery which shall determine how an individual's status as a descendant is confirmed within the definition established. Proof of an individual's descendant status will be the qualifying criteria for associated benefits, including the prioritization of applicants specified by AB 742.

In order for an applicant to document their descendant status and utilize the application priority benefit, the Board would be required to add a question on the Board's exam and license applications.

Fiscal Impact:

There is no reliable data to estimate the population of applicants impacted by this legislative change. Additionally, it is unclear how the Board would prioritize specified applicants. Due to these uncertainties, the impact on workload cannot be determined.

Adding an additional question to capture an applicant's descendant status on the exam and license applications is estimated to take two hours of an AGPA's time. Amending the exam and license application requirements in regulation typically requires 40 hours of AGPA time for the duration of the rulemaking process. There is also approximately two hours of Board member review and discussion time. Additional time would be required for Board and Department's OIS staff to implement these changes in the online licensing platform.

[Assembly Bill 1186](#) (Patel)

Data collection: race and ethnicity: minimum categories.

Status: Amended April 3, 2025. In committee, held under submission.

Existing Law:

- Requires state agencies, boards, or commissions that directly or by contract collect demographic data on the ethnic origin, ethnicity, or race of Californians to use specified collection categories for Asian, Native Hawaiian, Pacific Islander, Black, and African American groups.
- Establishes the Demographic Research Unit within the Department of Finance, which, among other things, acts as the primary state government liaison with the United States Census Bureau in the acquisition and distribution of census data and related documentation to state agencies.

Summary of Bill:

This bill would require state agencies, boards, and commissions that collect demographic data on race or ethnicity to include, at minimum, standardized race and ethnicity categories, the nine largest detailed groups, and specific write-in options. Compliance would be required by January 1, 2029.

AB 1186 also creates the position of Chief Statistician of California within the Demographic Research Unit, tasked with standardizing demographic data collection and overseeing implementation of these requirements.

Starting January 1, 2027, and annually after, affected entities would be required to report to the Legislature on their compliance. Demographic data must be publicly available under state and federal law, excluding personal identifying information, which cannot be shared with federal agencies unless required by law.

Board Analysis:

The Board currently requests race or ethnicity through the workforce data collection via electronic renewals under BPC 502 and would need to update that to include a write-in option for those who do not identify with any category and a write-in option within each category to allow for additional self-identification.

The bill would also require the Board to submit a report to the Legislature and the Assembly Committee on Governmental Organization on or before January 1, 2027, and annually thereafter.

Fiscal Impact:

OIS would update the Board's electronic renewal application workforce data questionnaire to allow for race or ethnicity write-in options. Staff would need to compile information to comply with the reporting requirements from AB 1186. This should take 5 hours of AGPA time, 1 hour of SSM1 time, and 1 hour of EO time.

[Senate Bill 364](#) (Strickland)

Outdoor advertising displays: permits: new alignments.

Status: Amended March 26, 2025.

Board Analysis:

The bill has been gutted and amended since the last Board meeting and no longer pertains to the Board.

Fiscal Impact:

None.

[Senate Bill 470](#) (Laird)

Bagley-Keen Open Meeting Act: teleconferencing

Status: Amended April 10, 2025. Ordered to third reading.

Existing Law:

- The Bagley-Keene Open Meeting Act, requires, with specified exceptions, that all meetings of a state body be open and public and all persons be permitted to attend any meeting of a state body.
- Authorizes meetings through teleconference subject to specified requirements, including, among others, that the state body post agendas at all teleconference locations, that each teleconference location be identified in the notice and agenda of the meeting or proceeding, that each teleconference location be accessible to the public, that the agenda provide an opportunity for members of the public to address the state body directly at each teleconference location, and that at least one member of the state body be physically present at the location specified in the notice of the meeting.

Summary of Bill:

Since 2024, an alternative teleconference option was enacted that allows state bodies to hold meetings via teleconference under certain conditions, such as requiring at least one member to be physically present at each teleconference location and a majority of members to be present at the same location, with some exceptions. Members must also appear on camera during the public portion of the meeting. Under specific circumstances, members may participate remotely from private, undisclosed locations. These provisions currently will expire on January 1, 2026. The bill proposes to instead repeal these provisions on January 1, 2030.

The bill also extends the repeal date for the provisions allowing multimember state advisory bodies to hold open meetings by teleconference under similar conditions, including designating a primary physical meeting location in the notice and ensuring public access and participation. The new repeal date would also be January 1, 2030.

Board Analysis:

The Legislature finds and declares that conducting audio and video teleconference meetings enhances public participation. Extending these alternative teleconference options aims to continue this greater flexibility for state bodies when conducting public meetings while also maintaining transparency and public access.

Fiscal Impact:

With the bill allowing the Board the different teleconference options, it may help the Board with savings and efficiencies by holding meetings online.

[Senate Bill 641](#) (Ashby)

Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions.

Status: Amended April 9, 2025. Ordered to special consent calendar.

Existing Law:

- Establishes in the Business, Consumer Services, and Housing Agency the Department of Real Estate to license and regulate real estate licensees, and the Department of Consumer Affairs,

which is composed of various boards that license and regulate various businesses and professions.

Summary of Bill:

SB 641 would authorize the Department of Real Estate and boards under the jurisdiction of the Department of Consumer Affairs to waive the application of certain provisions of the licensure requirements that the board or department is charged with enforcing for licensees and applicants impacted by a declared federal, state, or local emergency or whose home or business is located in a declared disaster area. This would include the authority to waive certain examination, fee, and continuing education requirements.

The bill would exempt impacted licensees from the payment of duplicate license fees and notification of a mailing address change within 30 days.

SB 641 would require all applicants and licensees of a board under the Department of Consumer Affairs to provide the board with an email address.

The bill further provides that no reimbursement is required by this act and declares that the provisions of the bill take effect immediately as an urgency statute.

Board Analysis:

SB 641 does not mandate boards to waive any law, it simply provides boards the authority and discretion to waive certain laws related to: (1) examination eligibility and timing requirements; (2) licensure renewal deadlines; (3) continuing education completion deadlines; (4) license display requirements; (5) fee submission timing requirements; (6) delinquency fees.

The Board already has protocols in place to process requests for extensions on examination deadlines and continuing education (CE) hours for renewals. Therefore, the workload should be similar. There may need to be IT system updates to properly designate and track these exemptions/extensions.

The addition of BPC section 136.5 that would mandate every applicant and licensee to provide the Board with an email address could increase Board communication and outreach. Having another means of communication other than a licensee's address of record is mutually beneficial. The Board already has IT system capabilities to record and track email addresses. The enforcement of compliance with the proposed law is uncertain when an applicant or licensee does not possess an email address.

Fiscal Impact:

The impact to the Board's workload and budget is estimated to be minor based on the following: (1) the majority of the bill simply establishes authority for the Board to waive certain laws to individuals affected by a declared disaster; (2) the Board already has processes in place to accommodate requests to waive or extend deadlines and CE requirements; and (3) there is not much workload involved with granting waivers when the criteria is straightforward such as individuals whose home or business is located in a disaster area during a declared emergency. The volume of individuals affected by SB 641 cannot be estimated given the different variables involved with the nature of the provisions.

In addition, IT implementation will be required to develop system codes for tracking waivers related to individuals affected by a declared emergency or disaster. The Board defers to OIS to address.



Regulatory Report



DATE	June 13, 2025
TO	Board Members
FROM	Board Staff
SUBJECT	Regulatory Update

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

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

CONCEPT PHASE			PRODUCTION PHASE			
Added to Rulemaking Calendar	R&D	Language taken to Committee	Board Approval	Staff & Legal Counsel Draft Package	Reg Unit & DCA Budget Review	Agency Review
11/28/2018	2012	N/A	10/26/2023	11/2023	4/30/2025	

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

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

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

Staff sent the complete rulemaking package to the Regulation Unit for their regulatory and budget review on April 30, 2025. Once their review is complete, there may be some back and forth to address edits.

2. 16 CCR 1399.425, 1399.427, 1399.434, 1399.435, 1399.437, and 1399.439
Align Curriculum Standards and Approval Related Regulations with Statute:

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

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

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

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

Some of the amendments approved in 2021 were submitted through a Section 100 and were effective March 27, 2024. Last year staff identified the remaining amendments required revisions. Staff is working on incorporating all of the edits discussed with licensing staff, which includes additional amendments, reformatting, and reorganization of multiple regulations. After which, the proposed language and authority questions will be sent to the Regulation Unit for review.

3. **16 CCR 1399.419.3 and 1399.460:**
Application for Retired Status; Retired Status; Restoration

CONCEPT PHASE			PRODUCTION PHASE			
Added to Rulemaking Calendar	R&D	Language taken to Committee	Board Approval	Staff & Legal Counsel Draft Package	Reg Unit & DCA Budget Review	Agency Review
1/2020	4/2019	6/13/2019	8/16/19 / 3/22/24	10/2024		

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

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

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

New and updated proposed language was approved at the Board's March 2024 meeting. The rulemaking package was submitted to management for review on April 30, 2025. Management and staff are currently working through edits, after which the package will be forwarded to the Regulation Unit.

4. **16 CCR 1399.452.1:**
Standards of Practice for Telehealth Services

CONCEPT PHASE			PRODUCTION PHASE			
Added to Rulemaking Calendar	R&D	Language taken to Committee	Board Approval	Staff & Legal Counsel Draft Package	Reg Unit & DCA Budget Review	Agency Review
1/1/2021	12/2020	12/17/2020	3/26/21 / 10/26/23	3/26/2021	6/4/2024	5/19/25

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

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

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

The production rulemaking package was finalized and submitted to the Director for review on May 13, 2025. After its approval, it was submitted to Agency on May 19, 2025.

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

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

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

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

This package was initially approved by the Board in February 2014 to update existing regulations and bring them up to then-current public health and health industry standards. Package was set aside for higher priority regulations and in October 2018 the Board restated its interest in proceeding with regulations.

After a collaborative drafting process with the Regulation Unit to revise the proposed text, the language was approved by the Regulation Unit on May 23, 2025. Staff is bringing the revised proposed language for Board vote on June 13, 2025.



Posting Requirements



CALIFORNIA
ACUPUNCTURE
BOARD

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DATE	June 13, 2025
TO	Board Members
FROM	Kristine Brothers, Policy Coordinator
SUBJECT	Discussion on Acupuncturist Posting Requirements: Wall License and Notice to Consumers

There are two posting requirements within the Acupuncture Licensure Act for licensed acupuncturists to be aware of.

1. Wall License (Business and Professions Code (BPC) § 4961

BPC § 4961

(a) (1) Every person who is licensed to practice acupuncture in this state shall register, on forms prescribed by the board that may include an application for an initial license or for renewal of a license, each place of practice and apply to the board to obtain a wall license for each place of practice.

(2) A wall license shall be renewed biennially, coinciding with the license renewal date. A licensee with a wall license issued before January 1, 2021, shall not be required to apply for a new wall license until the licensee's next license renewal date.

(3) If the licensee has no place of practice, the licensee shall notify the board of that fact on a form prescribed by the board. A wall license is not required to be posted when a licensee performs acupuncture treatments outside of the licensee's place of practice. However, the licensee shall carry a pocket license during treatments outside of the licensee's place of practice and make the pocket license available upon request.

(4) A licensee shall register each place of practice within 30 days after the date of the licensee being licensed by the board or the establishment of a new place of practice, whichever occurs first.

(b) (1) An acupuncturist licensee shall post a wall license issued by the board to the licensee in a conspicuous location in each place of practice at all times.

(2) If an acupuncturist licensee has more than one place of practice, the licensee shall obtain from the board a separate wall license for each additional location and post the assigned wall license at each location.

(c) A licensed acupuncturist shall not display any acupuncture wall license that is not currently active and valid.

(d) (1) If a licensee changes the location of a place of practice, the licensee shall apply for the change of location within 30 days of changing the licensee's place of practice on forms prescribed by the board.

(2) If a licensee fails to apply for a new wall license with the board due to a change of location within the time prescribed by this subdivision, the board may deny renewal of the license.

(e) (1) A wall license is nontransferable.

(2) Any change to the registered location in connection with the wall license, such as moving, requires a new wall license, and the former wall license shall be returned to the board with a request for cancellation.

(3) The licensee shall apply to the board to obtain a new wall license using the forms prescribed by the board for the new wall license or change of location.

(f) (1) An acupuncturist shall be responsible for the acupuncture or any other practice specified under Section 4937 rendered pursuant to the license of the acupuncturist in each place of practice maintained by the acupuncturist.

(2) An acupuncturist maintaining more than one place of practice shall ensure that each place of practice is in compliance with the standards of practice requirements of this chapter.

(g) As used in this section:

(1) "Place of practice" means an acupuncture office where any act of acupuncture is practiced and includes a place of practice in which the applicant holds a proprietary interest of any nature whatsoever or in which the licensee holds any right to participate in the management or control thereof.

(2) "Wall license" means an official document that is issued by the board upon application for a place of practice and has a unique identification number that is specific to the location provided by the licensee in the application.

2. Notice to consumers of licensure by the Acupuncture Board. (California Code of Regulations (CCR) § 1399.469.3.)

CCR § 1399.469.3

(a) A licensed acupuncturist engaged in the practice of acupuncture shall provide notice to each patient of the fact that the acupuncturist is licensed and regulated by the California Acupuncture Board. This notice must be posted at each of the practice locations the licensee provides services. The notice shall include the following statement and information:

"NOTICE TO CONSUMERS
Acupuncturists are licensed and regulated by the California Acupuncture Board
(916) 515-5200
<http://www.acupuncture.ca.gov/>"

(b) The notice required by this section shall be provided by prominently posting the notice in a conspicuous location accessible to public view on the premises where the acupuncturist provides the licensed services, in which case the notice shall be at least 48-point type font.



**CE Credits for
Attendance**

**CALIFORNIA
ACUPUNCTURE
BOARD**

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DATE	June 13, 2025
TO	Acupuncture Board Members
FROM	Kristine Brothers, Policy Coordinator
SUBJECT	Review and Discussion of DCA Healing Arts Boards that Allow Continuing Education Earned for Board Meeting Attendance

At the Board's March 2025 meeting it was requested the Board review and discuss the option to authorize licensees to earn continuing education (CE) for the attendance of board meetings. Provided below is a summary of the maximum number of CE hours the following healing arts boards allow their licensees to use towards the renewal of their license for the attendance of board/committee meetings.

Board of Chiropractic Examiners	4 hours
Board of Psychology	8 hours
Physical Therapy Board	8 hours
Respiratory Care Board	5 hours
Board of Pharmacy	6 hours Board Mtg/ *2 hours Comm Mtg
Board of Occupational Therapy	6 hours

The following is the regulation text of each board that permits their licensees to earn CE hours for the attendance of board and committee meetings.

Board of Chiropractic Examiners - [CCR Section 361\(g\)\(15\)](#)

Board Meeting: A licensee may earn a maximum of four (4) hours of continuing education credit per renewal period for attending a full board meeting that includes the hearing of cases related to petitioners seeking the reinstatement of revoked licenses or early termination of probationary licenses. A petitioner may not earn any continuing education hours for attending a board meeting on the same day in which said petitioner's hearing is conducted. The attendance of a licensee at a board meeting under this subparagraph shall be monitored and confirmed by board staff designated by the Executive Officer.

Board of Psychology - [CCR Section 1397.61.1\(f\)\(7\)](#)

Attendance at a California Board of Psychology Meeting

- (A) A maximum of eight (8) hours shall be credited in "Attendance at a California Board of Psychology Meeting".
- (B) Attendance for one (1) day Board or committee meeting equals six (6) hours of credit. For Board or committee meetings that are three (3) hours or less, one (1) hour of attendance equals one (1) hour of credit.
- (C) The licensee shall maintain a record of hours as documentation of compliance. This record shall include: date of meeting, name of meeting, and number of hours attended. A psychologist requesting CPD credit pursuant to this subdivision shall have

signed in and out on an attendance sheet providing their first and last name, license number, time of arrival and time of departure from the meeting.

Physical Therapy Board - [CCR Section 1399.94\(b\)\(H\)](#)

Attending a Board meeting of up to eight (8) hours affords two (2) hours CE per meeting.

Respiratory Care Board - 1399.350(b)(1), (2), & (3)

- (b) An RCP may earn up to 5 hours of CE credit through attendance at open sessions of Respiratory Care Board meetings; attendance at California Society for Respiratory Care (CSRC), or American Association for Respiratory Care (AARC) meetings, at the discretion of the AARC or CSRC in compliance with this subdivision; or attendance at courses related to the role of a health care practitioner or indirectly related to respiratory care as defined in section 1399.352.
 - (1) For attendance at meetings, CE shall be calculated on an hour-for-hour basis with one hour of CE credit accepted for each hour spent in attendance at the meeting.
 - (2) An RCP requesting CE credit for attending a Board meeting pursuant to this subdivision shall sign in and out on an attendance sheet at the in-person meeting or by way of a comment through a virtual, internet-based application (Webex or similar on-line meeting or video conferencing computer-based platform) if the Board offers on-line public participation for the meeting, that requires the individual to provide the following:
 - (A) the RCP's first and last name,
 - (B) license number,
 - (C) time of arrival and time of departure from the meeting, and,
 - (D) disclose whether they are requesting CE credit for attendance at the board meeting.
 - (3) An RCP requesting CE credit for attending a CSRC or AARC meeting shall obtain from the CSRC or AARC a written confirmation on the letterhead of the organization confirming the RCP's attendance at the meeting.

Board of Pharmacy - [CCR Section 1732.2\(d\)&\(e\)](#)

- (d) A pharmacist or pharmacy technician who attends a full day board meeting may be awarded six (6) hours of continuing education per renewal period. The board shall designate on its public agenda which day shall be eligible for continuing education credit. A pharmacist or pharmacy technician requesting continuing education pursuant to this subdivision must sign in and out on an attendance sheet at the board meeting that requires the individual to provide his or her first and last name, license number, time of arrival and time of departure from the meeting.
- (e) A pharmacist or pharmacy technician who attends a full committee meeting of the board may be awarded two (2) hours of continuing education per renewal period. A pharmacist or pharmacy technician requesting continuing education hours pursuant to this subdivision must sign in and out on an attendance sheet at the committee meeting that requires the individual to provide his or her first and last name, license number, time of arrival and time of departure from the meeting.

Board of Occupational Therapy - [CCR Section 4161\(c\)\(9\)](#)

- (9) Attending a meeting of the California Board of Occupational Therapy. Each meeting attended equals two PDUs, with a maximum of six PDUs credited per renewal period.



Hand Hygiene Requirements

**CALIFORNIA
ACUPUNCTURE
BOARD**

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DATE	June 12 - 13, 2025
TO	Acupuncture Board members
FROM	Kristine Brothers, Policy Coordinator
SUBJECT	Discussion and Possible Action to Reconsider Previously Approved Text, Authorize Initiation of a New Rulemaking and to Adopt New Section 1399.451(a) in Title 16 of the California Code of Regulations: Hand Hygiene Requirements

Background

The Board first reviewed the topic of hand hygiene at the February 14, 2014, Board meeting. At the time, staff noted that the Centers for Disease Control (CDC) and the California Department of Public Health (CDPH) had issued hand hygiene guidelines to reduce healthcare-associated infections that support the use of alcohol-based hand sanitizer over traditional hand washing when hands are not visibly soiled.

The Board's current regulation on hand hygiene contradicts this recommendation and currently does not address the use of alcohol-based hand sanitizers at all. Additionally, the Board requires that students complete clean needle technique coursework and use the Council of Colleges of Acupuncture and Herbal Medicine's "Clean Needle Technique Manual" (CNT) as its primary reference and the manual's guidelines appear to be consistent with CDC's recommendations.

Staff last brought proposed regulatory language for discussion at the October 25 – 26, 2018, Board meeting where the Board agreed to proceed with the previously approved proposed regulatory text.

In 2021, the proposed language previously adopted by the Board was submitted to the Regulation Unit to which there were substantial edits pointing to areas that required alignment with updated CDC guidelines and clarity issues.

Since this time, staff has worked with the Regulation Unit on a few draft versions of proposed language. The amendments align with CDC and CDPH guidelines. Staff has brought the new language for Board discussion and review.

Proposed Amendments:

The proposed language provides the following:

- Updates the method of handwashing to align with CDC and CDPH guidelines.
- Adds protocol to use an alcohol-based hand rub when hands are not visibly soiled or contaminated.
- Specifies alcohol concentration be at least 60% when using an alcohol-based hand rub.

- Provides the option to use an alcohol-based hand rub as an alternative to soap and water.
- Requires the alcohol-based hand rub be used according to the manufacturer's instructions.

Recommendation

Staff is recommending the Board adopt the new proposed amendments to section 1399.451, hand hygiene requirements.

Recommended Motion Language

Option 1: Move to Approve

- I move that the Board rescind prior proposed text approved on February 14, 2014 and October 25, 2018, and approve the newly proposed regulatory language and changes to Division 13.7, Article 5, section 1399.451, as provided in the materials, and...
- Direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review. If no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested.
- If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking, and amend section 1399.451 of Article 5 of Division 13.7 of Title 16 of CCR as noticed.

Option 2: Move to Approve, as Amended

- I move that the Board rescind prior proposed text approved February 14, 2014, and approve the newly proposed regulatory language and changes to Division 13.7, Article 5, section 1399.451, as provided in the materials, as amended:

Note the amendments

- ... And to direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested.
- Authorize the Executive Officer to take all steps necessary to complete the rulemaking, and if no adverse comments are received during the 45-day comment period and no hearing is requested, amend section 1399.451 of Article 5 of Division 13.7 of Title 16 of CCR as noticed.

DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
Division 13.7. ACUPUNCTURE BOARD

PROPOSED REGULATORY LANGUAGE

Hand Hygiene Requirements

Legend:	Added text is indicated with an <u>underline</u> . Omitted text is indicated by (* * * *) Deleted text is indicated by strikeout .
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Amend section 1399.451 of Division 13.7 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.451. Treatment Procedures.

In treating a patient, an acupuncturist shall adhere to the following ~~procedures~~:

(a) ~~The a~~ Acupuncturist's hands shall thoroughly wash their hands with soap and water (covering all surfaces of hands and fingers) for no less than 20 seconds~~be brush-scrubbed with soap and warm water~~ immediately before examining patients or handling acupuncture needles and other instruments, and between patients. If hands are not visibly soiled or contaminated, an alcohol-based hand rub, with an alcohol concentration of at least 60%, may be used as an alternative to soap and water. An alcohol-based hand rub shall be used according to the manufacturer's instructions.

(b) All instruments shall be sterilized before and between uses in a manner that destroys all microorganisms. All needle trays that contain sterile needles shall also be sterile. Each time instruments are sterilized, the acupuncturist shall use a tape or strip indicator that shows that sterilization is complete.

(c) Acupuncture points, where needles are to be inserted, shall be cleaned with an appropriate antiseptic before insertion of the needle.

(d) In the event an acupuncture needle inserted in a patient breaks subcutaneously, the treating acupuncturist shall immediately consult a physician. An acupuncturist shall not sever or penetrate the tissues in order to excise such a needle.

(e) Any complication, including but not limited to, hematoma, peritonitis, or pneumothorax arising out of acupuncture treatment shall be referred immediately to a physician, dentist, or podiatrist, if appropriate, if immediate medical treatment is required.

(f) Acupuncture shall not be performed using hypodermic needles.

(g) All instruments to be discarded shall be disposed of safely.

(h) Needles shall be disposed of by placing them in a sealed, unbreakable container marked "Hazardous Waste" and disposed of in accordance with state and local law.

Note: Authority cited: Section 4933, Business and Professions Code.
Reference: Section 4955, Business and Professions Code.



About Handwashing

KEY POINTS

- Many diseases and conditions are spread by not washing hands with soap and clean, running water.
- Handwashing with soap is one of the best ways to stay healthy.
- If soap and water are not readily available, use a hand sanitizer with at least 60% alcohol to clean your hands.



Why it's important

Washing hands can keep you healthy and prevent the spread of respiratory and diarrheal infections. Germs can spread from person to person or from surfaces to people when you:

- Touch your eyes, nose, and mouth with unwashed hands
- Prepare or eat food and drinks with unwashed hands
- Touch surfaces or objects that have germs on them
- Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects

Key times to wash hands

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- Before, during, and after preparing food
- Before and after eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

How it works

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Follow these five steps every time.

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.

3. **Scrub** your hands **for at least 20 seconds**. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or an air dryer.

Use hand sanitizer when you can't use soap and water

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based [hand sanitizer](#) that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

Keep Reading:
Hand Sanitizer Facts

What you can do

CDC has [health promotion materials](#) to encourage kids and adults to make handwashing part of their everyday lives.

- Share social media graphics and messages.
- Print stickers and place clings on bathroom mirrors.
- Promote handwashing on or around [Global Handwashing Day](#), celebrated each year on October 15.
- Distribute fact sheets to share information about hand hygiene for specific audiences.

Resources

- [Frequent Questions About Hand Hygiene](#)
- [Hand Hygiene in Healthcare Settings](#)
- [The Life is Better with Clean Hands Campaign](#)

SOURCES

CONTENT SOURCE:
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)