California Acupuncture Board & Committee Meetings November 5-6, 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
Ruben Osorio

CALIFORNIA ACUPUNCTURE BOARD
1625 North Market Blvd., Suite N-219
Sacramento, CA 95834
P 916.515.5200 F 916.928.2204
www.acupuncture.ca.gov

CALIFORNIA ACUPUNCTURE BOARD

ENFORCEMENT COMMITTEE MEETING

NOTICE AND AGENDA

Wednesday, November 5, 2025

10:00 a.m. to 12:00 p.m. or upon completion of business

Physical Address:

Dongguk University Library
440 South Shatto Place
Los Angeles, CA 90020

Remote Access:

This meeting will also be held via WebEx Events for public participation. While the Board is webcasting the meeting as a courtesy to the public, the meeting will continue, even if the webcast fails. If you wish to participate or to have a guaranteed opportunity to observe, please attend in person at a noticed physical location.

Instructions to connect to the meeting can be found by clicking here.

Click here to join the meeting

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Webinar number: 2489 395 7685
Webinar password: Acupuncture115

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+1-415-655-0001 US Toll
Access code: 2489 395 7685
Passcode: 22878628

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

Ruben Osorio, Chair
Dr. Yong Ping Chen, L.Ac., Ph.D.

1. **Call to Order and Roll Call**

2. **Chair's Opening Remarks (Osorio)**

3. **Review and Possible Approval of Committee Meeting Minutes for March 6, 2025**

4. Discussion and Possible Action on Updating Consumer's Guide to Acupuncture Brochure (Osorio)

5. 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).)

6. Future Agenda Items

7. Adjournment

Informational Notes:

Discussion and action may be taken on any item on the 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 stream this meeting at WebEx address listed on the agenda above.

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Draft Committee Meeting Minutes

CALIFORNIA ACUPUNCTURE BOARD
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www.acupuncture.ca.gov

ENFORCEMENT 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

Ruben Osorio, Chair
Dr. Yong Ping Chen, L.Ac., Ph.D.

Item 1 – Call to Order and Roll Call

Meeting commenced at 10:12 a.m. Roll call taken. All members present.

Item 2 – Chair's Opening Remarks

Chair Ruben Osorio (Chair Osorio) welcomed members, staff, and the public to the California Acupuncture Board (Board) Enforcement Committee meeting.

Item 3 – Discussion and Possible Action on Updating Consumer's Guide to Acupuncture Brochure

Executive Officer Benjamin Bodea (E.O. Bodea) introduced a draft version of the brochure, *A Consumer's Guide to Acupuncture and Asian Medicine*, with updates aligning the text with the Board's role, especially consumer protection. E.O. Bodea emphasized the brochure's focus on informing patients of their rights, expectations during treatment, and available recourse in case of violations. Chair Osorio agreed the brochure meets its intended purpose and benefits both consumers and stakeholders. Committee Member Dr. Yong Ping Chen (Member Chen) praised the effort, recalling the original brochure from 20 years ago and stressing the ongoing need for public education about acupuncture. Member Chen encouraged updates reflecting current practices and the evolution of the profession. E.O. Bodea reiterated the balance between consumer information and not overstepping the Board's authority, encouraging the profession to produce its own informational materials on the practice and application of acupuncture.

Public Comment

The first commenter expressed frustration that significant content from the brochure had been removed or altered without clear explanation. They advocated for a thorough review and collaborative revision process rather than approving the draft as-is, emphasizing the need for the guide to more fully represent modern acupuncture, beyond vague or outdated descriptions, and to include essential safety information. Lastly, they urged the Board to delay approval and organize a follow-up meeting to ensure the final version both informs and protects the public more effectively.

The second commenter emphasized the need for a modern, engaging format especially post-pandemic, to better reach younger audiences. They stressed the importance of informed consent and questioned how consistently it is used in the field. They commended the effort to update materials and urged that the final product be visually appealing and easy to understand.

E.O. Bodea clarified that the current document under discussion is a draft intended to spark stakeholder input, not a final version. He noted. The goal is to create a message geared toward consumers of acupuncture, not practitioners. Practitioners should work with their professional associations to create their own materials offering more info on the specifics of the practice.

The first commenter made an additional comment to highlight a common issue in the acupuncture profession, uncertainty about what practitioners are legally allowed to do especially in gray areas. The commenter emphasized that professionals often look to the Board, not associations, for guidance. They closed by stressing the need for clear guidance to avoid unintentional violations, especially for those at the entry level of the profession.

The third commenter highlighted that acupuncture has a scientific basis, not just philosophical roots, and that this approach would help both patients and practitioners better understand the practice, making it more accessible to consumers.

The fourth commenter highlighted that acupuncture integrates both traditional and modern medical knowledge and involves more than just needling; requiring individualized diagnosis and treatment.

The fifth commenter spoke about the cultural gap in understanding traditional Chinese medicine, emphasizing the importance of explaining expectations, root-cause treatment, and balancing the body's systems to American audiences.

The sixth commenter noted that they had not been receiving meeting announcements and found the Board's website confusing, especially regarding meeting times and agenda items.

The second commenter made an additional comment noting that younger consumers are more interested in knowing what acupuncture can treat rather than how it works,

especially given the prevalence of various health conditions and medications. The commenter stressed the importance of promotional materials for the profession but questioned the cost and effectiveness of printed booklets, suggesting that digital formats may be more practical and adaptable.

The seventh commenter raised concerns about unlicensed use of dry needling and recommends regulatory oversight. Additionally, the commenter proposed replacing the term "Asian massage" with the traditional Chinese term "Tui Na" to reduce confusion.

The eighth commenter emphasized the importance of consumer awareness in both protecting the public and promoting the profession suggesting using pamphlets or small materials to explain acupuncture's benefits.

The sixth commenter made an additional comment emphasizing the need for the brochure to be comprehensive, clear, and educational, helping patients understand both the traditional and modern aspects of acupuncture, and include insurance information, scientific evidence, regulatory guidance, and integration with Western medicine.

The ninth commenter emphasized the importance of educating consumers on dry needling and how it differs from other needle treatments even using the same needle.

Item 4 – Discussion and Possible Action on Top Ten Enforcement Violations in the Practice of Acupuncture

E.O. Bodea presented the *Top Ten Enforcement Violations in the Practice of Acupuncture*. The violations such as offenses such as practicing without a license, negligence, sexual misconduct, among others. He emphasized the importance of informed consent and clear communication with patients. Member Chen commended the staff for the clear summary, highlighting its value in protecting the public and guiding practitioners. Chair Osorio added that enforcement is costly and time-consuming, so improving awareness and outreach, such as updating educational materials, could help reduce violations and enhance public protection.

Public Comment

The first commenter expressed concerns about regulatory clarity in acupuncture practice, particularly around scope of practice like the use of lasers. They further questioned the effectiveness and cost of wall licenses, requesting it be reviewed in future Board discussions.

The second commenter highlighted the importance of a disciplinary database which helps boards track practitioners with prior violations. They warned of increasing malpractice issues, especially involving burns and pneumothorax, urging more practitioners to understand the laws and patient communication to reduce liability.

The third commenter raised a potential healthcare fraud related to the misuse of time-based Current Procedural Terminology (CPT) codes, in group acupuncture settings.

They explained that some providers, under pressure to see more patients, might be encouraged to bill codes that require a minimum time of one-on-one care without meeting those requirements. The commenter asked the Committee whether such issues would be of interest to them even if no arrest or conviction had occurred. E.O. Bodea and Legal Counsel Brennan Meier clarified that they could not offer legal advice, directing the commenter to consult a legal counsel or professional associations.

The fourth commenter asked whether the list of acupuncture violations was compiled based on frequency.

The fifth commenter expressed their interest on the requirement of reporting malpractice settlements over $3,000.

The sixth commenter appreciated the updated acupuncture regulations, emphasizing the importance of including California law and ethics in continuing education.

The seventh commenter stressed the importance of ethical education suggesting the violations list be visibly posted in clinics to ensure compliance and public safety.

Item 5 – Public Comments for Items Not on the Agenda

The first commenter presented a proposal to the Board aimed at modernizing California's outdated acupuncture tutorial program. The commenter proposed transforming the program into a structured 300-hour clinical externship with the new model offering acupuncture school students enhanced hands-on clinical experience under seasoned mentors and addressing current gaps in practical training.

The second commenter expressed concerns about the certification and exam standards for Clean Needle Technique certificates, noting that not all programs follow the Council of Colleges of Acupuncture and Herbal Medicine guidelines consistently, leading to potential qualification issues. They're also concerned with the quality of free CEU courses offered by some schools/individuals which might undermine associations.

Item 6 – Future Agenda Items

Public Comment

The commenter noted inconsistencies in how transcript evaluations are handled for exams, particularly regarding the standards used by different credential evaluation companies. They emphasized the need for continued advocacy around dry needling, reinforcing that it falls within the scope of acupuncture and should not be considered a separate or new practice. Lastly, they proposed implementing residency programs for graduates and licensed practitioners to ensure high-quality, confident clinical practice.

Item 7 – Adjournment

Chair Osorio adjourned the meeting at or around 12:19 p.m.

Consumer Guide

CALIFORNIA ACUPUNCTURE BOARD
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CALIFORNIA ACUPUNCTURE BOARD

LICENSING COMMITTEE MEETING

NOTICE AND AGENDA

Wednesday, November 5, 2025

1:00 p.m. to 5:00 p.m. or upon completion of business

Physical Address:

Dongguk University Library
440 South Shatto Place
Los Angeles, CA 90020

Remote Access:

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Click here to join the meeting

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Webinar number: 2489 395 7685
Webinar password: Acupuncture115

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+1-415-655-0001 US Toll
Access code: 2489 395 7685
Passcode: 22878628

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ACTION MAY BE TAKEN ON ANY ITEM LISTED ON THE AGENDA

Members of the Committee

Francisco Hyun Kim, L.Ac., Chair
Gregory Leung

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

2. **Chair's Remarks (Kim)**

3. **Review and Possible Approval of Committee Meeting Minutes for June 12, 2025**

4. Discussion and Possible Action on Stakeholder Identified Changes to the Acupuncture Curriculum Requirements (Kim)

- **a. Doctorate Degree**
- **b. Degree Titles**
- **c. Prerequisites**
- **d. Science Requirements**
- **e. Clinical Hours – Internship/Externship**

5. Public Comments for Items Not on the Agenda

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6. Future Agenda Items

7. Adjournment

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Draft Committee Meeting Minutes

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LICENSING COMMITTEE MEETING
DRAFT MEETING MINUTES
June 12, 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 9:48 a.m.

Roll call taken. All members present.

Item 2 – Chair's Opening Remarks

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

Item 3 – Public Comments for Items Not on the Agenda

The first public speaker advocated for updating the term "exercise" in the scope of practice to "therapeutic exercise". The speaker explained the change would better align with insurance coding standards and reflect the structured clinical activities already being performed by licensed acupuncturists. The speaker also raised serious concerns about the illegal practice of dry needling by unlicensed individuals particularly physical therapists.
The second public speaker suggested increasing entry requirements for acupuncture programs from high school to bachelor's degree. The speaker also called for the standardization of doctorate degree titles and curriculum across schools and urged the Board to clearly define dry needling to avoid public confusion.
The third public speaker proposed the Board issue a more durable, credit card-sized pocket license for easier use and longevity.

The fourth public speaker supported the first speaker's recommendations on updating the term "exercise" and echoed concerns about dry needling. The speaker further proposed updating language around Tui Na therapy, suggesting the term manual therapy to more accurately represent techniques like acupressure and myofascial release.
The fifth public speaker shared their personal experience receiving acupuncture and acupuncture's role in managing their pain and supporting their recovery without the use of drugs, emphasizing the importance of continued support for such care especially for veterans.
The sixth public speaker raised concern about the removal of content category weightings from the California Acupuncture Licensing Examination (CALE) Candidate Handbook.
The seventh public speaker strongly urged the Board to make doctorate degree the minimum requirement for acupuncturists, aligning the profession with the broader healthcare field where similar roles have already made the transition.
The eighth public speaker echoed the same sentiments of the previous speaker regarding the minimum requirement for acupuncturists.
The ninth public speaker urged the Board to consider organizing a workshop to integrate years of accumulated knowledge and past recommendations, including those from the Little Hoover Commission, into a formal report that could inform future legislative changes.
The tenth public speaker supported elevating the acupuncture entry-level degree to a doctoral level, framing it as a natural evolution of the profession. The speaker addressed the issue of dry needling, asserting that it mirrors traditional acupuncture but is being misapplied by undertrained practitioners.
The eleventh public speaker highlighted the lack of data supporting better outcomes for doctoral-level practitioners and explained how practices differ internationally.

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

Committee members reviewed the minutes from the March 7, 2025, meeting and noted a correction stating that Chair Matecki was the one who adjourned the meeting.

MOTION
Chair Matecki motioned to accept the March 7, 2025, committee meeting minutes with the correction for Item 6.
Member Gregory Leung (Member Leung) seconded.
Yes: Matecki and Leung
2-0
Motion Passes

The Board recessed from 10:43 a.m.-10:58 a.m.

Item 5 – Discussion and Possible Action on the Clean Needle Technique Requirements

Chair Matecki opened the discussion emphasizing the importance of public participation and safety in acupuncture practices. The discussion moved to the use of the Clean Needle Technique (CNT) textbook, currently on the 7th edition. Chair Matecki asked whether graduates from accredited schools who trained before 2016 could still be certified in clean needle technique. Executive Officer Ben Bodea (E.O. Bodea) explained that earlier graduates used previous editions of the textbook and if their training followed required standards, schools can issue letters or certificates verifying their completion. Chair Matecki also asked about tutorial programs and how students could meet CNT requirements. E.O. Bodea noted they could either take the course through a school or directly through the Council of Colleges of Acupuncture and Herbal Medicine (CCAHM). Board Member Leung stressed the importance of single-use needles from approved manufacturers and proper disposal after each use. Chair Matecki agreed and noted that this standard is already followed in many hospitals and reflected in the Board's guidelines.

The conversation then turned to dry needling, which Chair Matecki recognized as acupuncture by another name. She stressed the need for public understanding, highlighting that in California, any time the skin is pierced with a needle, it is considered acupuncture regardless of the term used. Chair Matecki confirmed that the CNT certification is important for practitioners seeking to work in integrated or hospital settings.

A public speaker addressed the Board with concerns about CNT and the need to regularly update safety training for licensed acupuncturists. The speaker emphasized many practitioners might be unaware of newer safety protocols and advocated for a mandatory CNT refresher course every eight to ten years to enhance public safety. The conversation expanded when E.O. Bodea clarified the regulations on single-use needles, reading directly from the California Code of Regulations (CCR) section 1399.454, which states that it is unprofessional conduct to reuse needles. The public speaker added that not all tools used in acupuncture are single-use, such as scalpels and cups used in wet cupping. The speaker urged the board to ensure proper sterilization protocols for non-disposable tools, referencing guidance already in the CNT manual.

Chair Matecki shared insight from the hospital setting, where professionals must update their safety training every two years. She encouraged acupuncture stakeholders to adopt a similar system, suggesting integration into CE coursework.

The conversation turned to modernizing acupuncture definitions, especially around terms like "dry needling" and "on or near the body". Both Chair Matecki and E.O. Bodea encouraged stakeholders to propose language to the Board that they could all agree on. They both acknowledged that the current definitions have not been updated since they were established and that it would take a statutory change with a

to update. Member Leung suggested sending out a survey to gather input from practitioners. Chair Matecki and E.O. Bodea reminded the public that scope changes are to be addressed by the profession and urged the community to consolidate their views before submitting sample legislative language for the Board to consider supporting.

Several other speakers raised concerns about the CNT manual and the future of acupuncture practice. One speaker criticized the CNT manual as outdated and inadequate in addressing current disinfection standards and microbiological risks. They urged collaboration among schools, associations, and the Board to develop a more modern and comprehensive version. Another speaker raised concern about Artificial Intelligence (AI) and robotic acupuncture devices potentially being used by unlicensed individuals in the future. They recommended preemptive regulations to ensure such devices are only operated by licensed professionals. Another speaker asked if a new CNT manual could be adopted in California.

Chair Matecki thanked the public and stakeholders for their participation in the discussion on the CNT, emphasizing the importance of the topic and welcoming continued dialogue and exploring ideas with the Board.

The Board recessed from 12:00 p.m.-1:15 p.m.

Item 6 – Discussion and Possible Action on Stakeholder Identified Changes to the Acupuncture Curriculum Requirements

a-b. Doctorate Degree/Degree Titles

Chair Matecki and Member Leung merged the two agenda sub-items due to their close connection. Chair Matecki emphasized longstanding confusion around degree titles, both from the public and other medical professionals, and encouraged public input to move toward clarity and unity in the profession.

Numerous stakeholders voiced support for elevating the entry-level educational standard to a doctoral degree. They highlighted the need for standardized and respected degree titles to align acupuncture with other healthcare professions and reduce public confusion. They also stressed the importance of a doctoral title for legitimacy, confidence, and professional parity. A public speaker recounted the historical evolution of acupuncture titles and argued for clarity and simplicity, suggesting Doctor of Acupuncture and Integrative Medicine (DAcIM) as a viable unified title.

Several speakers advocated for aligning titles with the broader scope of Traditional Chinese Medicine (TCM), warning that narrow titles could fragment the profession. One speaker urged for titles like Doctor of Chinese Medicine to accurately reflect the full TCM practice. Individual comments underscored the need for higher educational

standards, including prerequisites like bachelor's degrees, to ensure the profession gains the respect of other medical fields and better prepare future practitioners.

Member Leung raised concerns about the relevance of World Health Organization (WHO) standards, especially in light of potential U.S. withdrawal from the WHO. This sparked a broader conversation about professional titles and public clarity. Chair Matecki proposed a new licensure title of Doctor of Acupuncture with specific variations, such as DAcIM and DAcH (Doctor of Acupuncture with herbal medicine), suggesting a grandfathering system for currently licensed practitioners. Member Leung favored a simpler, more recognizable title like DAc (Doctor of Acupuncture) arguing that acupuncture inherently includes herbal and traditional medicine and that lengthy titles could confuse the public.

Stakeholders contributed diverse perspectives. Some emphasized the importance of recognizing herbal medicine within the title, distinguishing California's integrated education and training. Others raised concerns about the use of integrative medicine in the title, noting it's a catchword that may not reflect the traditional scope of Chinese medicine, and could eventually fall out of favor. Another speaker emphasized integrative medicine is an approach, not a discipline, and does not accurately reflect TCM which includes acupuncture, herbal medicine, manual therapy (Tui Na), dietary therapy, and exercise therapy.

The Committee expressed openness to continued public input and further discussion on how best to balance title clarity, professional recognition, and patient safety while honoring the broad competencies of California's acupuncturists.

Chair Matecki thereafter recognized the progress of selecting a title for a doctorate-level acupuncture degree, narrowing it down to two options: DACH and DAcIM. She suggested opening a public poll to gauge preference and emphasized not complicating the matter further, especially regarding legal naming restrictions in California. Member Leung added that public opinion should be prioritized. He proposed including questions about the doctorate title on future public acupuncture surveys to better understand public acceptance of proposed titles.

The conversation concluded with a shared commitment to inclusivity and a desire for the profession to reach a decision within the year, while recognizing the time legal and procedural challenges involved would add.

The Committee recessed from 2:33 p.m.-2:45 p.m.

c-d. Prerequisites/Science Requirements

E.O. Bodea addressed educational prerequisites for acupuncture licensure, referencing what is presently in the Business and Professions Code and the CCR. He clarified the differences in requirements between accredited training programs and the tutorial pathway noting that while approved acupuncture educational and training programs

require at least 60 semester units for admission, the tutorial program only mandates a high school diploma plus a minimum of community college-level coursework.

Public comment followed with stakeholders expressing concerns about educational standards, the quality of training, and the profession's future. One speaker highlighted the political nature behind setting the current 3,000-hour minimum training requirement and called for a reassessment based on past research noting deficiencies in clinical competence and communication skills in recent graduates.

Other speakers advocated raising entrance standards suggesting a move from sixty to ninety or even one hundred twenty semester units to align with other health professions and improve public perception. Some proposed conditional enrollment models to ease the transition. Additional concerns included the gap between academic training and real-world practice, the need for better patient-provider communication, realistic patient expectations, and cultural competency, especially regarding bedside manners and consent.

Chair Matecki highlighted concerns about declining student enrollment, balancing access with raising standards, and referenced the differences between tutorial training and formal medical education pathways. E.O. Bodea stated any changes must come within the profession and educational institutions, warning that unilateral regulations without consensus will fail. He encouraged the profession to pursue aligning science prerequisites with those of other healthcare fields if they feel strongly about this topic.

A public commenter cautioned against lowering standards and stressed the need for better business education in acupuncture programs citing inconsistencies across schools and how this impacts practitioner success. Another public commenter supported a bachelor's degree requirement, sharing concerns about poor academic skills among students without higher education. The final public comment suggested moving toward integrative medicine and enhancing clinical exposure.

Chair Matecki reiterated the importance of collaboration between professionals, schools, and the Board, emphasizing the focus on protecting the public and maintaining high standards while keeping the issue open for continued discussion.

e. Clinical Hours – Internship/Externship

The discussion centered on the current regulation requiring 950 hours of clinical instruction, with 75% of those hours taking place in a clinic owned and operated by the school. E.O. Bodea explained that this requirement differs from the standards set by Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM), which emphasize supervision over clinic ownership.

However, concerns were raised about how to ensure quality, supervision, and compliance with ACAHM standards if more externships are allowed. One speaker emphasized the logistical challenges of managing externships responsibly, while one speaker noted his school stopped offering externships due to supervision and accreditation difficulties.

Chair Matecki reflected on the benefits of externships for student development and professional networking, advocating for collaboration between the Board and schools. She questioned the rationale behind the 75% in-house requirement and suggested reviewing it to align more closely with ACAHM standards. Licensing Manager Jay Herdt (Manager Herdt) added historical context, explaining the ownership rule stemmed from older financial oversight authority, not educational needs.

Several other commenters raised concerns about the current clinical competency and integration of acupuncture students into the broader medical field. A commenter emphasized the need for community group internship models in schools to help graduates build sustainable careers, noting the financial challenges new practitioners face. They proposed two types of externships: shadowing successful private acupuncturists and working under medical doctors to build interdisciplinary relationships and increase job opportunities. The commenter followed up with advocating for collaboration between acupuncture schools and hospitals to give students access to programs like Grand Rounds and urged formal partnerships to allow acupuncturists to both learn from and contribute to mainstream medical discussions without added cost.

Another commenter expressed concerns about the current 75% clinical hour requirement at acupuncture schools, supporting it due to the importance of qualified faculty supervision. While open to externship opportunities, the speaker cautioned that many outside practitioners lack teaching skills while encouraging developing formal partnerships with hospitals to create viable externship options.

f. Establish English Proficiency Requirement for Foreign Trained and Tutorial Students Not Taking the CALE in English

The topic focused on establishing minimum English proficiency requirements for foreign-trained and tutorial students not taking the CALE in English. Chair Matecki expressed strong support for such a requirement, citing patient safety and professional standards. E.O. Bodea and Mr. Herdt explained current Test of English as a Foreign Language (TOEFL) standard used by ACAHM and noted that tutorial and foreign-trained applicants often bypass these language requirements, which raises concerns.

Public comments highlighted the impact of unequal standards between accredited and non-accredited schools, with some schools benefiting from relaxed language requirements. While one speaker suggested future AI translation tools might help bridge the language gap, others stressed that personal communication is crucial in building trust, ensuring safety, and maintaining professional credibility. Chair Matecki concluded by questioning the practicality and safety of relying on AI for communication in clinical settings, especially for invasive procedures, emphasizing the importance of direct understanding between provider and patient.

g. Necessity of Graduation Requirement to Qualify for CALE

Chair Matecki highlighted confusion around CALE exam eligibility particularly regarding

graduation requirements for acupuncture schools. E.O. Bodea clarified that students must graduate from an approved educational and training program to sit for the CALE. Mr. Herdt confirmed that a graduation date must be reflected on official transcripts for exam eligibility.

Item 7 – Future Agenda Items

Chair Matecki invited suggestions for future agenda items. Member Leung proposed conducting a stakeholder survey on the definition of acupuncture and the appropriate use of doctoral titles (such as DAcIM or DAIM).

A commenter requested the Committee revisit and discuss the Little Hoover Commission's past recommendations on acupuncture education, emphasizing the need for Board members to understand the history and address unresolved issues.

Another commenter asked the consumer brochure be re-agendized, particularly to include more detailed information about conditions acupuncture can treat, stressing its importance from a patient's perspective.

Item 8 – Adjournment

Chair Matecki adjourned the meeting at or around 4:58 p.m.

Laws & Regulations - Education Prerequisite

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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.

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 requirements[1] 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 agreement[3] 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 MEETING

NOTICE AND AGENDA

Thursday, November 6, 2025

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

Physical Address:

Dongguk University Library
440 South Shatto Place
Los Angeles, CA 90020

Remote Access:

This meeting will also be held via WebEx Events for public participation. While the Board is webcasting the meeting as a courtesy to the public, the meeting will continue, even if the webcast fails. If you wish to participate or to have a guaranteed opportunity to observe, please attend in person at a noticed physical location.

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: 2488 924 4461
Webinar password: Acupuncture116

If joining by phone

+1-415-655-0001 US Toll
Access code: 2488 924 4461
Passcode: 22878628

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
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 June 13, 2025 (Chen)**

4. **Discussion and Possible Adoption of Standards of Practice for Telehealth Services Rulemaking (16 CCR section 1399.452.1, Including Consideration of Comments Received and Modified Text) (Brothers)**

5. **Discussion and Possible Adoption of Retired Status; Retired Status; Restoration Rulemaking (16 CCR sections 1399.419.3 & 1399.460, Including Consideration of Comments Received) (Brothers)**

6. **Discussion and Possible Action to Reconsider Previously Approved Text, Authorize Initiation of a New Rulemaking and to Adopt New Amendments to the Documents Incorporated by Reference in Section 1399.469 in Title 16 of the California Code of Regulations: "Disciplinary Guidelines and Uniform Standards Related to Substance Abusing Licensees (Revised October 2023)" and "Quarterly Report" (10/2023) (Brothers)**

7. **Executive Management Report**

   (A) Budget Update

   (B) Licensing Report Q4 2024-25 and Q1 2025-26

   (C) Enforcement Report Q4 2024-25 and Q1 2025-26

   (D) Business Modernization Update

8. **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 485 (Ortega) Labor Commissioner: unsatisfied judgments: nonpayment of wages.

   (C) AB 489 (Bonta) Health care professions: deceptive terms or letters: artificial intelligence.

   (D) AB 742 (Elhawary) Department of Consumer Affairs: licensing: applicants who are descendants of slaves.

   (E) AB 1186 (Patel) Data collection; race and ethnicity: minimum categories.

   (F) SB 470 (Laird) Bagley-Keene Open Meeting Act: teleconferencing.

   (G) SB 641 (Ashby) DCA & DRE: States of emergency: waivers & exemptions.

9. **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)

10. Report and Possible Action on November 5, 2025, Licensing Committee Meeting (Kim)

11. Report and Possible Action on November 5, 2025, Enforcement Committee Meeting (Osorio)

12. 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).)

13. Future Agenda Items

14. 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 the Webex address listed on the agenda above.

Webcast availability cannot, however, be guaranteed due to limitations on resources or other technical difficulties that may arise. Please note that the meeting will continue even if the webcast fails. 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

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BOARD MEETING
DRAFT MEETING MINUTES
June 13, 2025

LOCATION:

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

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 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 9:47 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 March 7, 2025

Members reviewed the minutes from the March 7, 2025, meeting.

MOTION

Board Member Gregory Leung (Member Leung) motioned to approve the March 7, 2025, meeting minutes.

Vice-President Francisco Kim (VP Kim) seconded.

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

6-0

Motion Passes

Item 4 – Executive Management Report

(A) Budget Update

Jennifer Tompkins (Tompkins) from the Department of Consumer Affairs (DCA) Budget Office presented the Board's Expenditure and Revenue Projections, and the Board's Fund Condition Statement. Ms. Tompkins noted one of the main factors driving expenditure increases for the coming 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.

(B) Licensing Report Q3 FY 2024-25

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

Member Leung raised concerns regarding the number of delinquent licensees, seeking strategies to reduce this figure. Mr. Herdt responded by noting the current delinquency rate is lower than historical levels largely due to the Board's decision to increase the delinquency fee from $25 to $150, which incentivized timely license renewal. Executive Officer Ben Bodea (E.O. Bodea) observed a positive downward trend in delinquency numbers over recent quarters, a view supported by Mr. Herdt.

VP Kim inquired if the licensee population is decreasing. Mr. Herdt responded there is an overall gradual decline due to cancellations and an aging licensee population. Mr. Herdt explained this reflects a broader industry trend of fewer new exam takers and licenses issued.

Board Member Shu Dong Li (Member Li) praised the progress in wall license renewals and increase in active wall licenses. Mr. Herdt responded by affirming the Board's commitment to boosting compliance.

Board Member Amy Matecki (Member Matecki) inquired about the current status of tutorial training programs and exam pass rates. Member Matecki noted there are 62 active tutorial programs and inquired about the application processing time. Mr. Herdt explained that while the goal is to process applications within a month, delays have occurred in the past and efforts are being made to improve responsiveness and communication with applicants. Member Matecki then raised concerns about the low examination pass rates, particularly for tutorial candidates, which showed first-time pass rates around 40% and repeat test-taker rates as low as 33%. Mr. Herdt clarified that small sample sizes can skew statistics, and while schools aim for higher pass rates, the Office of Professional Examination Services targets a 65–70% pass rate for first-time takers.

Member Leung asked about tutorial programs that were terminated or abandoned. Member Leung further inquired about potential support from the Board to prevent such outcomes. Mr. Herdt explained that tutorial programs are lengthy and often involve

only two individuals, which makes them prone to attrition due to reasons like students returning abroad or failing to complete the demanding workload.

Member Matecki raised concerns about staff workload and financial strain. Mr. Herdt stated a previous fee increase helped, but the cost of overseeing a tutorial program still outweighs the fees collected. The discussion further addressed how tutorial programs are increasingly used by domestic applicants from Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM) accredited institutions lacking California curriculum approval. Mr. Herdt noted efforts are underway to standardize curriculum assessments for both domestic and foreign-trained applicants.

President Chen pointed out that licensing remains strong and emphasized that the Board's goal is not to profit, but to ensure the Board's cost to protect acupuncture consumers. The discussion then turned to fees where Mr. Herdt clarified that the Board can selectively raise certain fees without touching renewal fees, staying within regulatory limits. E.O. Bodea raised the issue of school curriculum review fees which were removed years ago and now require legislative change to reinstate.

(C) Enforcement Report Q3 2024-25

E.O. Bodea reviewed the complaints/convictions, investigations, and disciplinary data for Q3 of the 2024-25 Fiscal Year (January 1 – March 31, 2025).

Member Leung asked whether pending investigations for incompetence/negligence and unprofessional conduct are still within closure time limits. E.O. Bodea explained there are no strict deadlines, only target timelines, some of which are being exceeded due to past staffing shortages, but progress is being made.

Member Matecki asked whether dry needling would fall under the category of unlicensed or unregistered practice. E.O. Bodea confirmed it does.

(D) Business Modernization Update

Mr. Herdt reported that the Board is continuing to update its online software for 24/7 access to licensing processes. Development of an enforcement module has begun that will allow enforcement staff to transition to a more effective and efficient way of handling cases. The development of the continuing education audit module for the Connect system was completed. Connect now allows licensees to submit active and inactive status changes. Finally, licensees can request a replacement pocket and wall license requests in Connect.

Public Comment

A commenter shared concerns about the licensure exam and enforcement practices questioning whether there were deeper issues with the exam beyond the presented statistics such as potential cheating or threats to test integrity that are not publicly

disclosed. They raised a concern about the effectiveness of the wall license initiative, urging the Board to provide data to evaluate whether it is achieving its intended enforcement goals.

Item 5 – Report and Possible Action on June 12, 2025, Licensing Committee Meeting

Member Matecki reported on the Licensing Committee's discussion from the previous day, reporting the proposed changes and discussions around acupuncture education and professional standards in California. Key topics included clean needle technique requirements, curriculum standards for doctoral degrees, clinical training (internship and externship), English proficiency for foreign-trained students, and graduation requirements for the California Acupuncture Licensing Examination (CALE) exam.

Member Matecki highlighted ongoing debates over professional titles, specifically proposals like DAcH (Doctor of Acupuncture and Herbs) and DAcIM (Doctor of Acupuncture in Integrated Medicine), stressing the need for clarity and public understanding while respecting previously earned titles. No decisions or votes were made. The Board aims to continue open dialogue with stakeholders.

VP Kim commented on the quality of acupuncture education and job placement for graduates. VP Kim emphasized the need for broader input, including graduate surveys, and proposed updating the Clean Needle Technique manual to match modern standards. He also addressed a prior discussion on English proficiency requirements for foreign-trained practitioners, arguing that these restrictions hinder well-qualified individuals from contributing to the acupuncture field. VP Kim highlighted how countries like China and Korea have advanced their acupuncture education, aligning it with Western medical standards.

Member Matecki expressed appreciation to President Chen and VP Kim for the discussion, emphasizing concern over the recent closures of reputable schools. Member Matecki highlighted the urgent need for collaboration among the Board, stakeholders, and professionals to support students and protect the public. Member Matecki also clarified that California allows experienced professionals from other countries to teach and demonstrate in schools for six months without a license, showing flexibility in education while maintaining strict licensing standards.

VP Kim advocated for revising the current requirement that 75% of mandatory training occur in schools. VP Kim suggests that students would benefit more from hands-on training under experienced practitioners of their choice. He believes offering students real-world experience would better prepare them for their careers.

Board Member Shu Dong Li (Member Li) agreed on the need for collaboration among educators, administrators, and the community, emphasizing that efforts should focus on public safety and improving the system through cooperation.

President Chen expressed appreciation for the group's thoughtful and constructive discussion particularly regarding the unification of doctoral degree titles. While the

profession is complex with various specializations and existing titles like DACM, DAIM, and DAHM, there is a need for the profession to come together, collaborate, and present a unified voice on degree naming. President Chen stressed that the Board supports this unification, but the initiative must start within the profession itself.

Public Comment

The first commenter noted low pay discourages faculty retention and the severe challenges acupuncturists face with insurance reimbursement.

The second commenter commended Member Matecki for facilitating a thorough and inclusive discussion during the previous day's committee meeting which led to the suggested professional titles DACH and DAcIM. The commenter emphasized that the titles were not chosen lightly and were the result of careful deliberation involving both in-person and online participants. They highlighted the evolving nature of acupuncture credentials and discussed the concept of grandfathering practitioners during educational changes.

The third commenter stated that strong clinical training programs and partnerships like hospital residencies, could improve graduate success and attract more students. The commenter also shared insurance reimbursement issues as a barrier to professional growth.

The fourth commenter expressed confusion surrounding professional titles, noting that unlike other health professions with clear designations, acupuncture lacks consistency, which undermines its credibility. The commenter also voiced concern about the closure of reputable acupuncture schools, arguing this trend signals serious flaws in the existing regulatory and accreditation standards which need urgent revision.

The fifth commenter emphasized the need for a more accurate and representative title for the degree, suggesting that current titles do not truly reflect the curriculum. The commenter advocated for Doctor of Chinese Medicine as a more appropriate title as it encompasses acupuncture, herbal medicine, nutrition, and exercise, rather than separating acupuncture from Chinese medicine.

The last commenter expressed concern about the profession's low educational standards compared to other medical fields and advocated for raising both the prerequisite education and requiring a doctorate degree for entry.

Item 6 – Legislative Report and Possible Action on Bills of Interest to the Board

Policy Coordinator Kristine Brothers (Brothers) reviewed the 2025 legislative calendar dates and reported the Bills of Interest to the Board.

Item 7 – Regulatory Report

Ms. Brothers reported the status of the Board's active regulatory packages.

Item 9 – Discussion and Possible Action Regarding Creating a Regulation Offering CE Credit to Licensees Attending Board Meetings

Ms. Brothers presented a review of how various healing arts boards allow licensees to earn CE credits for attending board or committee meetings. Ms. Brothers summarized that different boards offer varying CE hour allowances ranging from four to eight hours. Ms. Brothers acknowledged adopting such policy could boost meeting attendance.

E.O. Bodea stated that the purpose of the discussion was to begin deliberating options and consider how the Board might align with other professions in offering CE credit opportunities.

VP Kim asked whether participants would receive full hours of credit if the meeting ended early. E.O. Bodea responded that credit could be capped or prorated based on meeting length, and any such rules could be specified in the regulations. VP Kim also inquired whether participants could receive ethics credit when meetings include ethics related content. E.O. Bodea advised caution explaining that board meetings are not structured like formal education settings and does not ensure participants are engaged or grasping the material, especially in complex areas like scope of practice. VP Kim then asked whether online attendees would receive the same credit. E.O. Bodea noted that online participation poses verification challenges, and that adjustments or reduced credit might be necessary.

Member Matecki noted that board meetings offer a unique, real-world learning opportunity not typically covered in schools. Member Matecki supported the idea of using these meetings as valuable learning experiences for newcomers to the profession, proposing requiring participants, whether in-person or online, to complete a short survey afterward.

E.O. Bodea recommended that Board members suggest model programs for staff to review and proposed putting the issue on the next meeting's agenda to allow time for research and cost evaluation.

Ms. Brothers proposed tracking attendance and highlighted that some boards allow CE credit for attending petition hearings. Ms. Brothers noted that while CE certificates are not currently collected unless an audit occurs, adding CE for Board or Committee meetings would not significantly increase staff workload. She encouraged the Board to prioritize specific elements for regulation.

VP Kim suggested that the Board leverage participant input in real time such as through surveys to inform updates like CNT guidelines, rather than relying solely on subject matter experts.

E.O. Bodea advised the Board to prioritize specific initiatives from the discussion. He encouraged the Board to give clear direction, whether that meant adopting existing models, blending approaches, or narrowing the scope, to ensure efficient use of staff resources.

MOTION

Member Leung motioned to direct staff to work to develop a CE regulation regarding attendance at Board meetings, using the Board of Pharmacy's regulation as a starting point, but authorize staff to make adjustments as it sees fit.

Member Matecki seconded.

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

6-0

Motion Passes

Public Comment

The first commenter stated offering CE credits would increase regional participation especially if meetings rotated locations. They praised the Board for moving the idea forward and expressed hope that a final decision could be reached by the end of the year.

The second public commenter expressed disappointment over the low turnout of licensed acupuncturists during Board meetings, suggesting that attending at least one Board meeting every two years should be mandatory for licensees to stay informed.

The third commenter shared their experience with Pacific College of Health and Science's online course system, describing their strict Zoom-based attendance tracking as a model the Board could adopt, suggesting Pacific College of Health and Science as a resource for implementing a more efficient system.

The fourth commenter asked whether the credit would count as Category 1 or Category 2 for CE, suggesting making attendance mandatory for associations, and expressing concern that it would not be fair to penalize those who do not attend.

The fifth commenter expressed their support on the proposal to offer CE credit to licensees attending Board meetings.

The sixth public commenter praised the initiative, suggesting the Board collaborate with acupuncture schools to allow students to earn professional development credit by attending meetings.

The seventh commenter recommended the credits fall under the Ethics category.

Item 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

Ms. Brothers presented the background and updates regarding the proposed hand hygiene regulation. Ms. Brothers explained that current Board regulations conflict with

Centers for Disease Control and Prevention (CDC) and California Department of Public Health (CDPH) guidelines which support alcohol-based hand sanitizers over traditional handwashing when hands aren't visibly soiled. While the Board's current rules do not address hand sanitizers, the Clean Needle Technique manual used by students already aligns with the CDC guidance. The Board reviewed and approved proposed language in 2014, but in 2021, the DCA Regulation Unit requested updates for clarity and alignment with current guidelines. Staff have since revised the language which now includes updated handwashing methods, protocols for alcohol-based hand rubs (with at least 60% alcohol), and instructions for proper use. The amendments now align with CDC and CDPH guidelines. Ms. Brothers recommended the Board adopt these amendments to section 1399.451 of the treatment procedures.

MOTION

VP Kim motioned for the Board to rescind prior proposed text approved on February 14th, 2014, and October 25th, 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 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 the California Code of Regulations as noticed.

Member Osorio seconded.

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

6-0

Motion Passes

Public Comment

The first commenter questioned the requirement to use alcohol-based hand sanitizers, arguing that alcohol is carcinogenic and largely ceremonial in its effect unless used with a proper scrub. E.O. Bodea clarified that the proposal specifies a 60% alcohol concentration but doesn't specify the type, noting that CDC studies used both isopropyl and ethanol. Ms. Brothers added that alcohol-based rubs are only recommended when hands aren't visibly soiled. Member Matecki emphasized that the guideline aligns with CDC and CDPH standards and reflects hospital protocols.

The second commenter shared their personal experience with varying patient preferences regarding the use of alcohol for sanitization. Some patients insist on it, while others prefer it not be used.

The third commenter expressed concern about the mandatory use of alcohol-based hand sanitizers, sharing their personal experience of skin damage due to frequent use advocating for including alternatives like gloves or handwashing in official protocols to accommodate those sensitive to alcohol.

The fourth speaker discussed the importance of following CDC regulations for disinfection, mentioning that while some patients prefer not to use alcohol, proper disinfection is crucial to prevent infection.

Item 11 – Presentation on Acupuncture Treatments for Mental Health

Nicholas Hancock (L.Ac. Hancock) and Dr. Jacquelyn Byrd (Dr. Byrd) gave a presentation highlighting the critical role acupuncture plays in treating mental and emotional health disorders, particularly in underserved communities.

L.Ac. Hancock emphasized acupuncture's safety, non-pharmacological nature, and growing relevance in addressing the mental health crisis. Dr. Byrd provided specific data and personal anecdotes, noting a rising number of mental health-related referrals, especially in low-income and diverse populations. Dr. Byrd explained how perceptions have shifted from acupuncture being seen mainly as pain relief to now being recognized for its effectiveness in treating anxiety, depression, and dual diagnoses like substance abuse.

The speakers discussed collaborative programs with county clinics as well as externship opportunities that train acupuncture students while expanding public access to care. Dr. Byrd underlined the importance of integrated care and educating students about working with psychiatric teams and understanding herb-drug interactions.

Board members expressed deep appreciation and encouragement, supporting expanding such programs across California.

<u>Public Comment</u>

The first commenter shared their extensive background in acupuncture emphasizing their lifelong focus on mental health. They criticized the state of psychiatry in America, describing it as dominated by the pharmaceutical industry and lacking true healing. They championed Chinese medicine, especially acupuncture, for its ability to address the root causes of mental and emotional imbalances. Drawing on years of study in Asia and their clinical experience, they argued that even simple techniques like balancing the heart meridian can profoundly impact mental health. They urged the profession to develop and refine specialties such as mental health and cardiology, asserting that acupuncture offers more precise and effective treatments than Western medicine.

The second commenter shared their experience with the National Acupuncture Detoxification Association protocol, a five-point acupuncture method used in county health systems to support mental health and addiction recovery.

The third public commenter expressed enthusiasm that the Board allowed stakeholders to present, emphasizing that acupuncturists treat the body, mind, and spirit.

Item 12 – Board Officer Elections

Board Member Ruben Osorio (Member Osorio) nominated VP Kim and President Chen as Vice-President and President respectively. VP Kim and President Chen accepted. E.O Bodea called for any additional nominations, and none were offered.

MOTION

Member Osorio motioned that Board Vice-President Kim and President Chen be reelected vice-president and president of the California Acupuncture Board.

Member Leung seconded.

Vote

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

6-0 motion passes

Public Comment

The first commenter expressed strong support for the election, praising the Board's leadership over the past year. The commenter commended the Board, President, and Vice-President for their professionalism, responsiveness to concerns and suggestions, and dedication to improving education and protecting the profession.

Item 13 – Discussion and Possible Action Regarding the Acupuncture Board's Executive Officer Level and Salary Increase

President Chen led the discussion on the potential level increase for the Executive Officer position at the Board and, separately, the salary increase for E.O. Bodea. President Chen shared a glowing collective assessment from the Board, highlighting E.O. Bodea's exceptional leadership, dedication, and significant contributions over nearly a decade in the role. E.O. Bodea's efforts were credited with transforming the Board's operations and reputation, with stakeholders noting the last ten years as among the best in its history.

President Chen proposed increasing E.O. Bodea's salary level from "O" to "N," citing the growing complexity of the Executive Officer role and the significant rise in licensed professionals over the past 25 years.

Board members strongly supported the proposal, emphasizing E.O. Bodea's tireless work, accessibility, professionalism, and ability to maintain a stable, high-performing team. They stressed the importance of fair compensation to retain such a valuable leader, noting the Board's improved status and operational excellence under his guidance.

President Chen then highlighted the significant contributions and achievements of E.O. Bodea. She noted the growth in staffing, a 2018 third-party fee study that led to legislative changes, major enhancements in licensing education, and curriculum updates following legislative mandates. She praised his work in streamlining continuing education processes, reducing application times, and implementing efficient online systems and audit modules. She also credited E.O. Bodea for driving the Board's business modernization, including the development of a new licensing platform and joining larger boards for cost-effective collaboration. President Chen concluded by personally commending Mr. Bodea's vast knowledge, dedication, and work ethic, describing him as both an encyclopedia and a robot for his tireless efforts and deep institutional memory.

E.O. Bodea addressed the Board members and the public to express gratitude for their support. He explained that the Board needs to first approve a motion to increase the salary classification level for his Executive Officer position. After that, a second motion would address the specific salary increase for E.O. Bodea.

President Chen motioned to change the Acupuncture Board's Executive Officer salary classification level from O to N.

Member Osorio seconded.

Vote

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

6-0 motion passes

President Chen motioned to set the salary amount of the Acupuncture Board's Executive Officer to the maximum of salary classification level N.

Member Kim seconded.

Vote

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

6-0 motion passes

Public Comment

The first commenter supported the two motions and suggested making the salary information publicly available on a website to promote transparency and understanding within the profession.

The second commenter voiced strong personal and institutional support for the Board's actions particularly praising the Board's decision regarding the E.O.'s salary increase and commending Board members for their overall performance.

Item 14 – Public Comments for Items not on the Agenda

Public Comment

The first commenter expressed gratitude to the Board for their ongoing efforts, highlighting how informative and helpful the meetings have been. They suggested the Board increase collaboration with key professional organizations, emphasizing the importance of public engagement and inter-agency cooperation to improve understanding of the Board's role within the profession.

The second commenter shared a personal story highlighting the powerful effects of acupuncture on their chronic sciatica pain; after years of ineffective treatment with heavy medication, the commenter found relief through a highly trained acupuncturist. They emphasized the importance of rigor in acupuncture training, encouraging stronger ties with Chinese institutions to raise standards.

The third commenter suggested the Board raise educational standards for acupuncturists both in entry prerequisites and doctoral-level training to ensure the profession's long-term viability. They requested a broader input on the consumer brochure and preparation for the upcoming sunset review.

The fourth commenter asked the Board to consider adding photos to practitioner licenses (both wall and pocket license) for public safety and trust, suggesting it is a cost-effective way to verify identities without burdening the budget.

Item 15 – Future Agenda Items

Member Leung asked for clarification about whether independent acupuncture clinics require any form of health license beyond the acupuncturist's individual license, noting it might be outside the Board's jurisdiction. E.O. Bodea responded that currently, the only requirement is the individual wall license for clinics, and he is not aware of any additional licensing requirements from the Department of Consumer Affairs.

Member Matecki requested that discussions from the licensing committee meeting regarding curriculum prerequisites, use of the doctor title, degrees, and clinical hours be kept on the future agenda. E.O. Bodea noted that outreach to educational institutions should continue, particularly to bring input from the Master's level programs, which had been underrepresented in the previous discussions.

Member Kim proposed to discuss the current limitation of allowing only twenty-five percent of clinical training to take place outside of the school.

President Chen proposed to discuss the acupuncture brochure to help the public better understand the Board's role and the acupuncture profession. E.O. Bodea recommended addressing it first in the enforcement committee to allow for more open discussion with stakeholders before bringing it to the full Board.

Public Comment

The commenter suggested the Board send out a survey to gather public opinion on potential names for a new degree and using the survey results to guide discussion at the next Board meeting.

Item 16 – Adjournment

President Chen adjourned the meeting at or around 4:35 p.m.

Telehealth

CALIFORNIA ACUPUNCTURE BOARD
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www.acupuncture.ca.gov

DATE	November 6, 2025
TO	Board Members, Acupuncture Board
FROM	Kristine Brothers, Policy Coordinator
SUBJECT	Discussion and Possible Adoption of Standards of Practice for Telehealth Services Rulemaking (16 CCR section 1399.452.1, Including Consideration of Comments Received and Modified Text)

Background

At its October 26, 2023, meeting, the Board approved regulatory language to establish standards for licensees to follow when acupuncture services are provided via telehealth. The proposal explains which acupuncture services can be provided through telehealth and sets the proper standards that licensed acupuncturists must follow, based on the scope of practice permitted in Business and Professions Code (BPC) section 4937.

In addition, the proposal outlines how to decide which acupuncture treatments are suitable for telehealth, what information must be shared with patients for consent, and the proper steps to get that consent. It also states that not following these rules is considered unprofessional conduct under the law.

The Board approved regulatory text and delegated authority to the Executive Officer to prepare the rulemaking file. Following review and approval by the Director of the Department of Consumer Affairs and the Secretary of the Business, Consumer Services, and Housing Agency, the proposed regulations were noticed on July 4, 2025, for a 45-Day public comment period that concluded on August 18, 2025. The rulemaking package is available on the Board's website: https://www.acupuncture.ca.gov/about_us/relevant.shtml

The Board received 14 comments during the comment period which have been redacted to remove the personal email addresses and other identifying information of each commenter. The Board received five requests for hearing, but they were not received by the deadline of August 3, 2025.

The Board is first asked to review the public comments and determine how it would like to respond to each comment. Once the responses to the comments are determined, staff requests the Board consider further modifications to the text in response to one comment.

Public Comments and Proposed Responses

Below are the summarized comments the Board received regarding the proposed text during the 45-day public comment period, followed by Board staff's proposed responses. The Board may choose to adopt or modify the below proposed responses or suggest alternative responses.

A. Requests for Public Hearing

Written Comments: 3, 8, 9, 10, and 14

Comment	Name	Date Received
3	Ann-Marie Trione	8/11/25
8	Jeannette Schreiber	8/12/25
9	Prajna Paramita Choudhury	8/12/25
10	Christine Grisham	8/13/25
14	Bonney Lynch	8/18/25

Summary of Comments:

Comments requested a public hearing – some are licensees or members of the public, with one commenter realizing the deadline for hearing had passed and supplementing their written comment.

Proposed Response:

The Notice of Proposed Regulatory Action indicated that "Written comments relevant to the action proposed, including those sent by mail, facsimile, or e-mail to the addresses listed under 'Contact Person' in this Notice, must be received by the Board at its office no later than 5:00 p.m. on Monday, August 18, 2025," and that a request for a public hearing must be received "no later than 15 days prior to the close of the written comment period," which would have been August 3, 2025. All requests were received after August 3, 2025; therefore, no hearing was held on this matter because no request was received timely.

B. Requests for Detailed Scope of Practice

Written Comments: 1, 3, 4, 7, 11, and 13

Comment	Name	Date Received
1	Dr. Elizabeth Selandia, OMD, Lac.	7/3/25
3	Ann-Marie Trione	8/11/25
4	Alicia Masiulis	8/12/25
7	Iyashi Wellness	8/12/25
11	Dr. Shabnam Pourhassani	8/13/25
13	Dr. Karina Menali, DACM, DOM, L.Ac.	8/17/25

Summary of Comments:

The comments broadly support the use of telehealth within the acupuncture profession but urge the Board to ensure that the regulations are clear, realistic, and aligned with actual clinical practice. They emphasize that telehealth should focus on non-physical services such as consultations, interpreting laboratory testing, herbal medicine, lifestyle and nutrition counseling, and guided self-care techniques like acupressure. There is consensus that physical treatments (e.g., needling, pulse diagnosis) must be explicitly excluded from telehealth.

The comments advocate for expanding the recognized scope of telehealth to include safe, teachable modalities like suction (as opposed to fire) cupping, Gua Sha, and Tui Na, provided proper instruction is given.

Proposed Response:

The Board has reviewed and considered the comments and declines to make any amendments to the proposed text based thereon.

In development and discussion of the proposed regulation, it was the Board's decision to not be prescriptive in delineating what acupuncture services are allowed, and which services are prohibited. The Board also chose to not specify diagnostic procedures an acupuncturist shall or shall not use via telehealth for the same reasons. The proposed regulation permits an acupuncturist to provide services listed in BPC section 4937 via telehealth, which is an acupuncturist's scope of practice.

Further, subsection (g) explicitly states a licensee shall comply with all other provisions of the Acupuncture Licensure Act and standards of care in this state when providing telehealth services. This means an acupuncturist would adhere to the same standards of practice via telehealth that is required of in-person treatment.

With the Board's current approach, the proposal provides factors for a licensee to consider in determining what acupuncture services are appropriate and safe for telehealth delivery. Subsection (b) sets forth five different factors for a licensee to consider. Specifically, paragraph (4) of subsection (b) states in part the licensee shall determine that delivery of acupuncture services via telehealth is appropriate after considering the nature of the acupuncture services to be provided, including anticipated benefits, risks, and constraints resulting from their delivery via telehealth. Allowing licensees to determine the services they can provide based on qualifying standards reflects the professionalism associated with licensure, while also ensuring consumer protection. It also provides flexibility for the licensee to tailor the services provided based on their ability and the needs of the patient.

B. Alternative Term and Lack of Clarity

Written Comment: 4

Comment	Name	Date Received
4	Alicia Masiulis	8/12/25

Summary of Comment:

Comment #4 recommends updating regulatory language to reflect the full legal scope of practice and to avoid confusion (e.g., using "health care services" instead of "acupuncture services").

Proposed Response:

The Board has reviewed and considered this comment and as a result makes changes to the proposed language as follows. In consideration of the definition of acupuncture set forth in BPC section 4927(d), the Board agrees "acupuncture services" as used in the

first line lacks clarity. It is the intent of the proposed language to permit an acupuncturist to provide *all* services authorized by an acupuncturist's scope of practice which are all modalities and services set forth in BPC section 4937.

Therefore, the Board amends the proposed language to read as, "A licensee is permitted to provide all ~~acupuncture~~ services ~~listed in~~ authorized by section 4937 of the Business and Professions Code ~~(~~referred to as "acupuncture services"~~)~~ …" Retaining the reference of "acupuncture services" is consistent with how the profession is referred to throughout the Acupuncture Licensure Act. In addition, acupuncture is traditionally used to refer to all the services a licensed acupuncturist is authorized to perform or prescribe.

C. Opposition of License Disclosure

Written Comment: 7

Comment	Name	Date Received
7	Iyashi Wellness	8/12/25

Summary of Comment:

Comment #7 opposes the requirement to state full name and license number at the start of each telehealth session, arguing it is unnecessary and sets a negative tone. They emphasize that telehealth has been vital for their practice and patients, especially during the pandemic.

Proposed Response:

The Board has considered the comment opposing the requirement for licensees to provide their name and license number at the start of telehealth services and declines to amend the proposed text based thereon. Pursuant to BPC section 4928.2, protecting the public is the Acupuncture Board's highest priority in its licensing, regulatory, and disciplinary functions. Requiring licensees to disclose their name and license number at the start of a telehealth visit serves the public interest by ensuring transparency. Under BPC section 4961, licensees must display their acupuncture wall license, including their name and license number, at their place of practice. Providing this information orally during a telehealth visit ensures patients receive the same essential information, despite not being physically present, and fulfills the intent of the display requirement.

D. Concerns for Penalty on Unlicensed Telehealth and Cost Compliance Estimate

Written Comments: 2 and 11

Comment	Name	Date Received
2	Angela Laurino	7/3/25
11	Dr. Shabnam Pourhassani	8/13/25

Summary of Comments:

Comment #2 opposes the proposed telehealth regulation, citing it as another burdensome requirement that adds cost and complexity without improving the

profession. She criticizes the Board for not supporting acupuncturists and instead imposing more hoops to jump through. She contrasts the high standards expected of acupuncturists with the lack of enforcement against unlicensed holistic practitioners. She calls for the Board to focus on protecting the profession (e.g., by targeting illegal dry needling) rather than adding more regulations.

Comments #2 and #11 raise a concern about the estimated range of compliance costs included in the Notice, suggesting the actual costs could be even higher.

Additionally, Comment #11 clarifies that only licensed acupuncturists can provide telehealth services and requests the Board impose penalties for unlicensed individuals offering such services.

Proposed Response:

The Board has reviewed and considered the opposing comments and declines to make any amendments to the proposed text based thereon.

In accordance with BPC section 4928.2, the protection of the public shall be the highest priority for the Acupuncture Board in exercising its licensing, regulatory, and disciplinary functions. While the Board acknowledges and respects the professional concerns raised, it is important to emphasize that the Board's statutory role is to protect the public and not to advance or promote the acupuncture profession.

The commenters' concerns with the estimated HIPAA (Health Insurance Portability and Accountability Act of 1996) compliance costs doesn't directly address the proposed language, therefore, the Board declines to make any amendments to the proposed text.

As stated in the Initial Statement of Reasons (ISOR) (pages 2-3) and Notice of Proposed Action (NOPA), the proposed regulation is intended to provide clear uniform standards for those who voluntarily choose to offer acupuncture services via telehealth. It does not impose a mandate on any licensee to provide telehealth services. If a licensee opts to not offer telehealth, there are no compliance obligations or costs.

If a licensee chooses to provide acupuncture services via telehealth, the proposal requires them to take reasonable steps to ensure electronic data is transmitted securely and be HIPPA-compliant. These requirements can be met through basic, widely available tools such as email or text messaging, provided appropriate security measures like encryption and access controls are used.

As outlined in the ISOR (at page 9) and to be HIPAA-compliant, a telehealth platform must include all, but not limited to, encryption, access control, audit controls, data integrity, Business Associate Agreements, privacy protections, breach notification agreements, and compliance with all other HIPAA requirements. The Board identified the following areas of compliance costs:

- Telephone, email, text services – No cost. It assumes the licensee has current services.
- Video – less than $100 per month or $1,200 per year.

- Scheduling, video, record maintenance and billing services – $300 per month or $3,600 per year. secure communication can be achieved through existing means such as encrypted email or secure text messaging.

The decision to adopt a platform is discretionary and dependent on individual practice needs. The estimated compliance costs do not include the expense of maintaining office space for confidentiality. Since in-person practice does not require maintaining a dedicated office, securing office space is not considered a necessary cost when offering acupuncture services remotely. Moreover, the choice to practice acupuncture via telehealth all remains voluntary.

The concern raised by comment #11 regarding a clear fine or penalty for anyone other than a licensed acupuncturist who provides telehealth services is addressed in other sections of the Acupuncture Licensure Act. Providing acupuncture services regardless of it being in-person or via telehealth is considered the practice of acupuncture. Unlicensed practice of acupuncture is covered by BPC section 4935. This statute sets the unlawful practice of acupuncture as a misdemeanor, punishable by a fine of $100 to $2,500. Therefore, it would be duplicative and unnecessary for the proposed regulation to also address the unlawful practice of acupuncture via telehealth.

E. Support for the Proposed Telehealth Regulation

Written Comments: 5, 6, and 12

Comment	Name	Date Received
5	Deannie Janowitz	8/12/25
6	Jonathan Breslow	8/12/25
12	Irwin Tjiong	8/14/25

Summary of Comments:

The three comments collectively highlight varying perspectives on the use of telehealth in acupuncture practice. Comments #5 and #12 support telehealth, emphasizing its value in expanding access to Traditional Chinese Medicine (TCM) services, improving patient safety, increasing clinic revenue, and offering flexibility for patients averse to needles. They advocate for ensuring telehealth is covered as robustly as in-person services. Comment #6 additionally provides technical reassurance about HIPAA-compliant telehealth tools like Zoom.

Proposed Response:

The Board appreciates the support of these commenters. The comments do not suggest any changes to the proposed text, and no revisions were made.

Action Requested

Review the proposed responses and consider whether to accept or reject the comments. After review, the Board may consider any of the following actions:

- Option 1 (If Board Members agree with the proposed responses, proceed with suggested modified text):

Direct staff to reject the action(s) requested in the comments, accept in part amendment suggested by comment #4, provide the responses to the comments (as indicated in the meeting materials), and approve the proposed modified text for a 15-day public comment period,

Direct staff to take all steps necessary to complete the rulemaking process, authorize the Executive Officer to make any technical or non-substantive changes to the proposed regulations, and adopt the enclosed modified text either as described in the proposed modified text or with any potential amendments, if no relevant, adverse comments are received within a modified text comment period.

- Option 2 (If Board Members have any edits to the proposed responses or make any text changes):

  Direct staff to accept the recommendations made by the commenters in specific comments and make edits to the proposed regulatory text, as identified, but otherwise reject the comments, as set forth in the meeting materials, and approve the amended modified text for a 15-day public comment period. Direct staff to take all steps necessary to complete the rulemaking process, authorize the Executive Officer to make any technical or non-substantive changes to the proposed regulations, and adopt the proposed regulations either as described in the proposed text or with any potential amendments, if no relevant, adverse comments are received within a modified text comment period.

Attachments:

Comments 1 - 14

Brothers, Kristine@DCA

Comment #1 (first email)

From: [redacted]
Sent: Thursday, July 3, 2025 6:12 PM
To: AcuPolicy@DCA; [redacted]
Subject: Re: Objections to proposed language for lack of inclusion of these nec essary items to preserve our licenses in telehealth communications

Follow Up Flag: Follow up
Flag Status: Completed

Kristine Brothers Policy Coordinator Acupuncture Board
1625 N. Market Blvd., Ste. N-219 Sacramento, CA 95834
916-515-5200 916-928-2204
AcuPolicy@dca.ca.gov

Hello, I have read the language and this is very deceptive, making it seem as though needles can be applied through cyberspace.
I request the inclusion of the following language to the proposed legislation, please:

Acupuncture services that can be provided in a telehealth meeting include the following:
Consultation (as either initial or follow up) so as to determine next steps in treatment;
Tongue diagnosis (using visual devices on both end of the communication);
Looking diagnosis;
Taking of symptoms, past history, and any other asking inquiry necessary to proceed with treatment;
Discussion of herbal formulas or single herbs and herbal prescription to be supplied as treatment, (if this is the approach chosen)
Discussion of dietary supplements to be continued, discontinued, and/or initiated, (if this is the approach chosen);
Discussion of nutritional program in place and any changes to be made, (if this is the approach chosen); and
Demonstration and instructions for client's own self acupressure treatments, (if this is the approach chosen).
Not included in telehealth consultation with the licensed acupuncturist are the application of the following:

pulse diagnosis;
acupuncture needles for treatment;
cupping;
moxibustion;
7-star treatments; and
any other common acupuncture treatment requiring in person meeting.

Hello, your version, in lacking the *above*, belittles our profession greatly!
Please include the *above* in the language of the bill.

Dr. Elizabeth Selandia, OMD, CA
[redacted]

---------- Original Message ----------
From: California Acupuncture Board <0000002a478e6cc5-dmarc-request@SUBSCRIBE.DCALISTS.CA.GOV>
To: ACUPUN-GENERAL@SUBSCRIBE.DCALISTS.CA.GOV
Subject: Notice of Proposed Rulemaking
Date: Thu, 3 Jul 2025 17:14:49 -0700

Comment #1 (second email)

Brothers, Kristine@DCA

From: [redacted]
Sent: Tuesday, August 12, 2025 6:48 PM
To: AcuPolicy@DCA; [redacted]
Subject: RE: Telehealth regulations proposals

Follow Up Flag: Follow up
Flag Status: Completed

Hello,
I wrote before. because the proposed wording was inadequate to cover acupuncturists scope of practice in the online situation.
I had referenced that, while pulses cannot be taken, diagnosis by tongue and by looking/observation and asking--the remaining 3 of the 4 required for diagnoses in the licensed acupuncturists scope of practice--could be done; however, I have since I realized that a qualification need be added to the tongue diagnosis via online consultation.

Namely, it must be specified that both the acupuncturist and their client are able to see one another. **Should there be voice only and no visuals, then obviously, tongue diagnoses is not possible.**
I am adding a concern that some might want to allow for photos (in lieu of actual visual examination). There are problems with this suggestion, namely, the acupuncturist must be seeing the tongue at the time of the consultation and a photo could be decades old and not at all reflective of the current presentation: even a week old photo is not current. True, the tongue does not change as quickly as the pulse, but, still, the most accurate would be the visual at the time of presentation during consultation.

THUS:
A tongue diagnosis MUST occur, and be noted in patient notes.
Past History (if not established from earlier intake) and update of symptoms for a returning patient MUST occur and be recorded in patient notes.
Looking observations MUST occur. True, difficult to see how they walk, but the patient could be asked to stand and move the chair and walk with back to camera, turn around and walk forward, replace the chair and sit down; further the manner of how they are sitting or slouching , etc., can also be observed **and notated in patient notes.**

Back to pulses: When the Emperor decreed the privacy of women would prevail, and physicians were reduced to taking the pulse through a wooden curtain by use of a string, some question must have been raised as to the accuracy of such readings. The telehealth situation does not even allow for strings, so there is no way a pulse diagnosis could be fathomed, yet, unless this is clearly spelled out in the regulations, then those with computer savvy will claim their gizmo/software/what-have-you can read

one's pulse through ether and/or cyberspace. **Hence the need for precise and necessary exclusion of pulse readings.**

Further, given the patient is not likely trained in taking pulses, their report of their pulse, while it can be noted, such as "faster than usual," or "very faint" can be noted in patient's notes, but such self report cannot be relied upon due to the possibilities the patient is not telling the truth.

I turn to the use of telehealth as an initial consult: While it might be a good accommodation for both physician and patient to meet online to do past history and to get forms in place, one would have to question the advisability of the acupuncturist being allowed to make treatment suggestions based only on an initial tongue diagnosis. **Thus, full first diagnosis AND treatment would have to be in person.**

This then limits the use of telehealth communications in terms of advices rendered and treatment plans being established to those patients who have already been seen and treated in person.

Otherwise, your regulations could be opening a can of worms whereby the following might occur:
1. CA licensed acupuncturists whose native languages allow them a following in Asia or EU or Russia, etc., establishing a telehealth empire by making their practice exclusive to telehealth, period.
2. CA licensed acupuncturists could presumably limit their practice in this modality of telehealth to prescription of herbal formulas--minus pulse reading--and/or prescription for and possible sales of non-drug dietary supplements.

On the one hand, it would be possible to remedy the above by declaring "no telehealth from outside CA," but should their client be on vacation in NY, for example, and in need of being seen for consultation, then such restriction would appear too limiting.
On the other hand, what is to prevent the growing of a telehealth empire with those never or seldom setting foot in CA, let alone the practitioner's office?

So, with well written telehealth protocols in law established, how would I perceive of actual use of this system?
1. I like the idea of taking past history via telehealth for new patients, to be followed by scheduled appt for in person examination and diagnosis and treatment and prescriptions of all necessary to improve their presentation..
2. I like the possibility of seeing those who are ailing from a distance, where the purpose of the meeting online would be to update patient's chart with current symptomology and to re-prescribe or initially prescribe herbal formulas and/or dietary changes, and, too, possible inclusion of non-drug dietary supplements.

Under no conditions, as referenced in my last message, would/could the practitioner administer acupuncture, but the practitioner could demonstrate and watch to see the patient is correct in the demonstrated acupressure treatment recommended.

As such, telehealth is a secondary and not a primary visit from the get go BECAUSE the crucial elements of pulse taking and, too, application of needles, moxa, cups, 7-star, etc., treatments not being possible.

Such a meeting via telehealth would be/could be only similar to an in person primary visit in terms of exchange of information, recording of such information, and the prescribing of herbal formulas, lifestyle changes, dietary changes, etc.

I caution that I think this is a calamity in the making, due to the length of the bill to cover these areas; and, minus the language suggested *above* clearing restricting the telehealth practice, this bill risks the entirety of the licensure in CA and US.

I have to question the lack of in person public comments as being suggestive of some interest other than those of licensed acupuncturists having a hand in the rushed push to get this bill passed.
Who is behind this? What are their intentions?
How will we survive as a practice if the language allows for misuse of the license and, as such, result in denigration of our scope of practice? Is it the AMA?

Dr. Elizabeth Selandia, MLIS, MAIA, MAMS, OMD, CA

Comment #2

Brothers, Kristine@DCA

From: Angela Laurino [redacted]
Sent: Thursday, July 3, 2025 6:35 PM
To: AcuPolicy@DCA
Subject: against new telahealth proposal

Follow Up Flag: Follow up
Flag Status: Completed

Hello Kristine,

I am writing to you because I was just emailed the proposal of yet another policy requirement for acupuncturists. I, for one, have been practicing for almost 21 years. I have not seen this profession get better. Not to where it should be over 21 years . To add yet again another regulation for us to "keep in high standard" with more payout, more "threats" to us as a professional is simply unacceptable. Instead of enhancing our scope of practice we bogged down with licensure, continuing education, malpractice, overhead and continuous "new regulations" that at the end of the day are simply meaningless in reality, except another expense and hoop for us to jump through to make a decent living. Our profession isn't getting bigger, it is getting smaller. The reasons for that are insurmountable. I feel like this is an unnecessary regulation policy that doesn't "promote " our professionalism in any real or perceived way. Considering in CA there are so many doing "holistic health" fully without credentials and qualification for us to constantly have to step up to meet another standard when all other standards fail within "complementary healthcare" in the state of CA is just another tax on being an acupuncturist.

I am stating my grience because it is never ending with all our regulatory boards. Raise our standard to the level of MDs yet we do not get the income of MDs or respect. Instead of trying to penalize us as a profession, why doesn't the Acu board go after PT and chiros using dry needling illegally in CA? Why not be on our side for once and do not make our lives more difficult and more expensive. The math of how much these items will cost is not a real number. Software systems and new applications and the learning curve is money as well. Honestly, it's a shame how poorly acupuncturists are supported by the regulatory bodies that are supposed to support us. I for one oppose this new "regulation" on our profession.

Best regards,
Angela Laurino, L.Ac, LMT

HOURS OF OPERATION:
Sunday 4-9pm
Monday: 9-4pm
Tuesday: 4-9pm

Wednesday: 8-2pm
Thursday: 2-7 [redacted]
Friday: Closed
Saturday: Closed

Ancient wisdom applied to a modern world…

[redacted]

Brothers, Kristine@DCA

Comment #3 (first email)

From: Ann Marie Trione [redacted]
Sent: Monday, August 11, 2025 10:59 AM
To: AcuPolicy@DCA
Subject: Comment on Proposed Telehealth Standards of Practice for Licensed Acupuncturists

Follow Up Flag: Follow up
Flag Status: Completed

To Whom It May Concern,

I am writing in response to the **Notice of Proposed Rulemaking** regarding the establishment of *Standards of Practice for Telehealth Services* for licensed acupuncturists in California.

I support the Board's efforts to create a **broad, clearly defined standard of care** for telehealth that protects patients while allowing practitioners the flexibility to deliver care in ways that reflect the diversity of acupuncture practice. Well-crafted, overarching standards will help ensure consistency, patient safety, and professional accountability without imposing unnecessarily restrictive rules that could limit access or innovation in care delivery.

Given the importance and lasting impact of these regulations, I also **strongly urge the Board to hold a public hearing** before finalizing the proposal. A hearing will give the Board the opportunity to hear directly from a **wide range of licensed acupuncturists** representing varied specialties, practice settings, and patient populations. This diversity of input is essential to developing balanced and practical telehealth standards that work for both practitioners and patients.

Thank you for your attention to this matter and for your ongoing work to safeguard the integrity and accessibility of the acupuncture profession in California.

Sincerely,
Ann Marie Trione, LAc, MTCM, MSPH

[redacted]

Comment #3 (second email)

Brothers, Kristine@DCA

From: Ann Marie Trione [redacted]
Sent: Monday, August 18, 2025 2:31 PM
To: AcuPolicy@DCA
Subject: Comment on Proposed Telehealth Scope of Practice

Follow Up Flag: Follow up
Flag Status: Flagged

To the California Acupuncture Board,

I recently submitted a letter commenting on the importance of a public hearing for the proposed telehealth regulations (via email annmarietrione@gmail.com). Afterward, I realized the deadline for requesting a hearing had already passed when I sent it. Please accept this letter as a replacement, focusing on the scope of practice itself.

I appreciate the Board's work in developing regulations for telehealth services, and I submit the following comments for your consideration.

The scope of practice for licensed acupuncturists, as set forth in BPC §4937(b), is intentionally broad and allows for a wide range of diagnostic and treatment methods to promote, maintain, and restore health. In keeping with this approach, I encourage the Board to ensure that the scope of services authorized via telehealth remains equally broad and flexible, reflecting what is already permitted under existing law.

It is understood that hands-on modalities requiring physical presence (such as needling, cupping, moxibustion, or Tuina massage) are not applicable to telehealth services. However, many other elements of our practice—such as nutrition and diet counseling, lifestyle guidance, breathing techniques, exercise recommendations, acupressure instruction, and herbal or supplement prescribing—are highly appropriate for telehealth and should be explicitly recognized within the framework of telehealth practice.

In developing telehealth standards, I respectfully request that the Board:

- Affirm that any modality within the current scope of practice that does not require physical contact may be provided via telehealth.
- Avoid limiting or narrowing the scope of telehealth practice beyond what is already authorized under §4937(b).
- Maintain flexibility so that practitioners can exercise their professional judgment in adapting acupuncture and East Asian medicine services appropriately for telehealth settings.

This balanced approach will protect patients, preserve professional integrity, and allow California-licensed acupuncturists to continue serving the diverse needs of their patients in ways that reflect both the spirit and breadth of our licensure.

Additionally, in my role working for a medical malpractice insurance carrier, I see how important it is to have clear scope language in place. When scope is not explicitly established, it can create challenges in defending claims and leaves practitioners uncertain about what is authorized—often prompting them to call us for answers. Having telehealth incorporated into the Board's regulations provides clarity for both licensees and insurers, and allows us to point policyholders directly to the CAB's laws and regulations for guidance, as the Board is the appropriate authority on scope of practice.

Thank you for considering these comments as you move forward in finalizing the proposed regulations.

Sincerely,
Ann-Marie

Ann-Marie Trione, L.Ac., MTCM, MSPH | Direct Account Manager (Acupuncture) | [redacted]

Comment #4

Brothers, Kristine@DCA

From: Alicia Masiulis [redacted]
Sent: Tuesday, August 12, 2025 2:49 PM
To: AcuPolicy@DCA
Subject: RE: Standards of Practice for Telehealth Services

Follow Up Flag: Follow up
Flag Status: Completed

RE: Standards of Practice for Telehealth Services

Dear Ms. Kristine Brothers,

I hope this letter finds you well. I am writing to comment on the new Standards of Practice for Telehealth Services policy.

I am a licensed acupuncturist who practices telehealth. I consider myself a practitioner of Whole Systems Traditional Chinese Medicine. Whole systems Traditional Chinese Medicine. Whole systems Traditional Chinese medicine includes not only acupuncture but also gives lifestyle recommendations, dietary recommendations, nutrition advice, and dietary supplement recommendations.

When I read the proposal it refers to ‘acupuncture’ services administered via telehealth. I don’t think very many of us are administering acupuncture via telehealth. I recommend changing this terminology to health care services as allowed under Section 4937 of the acupuncturist licensing code. I think that this would be more clear and make more sense.

It is also under the scope of our practice to order laboratory tests. I also recommend adding a statement that says we are allowed to interpret laboratory testing during our telehealth consultations.

Would it be possible to send me a copy of the proposal?

Thank you for your help.

Kind regards,

Alicia Masiulis, MS, LAc, FABORM
[redacted]

Brothers, Kristine@DCA

Comment #5

From: Deannie Janowitz [redacted]
Sent: Tuesday, August 12, 2025 4:07 PM
To: AcuPolicy@DCA
Subject: TeleHealth

Follow Up Flag: Follow up
Flag Status: Completed

I've had outstanding experiences with patients using online TeleHealth services.

This is an important outlet for administering our wonderful knowledge and healing services and it is very important that we are covered as effectively as if we were doing physical acupuncture in our clinics.

--

Deannie Janowitz L.Ac. FABORM
Fellow American Board of Oriental Reproductive Medicine, Dipl. OM-NCCAOM

[redacted]

Comment #6

Brothers, Kristine@DCA

From: Jonathan Breslow [redacted]
Sent: Tuesday, August 12, 2025 4:28 PM
To: AcuPolicy@DCA
Subject: telehealth

Follow Up Flag: Follow up
Flag Status: Completed

Zoom has a Business Associate Agreement for HIPAA compliance.
Zoom can be easily configured to not make any recording of a telehealth session. When this is done, legally it is a secure mode to protect patient data with HIPAA compliance in mind.
Hope this helps those who do telehealth.

That said, I don't see much need for telehealth in an acupuncture practice.

Jonathan Breslow, LAc., Dipl.Ac., MaAOM, RSHOMNA
[redacted]

Brothers, Kristine@DCA

Comment #7 (first email)

From: Iyashi Wellness Team [redacted]
Sent: Tuesday, August 12, 2025 4:41 PM
To: AcuPolicy@DCA
Subject: Standards of Practice for Telehealth Services

Follow Up Flag: Follow up
Flag Status: Completed

Dear CAB,

I have been providing telehealth services since the pandemic. It has been a vital addition to the growth of my practice and the care I can provide to a larger community of people who may not be able to see me locally due to time or location constraints. I have been able to help children and adults through telehealth very successfully for the last 5 years and saved many lives with COVID in the early years when there were no vaccines and medication available thanks to telehealth and custom herbs. Telehealth saved my practice during the Stay-Home orders of 2020 as well.

I welcome strict but realistic guidelines for LAc regarding telehealth acupuncture services. I don't agree any acupuncture should be prescribed by any LAc for a telehealth patient to do at home using needles, however, I strongly believe LAcs prescribing seeds, tacks and/or acupressure as an alternative to acupuncture is an excellent alternative to needles for home care. At the same time, a telehealth visit with an LAc should not rely solely on acupuncture prescription. There are far more tools we LAcs can provide to our telehealth patients, and even if an acupuncture prescription was not prescribed to a patient, the visit should still be part of our scope of practice.

Thus, please also include our regular scope of practice of herbal medicine, cupping, gua sha, tuina, qi gong/tai qi, dietary counseling and lifestyle counseling as part of the scope of acupuncture telehealth services we can teach and prescribe to our telehealth patients. Requesting lab work as part of telehealth should be allowed as well since we are considered primary care providers.

For cupping, it should be suction cupping and not fire cupping if prescribed to do at home. Suction cupping is a safe modality to use at home so long as the LAc provides proper education on how to use it safely at home. Same goes with tuina, gua sha and qi gong. The LAc must either educate by example or provide resources on how a patient can implement these home cares at home.

In order to assess, LAc should be required to get a full history and full intake for the telehealth patient, as with any new patient, and the addition of a photo of the patient's face and tongue so that we can make proper assessments based on tongue photos and thorough intake notes. If we're dealing with a

dermatology patient, photographs of the problematic skin should be included in the intake process from the patient.

Follow ups are vital to maintain care, so follow up telehealth visits should be included in the scope of telehealth care.

Thank you for reading and your consideration of my suggestions.

Best regards,
Iyashi Wellness Customer Support Team

++++++++++++
Iyashi Wellness
[redacted]
PLEASE DO NOT TEXT THE OFFICE. WE DO NOT RESPOND TO TEXTS AS THEY ARE NOT HIPAA COMPLIANT. THANK YOU FOR YOUR UNDERSTANDING.

Existing patients: book, change, or cancel your appointments online
New patients booking
Cold/Flu/COVID, Fire/Toxic Pollution/Smoke Inhalation, Digestive problems, Anxiety, and other health protocols

*To conveniently Book, Cancel or Change an appointment at Iyashi Wellness during closed days, click here *

Comment #7 (second email)

Brothers, Kristine@DCA

From: Iyashi Wellness Team [redacted]
Sent: Tuesday, August 12, 2025 4:54 PM
To: AcuPolicy@DCA
Subject: Re: Standards of Practice for Telehealth Services

Follow Up Flag: Follow up
Flag Status: Completed

One more thing.

§1399.452.1. Standards of Practice for Telehealth Services, section e: I do **not** agree our name and license number should be provided at the initiation of the call. If they have proper bedside manners, PCPs normally introduce themselves, but I have not had any telehealth provider ever provide me with their license number when I've done telehealth, and nor do customer service of any business ever provide the full name and license or registration/employee number. If you require us to provide full name and license number in the beginning, it demeans the service and sets a negative tone in the beginning. Most of us LAc work independently or in small clinics where we provide highly customized, one-on-one care, unlike hospitals and their telehealth services where many PCPs and health care providers are nameless people imposed on us. All of my patients already come to me with research done and/or word of mouth to trust the professional care I provide in person and online.

The onus should be on the patient to do their due research if they are concerned prior to treatment - with any HCP - that they are licensed in the state of practice.

Patients have numerous ways to find out a provider's information nowadays - on the practitioner's website, on the CAB website, on emails, on intake forms, on invoices.

Best regards,
Iyashi Wellness Customer Support Team

++++++++++++
Iyashi Wellness
[redacted]
PLEASE DO NOT TEXT THE OFFICE. WE DO NOT RESPOND TO TEXTS AS THEY ARE NOT HIPAA COMPLIANT. THANK YOU FOR YOUR UNDERSTANDING.

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In order to assess, LAc should be required to get a full history and full intake for the telehealth patient, as with any new patient, and the addition of a photo of the patient's face and tongue so that we can make

proper assessments based on tongue photos and thorough intake notes. If we're dealing with a dermatology patient, photographs of the problematic skin should be included in the intake process from the patient.

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Thank you for reading and your consideration of my suggestions.

Best regards,
Iyashi Wellness Customer Support Team

++++++++++++
Iyashi Wellness
[redacted]

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Comment #8

Brothers, Kristine@DCA

From: J S [redacted]
Sent: Tuesday, August 12, 2025 4:51 PM
To: AcuPolicy@DCA
Subject: LAc telehealth services

Follow Up Flag: Follow up
Flag Status: Completed

Hello,

I would like to request a public hearing for establishing new Standards of Practice for Telehealth Services offered by licensed acupuncturists.

Thank you.

Best,
Jeannette Schreiber
[redacted]

Comment #9

Brothers, Kristine@DCA

From: Choudhury, Prajna [redacted]
Sent: Tuesday, August 12, 2025 5:41 PM
To: AcuPolicy@DCA
Subject: weighing in on Standards of Practice for Telehealth Services

Follow Up Flag: Follow up
Flag Status: Completed

Hello -

I am a licensed acupuncturist of 18 years, weighing in on the upcoming standards of practice for Telehealth services that the Acupuncture Board will be announcing. I request that a public hearing be scheduled, so that you get the opportunity to hear from acupuncturists and patients on this matter. I want to make sure the standards reflect real-world acupuncture practice—not just theory.

Thank you for your consideration,
Prajna Paramita Choudhury, L.Ac.

[redacted] | Find us on FACEBOOK | Like us on YELP

Comment #10

Brothers, Kristine@DCA

From: Christine Grisham [redacted]
Sent: Wednesday, August 13, 2025 8:40 AM
To: AcuPolicy@DCA
Subject: Fwd: Proposed telehealth rules for acupuncturists

Follow Up Flag: Follow up
Flag Status: Completed

I'm licensed in Illinois and California and would like to see a public hearing so providers can give input on these changes and how it will affect their businesses. In particular, I would like to better understand the fees mentioned.

Thank you

Dr. Christine Grisham
she/ her/ hers
[redacted]

Comment #11

Brothers, Kristine@DCA

From: Shabnam Pourhassani [redacted]
Sent: Wednesday, August 13, 2025 11:27 AM
To: AcuPolicy@DCA
Subject: Comment on Proposed 16 CCR 1399.452.1 – Standards of Practice for Telehealth Services

Follow Up Flag: Follow up
Flag Status: Completed

Dear Acupuncture Board,

As a licensed acupuncturist actively providing telehealth services, I appreciate the opportunity to comment on the proposed regulations. My observations are as follows:

1. **Scope of Telehealth Services**
   While acupuncture services cannot be provided via telehealth, consultations, evaluations, and management services (verbal) are essential and benefit both patients and practitioners. These services allow acupuncturists to assess patient needs, provide recommendations, and determine whether in-person acupuncture is appropriate. Refer to physicians prior to initiation of acupuncture if medically necessary. Additionally, herbal medicine, nutrition counseling, breathing exercises, and other modalities within an acupuncturist's scope can be delivered virtually, improving patient access and care efficiency. **Telehealth also allows patients to obtain second opinions regarding acupuncture recommendations provided by other practitioners and facilitates timely referrals to physicians or surgeons when necessary, as telehealth appointments can often be scheduled sooner than in-person visits. Patients must pay for these telehealth services, which are separate from any charges for in-person acupuncture. These services are not free of charge.**
2. **Who Can Provide Telehealth**
   I agree that only licensed acupuncturists should deliver telehealth services. Administrative staff should be explicitly excluded from providing clinical services via telehealth. **Furthermore, there should be a clear penalty or fine if anyone other than a licensed acupuncturist provides telehealth services on behalf of a practitioner, to ensure patient safety and uphold professional standards.**
3. **Patient Consent Requirements**
   I agree that informed consent must be obtained, including disclosure of risks, benefits, and limitations of telehealth.
4. **Confidentiality and Data Security**
   I agree that telehealth sessions must comply with HIPAA and other privacy laws, including secure transmission, encryption, access control, audit logs, and breach notification.

5. **Standards of Practice**
   I agree that practitioners must use professional judgment to determine which services are appropriate for telehealth, and that violations constitute unprofessional conduct.
6. **Optional Nature of Telehealth**
   I partially disagree. While telehealth is optional, licensed acupuncturists may deliver other aspects of care, such as consultations and non-needle modalities, under their scope. The regulation should reflect that telehealth is a legitimate mode of delivering these services, not just an optional supplement to in-person acupuncture. Some patients may benefit from none-acupuncture services we provide which do not require in person appointments.
7. **Compliance Costs**
   The estimated costs in the proposal are lower than actual costs. HIPAA-compliant telehealth platforms can be more expensive, and maintaining office space to provide telehealth services in a confidential manner may incur additional costs beyond those described.
8. **Benefits**
   The proposed regulations clarify legal requirements for telehealth, protect patients through clear consent and confidentiality standards, and improve accessibility. Telehealth also increases efficiency by reducing in-person clinic costs and supporting environmentally friendly practices through reduced transportation.

Overall, I support the Board's efforts to clarify telehealth regulations and recommend minor adjustments to better reflect the scope of services licensed acupuncturists can provide remotely, including explicit penalties for unlicensed individuals providing telehealth services.

Thank you for your consideration.

--
Sincerely,
Dr. Shabnam Pourhassani, L.Ac., Q.M.E, DACM
[redacted]

Comment #12

Brothers, Kristine@DCA

From: Irwin Tjiong [redacted]
Sent: Thursday, August 14, 2025 4:48 PM
To: AcuPolicy@DCA
Subject: Telehealth Standards of Practice

Follow Up Flag: Follow up
Flag Status: Completed

Dear California Acupuncture Board Members,

Thank you for your ongoing efforts to improve our profession in the state of California.

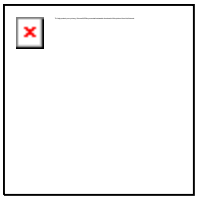
I believe regulating and promoting telehealth services will offer significant opportunities for acupuncturists to expand our reach as practitioners due to the breadth of health services we provide to Californians. Beyond in person care services like acupuncture or cupping, TCM practitioners offer a wealth of knowledge in lifestyle medicine and counseling, nutrition, acupressure, breathwork, tai chi and more. During the pandemic, the team of acupuncturists at Apple Wellness clinics developed custom virtual Chinese medicine (VCM) services resulting in thousands of clients being reached through telehealth since 2020. I would like to highlight the following benefits.

Improved Access
By offering telehealth services acupuncturists expand access to our knowledge and services for existing patients. In addition, we also broaden our patient base to include those that have aversion to needles.

Increased Patient and Provider Safety
As evidenced during the Covid pandemic, telehealth ensures safe interaction between patient and provider.

Increase in Revenue
By diversifying access to acupuncture services and potentially expanding their markets, acupuncture clinics may see an increase in revenue from offering telehealth services therefore improving economic viability and resilience.

Reduction in Transportation Related Emissions
Under Benefits of Regulation, the proposal includes this statewide benefit.



Irwin Tjiong, L.Ac., MBA
Lead Acupuncturist | [redacted]

Comment #13

Brothers, Kristine@DCA

From: Karina Menali [redacted]
Sent: Sunday, August 17, 2025 6:37 AM
To: AcuPolicy@DCA
Subject: Telehealth comment

Follow Up Flag: Follow up
Flag Status: Flagged

Hello,

I'm a licensed acupuncturist in California and have been offering telehealth services to my patients and clients since 2015.

I utilize the full extent of the acupuncture license provisions and scope of practice when offering telehealth services, including:

1. Guided self-acupressure
2. Herbal medicine consultation
3. Nutritional counseling
4. Review of symptoms
5. Ordering and review of lab testing
6. Functional assessment and functional medicine ie. neutraceuticals, lifestyle, diet medicine
7. Lifestyle counseling

I find these services essential and effective when offered via telehealth, and so do my patients and clients.

I believe it would be beneficial to the acupuncture profession to include a full range of options to be included in a formal telehealth practice document as it would provide the opportunity to offer expanded services thus benefiting practitioners, patients and the profession.

Sincerely,

Dr. Karina Menali, DACM, DOM, Dipl. OM, L.Ac., E-RYT500, CIAYT
[redacted]

Comment #14

Brothers, Kristine@DCA

From: Bonney Lynch [redacted]
Sent: Monday, August 18, 2025 9:46 PM
To: AcuPolicy@DCA
Subject: telehealth for Lacs, please offer a public hearing

Follow Up Flag: Follow up
Flag Status: Flagged

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Warning: This email originated from outside of the organization! Do not click links, open attachments, or reply, unless you recognize the sender's email.

Report Suspicious

Hi Marisa and Kristine,

I have not had much time to review this issue, I would love to have the opportunity to attend a public hearing to learn more.

In general it seems very helpful to be able to do telehealth consults for many reasons, longer consults or intakes, educational events, contact when in person appointments are not workable.

Please consider offering a public hearing,

Best wishes,

Bonney [redacted]

[redacted]

Bonney Lynch, LAc, CMT

[redacted]

[redacted]

DEPARTMENT OF CONSUMER AFFAIRS
Title 16. Acupuncture Board

MODIFIED TEXT

Standards of Practice for Telehealth Services

Legend:	For the originally proposed language: Added text is indicated with an underline. Omitted text is indicated by (* * * *) Deleted text is indicated by ~~strikeout~~. Modifications to the originally proposed regulatory language are shown double underline for new text and ~~double strikethrough~~ for deleted text.

Add Section 1399.452.1 of Article 5 of Division 13.7 of Title 16 of the California Code of Regulations to read:

§1399.452.1. Standards of Practice for Telehealth Services.

A licensee is permitted to provide all ~~acupuncture~~ services ~~listed in~~ authorized by section 4937 of the Business and Professions Code ~~(~~referred to as "acupuncture services"~~)~~, via telehealth as defined in Section 2290.5 of the Code, to a patient physically located in California, subject to the following conditions:

(a) The licensee shall hold a current, active, and unrestricted license issued by the Board.

(b) Before the delivery of acupuncture services via telehealth, the licensee shall determine that delivery of acupuncture services via telehealth is appropriate after considering at least the following factors:

(1) The licensee's ability to obtain, confirm, or determine a diagnosis and/or prescribe treatment to a patient in a telehealth setting;

(2) The patient's diagnosis, symptoms, and medical history;

(3) The patient's preference for receiving acupuncture services via telehealth;

(4) The nature of the acupuncture services to be provided, including anticipated benefits, risks, and constraints resulting from their delivery via telehealth; and,

(5) The licensee's competency to deliver such services based upon whether the licensee possesses the appropriate knowledge, skills, and abilities relating to delivery of acupuncture services via telehealth, the information technology

chosen for the delivery of telehealth services, and how such services might differ from those delivered in person.

(c) Prior to the delivery of acupuncture services via telehealth, the licensee shall inform the patient of the use of telehealth, provide the disclosures set forth in this subsection, and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering acupuncture services in compliance with this section and Section 2290.5 of the Code ("informed consent"). Such informed consent shall be obtained only after the licensee provides disclosures to the patient regarding concerns unique to the receipt of acupuncture services, via telehealth, including the following:

(1) Potential risks and limitations of receiving acupuncture services via telehealth;

(2) Risks to patient confidentiality and information security;

(3) Any data storage policies and procedures specific to telehealth;

(4) The possibility of disruption and/or interruption of service due to technological failure;

(5) Insurance coverage considerations; and

(6) Other issues that the licensee can reasonably anticipate regarding the advantages and disadvantages between acupuncture services delivered in person and those delivered via telehealth.

(d) If the patient's consent is verbal, the licensee shall note in the patient's medical record a description of the disclosures made in compliance with subsection (c) and date(s) on which the disclosures were provided to, and the verbal informed consent obtained from, the patient or the patient's representative, as described in subsection (c). If the patient's consent is written, the licensee shall retain a written copy in the patient's medical records of the acknowledgement of receipt of the disclosures required by subsection (c) and informed consent to the use of telehealth as an acceptable mode of delivering acupuncture services that is signed and dated by the patient or the patient's representative.

(e) Upon initiation of telehealth services, a licensee shall provide the patient with their name and license number.

(f) The licensee shall take reasonable steps to ensure that electronic data is transmitted securely and shall inform the patient immediately of any known data breach or unauthorized dissemination of data.

(g) In providing telehealth services, the licensee shall comply with all other provisions of the Acupuncture Licensure Act, Acupuncture regulations, and all other applicable provisions of law and standards of care in this state related to the practice of acupuncture. Pursuant to Section 4955 of the Code, failure to comply with this section constitutes unprofessional conduct.

Authority: Sections 2290.5 and 4933, Business and Professions Code
Reference: Sections 686, 2290.5, 4927, 4937 and 4955, Business and Professions Code.

Disciplinary Guidelines

CALIFORNIA ACUPUNCTURE BOARD
1747 N. Market Blvd., Suite 180
Sacramento, CA 95834
P 916.515.5200 F 916.928.2204
www.acupuncture.ca.gov

DATE	November 6, 2025
TO	Board Members, Acupuncture Board
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 Text to Amend Section 1399.469 in Title 16 of the California Code of Regulations: Disciplinary Guidelines and Uniform Standards Related to Substance Abusing Licensees

Background

At its October 26, 2023, meeting, the Board approved regulatory language to update its Disciplinary Guidelines and implement the following:

- SB 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008), Uniform Standards Related to Substance Abusing Licensees;
- SB 1448 (Hill, Chapter 570, Statutes of 2018), Healing arts licensees: probation status: disclosure; and
- AB 2138 (Chiu, Chapter 995, Statutes of 2018), Licensing boards: denial of application: revocation or suspension of licensure: criminal conviction.

During this meeting, the Board voted to adopt new text that establishes a presumption that a licensee is a substance abusing licensee if the conduct found to be grounds for discipline involves drugs and/or alcohol. The licensee would then be on notice with the burden of rebutting that presumption. The Board also approved the Board's Quarterly Report form by incorporation. Since then, staff drafted all rulemaking documents and submitted them to the Department of Consumer Affair's Regulation Unit for review on April 30, 2025.

After the Regulation Unit's review there were several edits recommended to the Disciplinary Guidelines and Uniform Standards Related to Substance Abusing Licensees document as well as revisions to the proposed language for alignment.

Discussion:

Changes to the text of Title 16, California Code of Regulations (CCR) §1399.469

The new amendments of Title 16, CCR §1399.469 to update the Disciplinary Guidelines and implement the Uniform Standards are in yellow highlight. The proposed revisions are as follows:

- Delete "and Uniform Standards Related to Substance Abusing Licensees" from the title of 1399.469 and restore it to its existing title, Disciplinary Guidelines.
- Delete "and Uniform Standards Related to Substance Abusing Licensees" from the title of the Guidelines document itself and restore to its existing title, "Disciplinary Guidelines." Although it was once a recommendation of prior Legal counsel to include the Uniform

Standards as part of the title to be more comprehensive, it is no longer viewed as necessary or consistent. Staff recommends a more simplistic approach to the title as each section of the Guidelines is more appropriately delineated by section headings.

- Amend revision date to an effective date to be inserted by OAL once the regulation is effective.
- Delete the Quarterly Report form incorporated by reference under section (e) and instead include the form requirements within the Disciplinary Guidelines.

Changes to the "Disciplinary Guidelines," incorporated by reference into CCR §1399.469:

On advice from the Board's regulation attorney, staff made several edits to probationary conditions within the document to address authority issues. In addition, staff made edits to areas of the document to provide more clarity reformat, and correct non-substantive errors. Additions to the document are in yellow highlight. Below is an overview of the changes the Board proposes and the reasons for each change.

Cover Page (Page 2):

- Add "State of California Department of Consumer Affairs" to precede "Acupuncture Board" to properly align with the Department.
- Delete "and Uniform Standards Related to Substance Abusing Licensees" from the title to be consistent with the title in regulation.
- Add the Acupuncture Board's logo
- Add the Board's contact information including the address, unit, website, phone number and fax number.
- Delete the note on how additional copies of the Guidelines may be obtained.

Term #2 Quarterly Reports (Page 22):

- Amend the probation term to include revised language that clearly defines the reporting periods, and outlines the quarterly report and declaration requirements, ensuring all elements of the form are incorporated. This revision is a more simplistic and succinct approach to incorporating the Board's Quarterly Report in regulation.
- Delete the provision that authorizes a licensee's probation to be automatically extended until a final quarterly report is accepted by the Board due to legal authority concerns.

Term #7 Restriction on Employing Acupuncture Assistants; Restriction on the Supervision of Trainees; Prohibition on Teaching (Page 24):

- Add "Acupuncture Assistants," per Business and Professions Code section 4927(f)(1), to the list of people licensees are prohibited from employing during the time they are on probation for greater public protection.

Term #8 Cost Recovery (Page 25):

- Delete the provision that permits a licensee who fails to comply with cost recovery, but provides sufficient documentation of good faith efforts, to receive a probation extension for compliance due to legal authority concerns.

Term #19 Practice/Billing Monitor (Page 30):

- Amend the condition to require the monitor to prepare and submit quarterly written reports evaluating the licensee's performance for an improved process which allows direct-source communication from the monitor.
- Delete the provision that requires the licensee be suspended from the practice of acupuncture if the licensee fails to obtain approval of a replacement monitor due to legal authority concerns. The term is amended to instead state the licensee shall not *engage* in the practice of acupuncture.

Term #24 Examination(s) (Page 34):

- Delete the word "severe" within the note that refers to the applicability of this term when a case involves evidence of deficiencies in knowledge required to be minimally competent to practice. The competency deficiencies do not necessarily need to be "severe" for the examination term to be appropriate.
- Amend the note to specify that Respondent shall "take" and pass the examination for clarity.

Term #31 Supervised Practice (Page 39):

- Delete the provision that automatically suspends the respondent's license until a supervisor is approved by the Board due to legal authority concerns.

Recommended Action by Violation of Acupuncture Licensure Act (Pages 61 – 66)

- Section 4955.1 (a), Securing a License by Fraud or Deception: Add clarification that specifies revocation for all cases in which the respondent is not qualified for a license as part of the recommended maximum penalty.
- Various corrections to specified optional terms and conditions to fix typos.

Recommendation:

Staff is recommending the Board adopt each of the proposed edits to the Disciplinary Guidelines and the revised proposed language as presented today.

Motion

Option 1: Move to Approve

- I move that the Board rescind prior proposed text approved on October 26, 2023, and approve the newly proposed regulatory language and changes to Division 13.7, Articles 6.1, 6.2, and section 1399.469 of Title 16 of CCR, 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 Division 13.7, Articles 6.1, 6.2, and section 1399.469 of Title 16 of CCR as noticed.

Option 2: Move to Approve, as Amended

- I move that the Board rescind prior proposed text approved on October 26, 2023, and approve the newly proposed regulatory language and changes to Division 13.7, Articles 6.1, 6.2, and section 1399.469 of Title 16 of CCR, 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 Division 13.7, Articles 6.1, 6.2, and section 1399.469 of Title 16 of CCR as noticed.

DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. ACUPUNCTURE BOARD

PROPOSED REGULATORY LANGUAGE
Update to Disciplinary Guidelines and Implementation of Uniform Standards Related to Substance-Abusing Licensees

Legend:	Added text is indicated with an underline. Omitted text is indicated by (* * * *) Deleted text is indicated by ~~strikeout~~. Text in highlight indicates changes applied since last Board review.

Adopt new Article 6.1 and title in Division 13.7 of Title 16 of the California Code of Regulations and to include sections 1399.463, 1399.464, 1399.465, 1399.466, 1399.467, and 1399.468. The text of these sections would not change. The title and article would read as follows:

Article 6.1. Citations

Adopt new Article 6.2 and title in Division 13.7 of Title 16 of the California Code of Regulations and to include sections 1399.469, 1399.469.1, 1399.469.2, and 1399.469.3. The text of these sections would not change, except for § 1399.469 detailed below. The title and article would read as follows:

Article 6.2 Enforcement

Amend Section 1399.469 of Article 6.2 of Division 13.7 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.469. Disciplinary Guidelines.

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400, et seq.), the Acupuncture Board shall consider the disciplinary guidelines entitled "Department of Consumer Affairs, Acupuncture Board 'Disciplinary Guidelines ' ~~1996~~ (Rev. OAL Insert Effective Date)," which are hereby incorporated by reference. ~~Deviation from these guidelines and orders, including the standard terms of probation is appropriate where the Board, in its sole discretion, determines that the facts of the particular case warrant such a deviation - for example: the presence of mitigating factors; the age of the case; evidentiary problems.~~

(b) Notwithstanding subsections (a) and (c), the Board shall apply the terms and conditions that incorporate the Uniform Standards Related to Substance Abusing Licensees ("special terms and conditions") in the disciplinary guidelines without deviation whenever this subsection applies in a particular case. If the conduct found to be grounds for discipline involves drugs

and/or alcohol, the licensee shall be presumed to be a substance-abusing licensee for purposes of Section 315 of the Code. If the licensee does not rebut that presumption, in addition to any and all other relevant terms and conditions contained in the Disciplinary Guidelines, the special terms and conditions shall apply as written and be used in the order placing the license on probation.

(c) Deviation from the Disciplinary Guidelines and the orders referenced therein, including the standard terms of probation, is appropriate where the Acupuncture Board, in its sole discretion, determines that the facts of the particular case warrant such a deviation - for example: the presence of mitigating or aggravating factors; the age of the case; evidentiary problems.

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

NOTE: Authority cited: Sections 315, 4928, and 4933, Business and Professions Code; and Sections 11400.20, and 11425.50(e) and 11400.21, Government Code. Reference: Sections 315, 315.2, and 315.4, Business and Professions Code; Sections 11400.20, 11400.21 and 11425.50(e) of the, Government Code.

Department of Consumer Affairs

Medical Board of California

ACUPUNCTURE COMMITTEE

DISCIPLINARY GUIDELINES

1996

State of California
Department of Consumer Affairs
Acupuncture Board

Disciplinary Guidelines

Regulations Effective (TBD)

CALIFORNIA ACUPUNCTURE BOARD

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Introduction

The Acupuncture ~~Committee (AC)~~ Board (Board) is a consumer protection agency with the primary mission of protecting consumers of acupuncture services from potentially harmful licensees. In keeping with its obligation to protect the consumer, the ~~AC~~ Board has adopted the following recommended "Disciplinary (Rev. OAL Insert Effective Date)" (hereafter "Guidelines") for disciplinary orders and conditions of probation for violations of the Acupuncture Licensure Act.

~~The AC recognizes that a rare individual case may necessitate a departure from these Guidelines for disciplinary order. However, in such a rare case, the mitigating circumstances must be detailed in the "Findings of Fact" which is in every Proposed Decision or Stipulation.~~

These Guidelines are designed for use by attorneys, administrative law judges, acupuncturists, others involved in the disciplinary process, and ultimately the Board. They may be revised from time to time and shall be distributed to interested parties upon request.

These Guidelines include general factors to be considered, probationary terms, and guidelines for specific offenses. The Guidelines for specific offenses reference the applicable statutory and regulatory provision(s).

GENERAL CONSIDERATIONS

Selecting conditions of discipline appropriate to individual cases may necessitate deviations from these Guidelines, including considering mitigating or aggravating circumstances. However, absent significant extenuating or mitigating circumstances, the penalty and probation provisions of these Guidelines should be followed by those individuals representing the Board in disciplinary actions.

Whenever a proposed decision or stipulation varies from the conditions contained in the following Guidelines, the Board encourages both the deputy attorney general who negotiated the stipulation or the administrative law judge who heard the case to explain any deviations or omissions from the Guidelines. Such explanations better inform the Board to understand the circumstances and reasons for any changes or deviations from these Disciplinary Guidelines. As the Board's highest priority in exercising its disciplinary function is public protection pursuant to Business and Professions Code section 4928.1, these Guidelines should not be construed as prohibiting an administrative law judge or the Board from imposing, consistent with applicable law, additional terms and conditions of probation which would provide greater public protection.

To enhance the clarity of a proposed decision or ~~stipulation~~ stipulated settlement, the ~~AC~~ Board requests the following:

a. ~~that a~~All ~~optional~~ standard conditions ~~that are being imposed~~ be listed first in sequence followed immediately by all of the ~~standard~~ optional and special terms and conditions that are being imposed.

b. When suspension or probation is recommended, the Board requests that the disciplinary order include terms within the recommended Guidelines for that offense unless the reason for departure from the Guidelines is clearly set forth in the findings and supported by the evidence.

c. Reimbursement to the Board for costs of investigation and prosecution as warranted pursuant to Business and Professions Code section 4959 or a clear explanation why cost recovery is not included in the Disciplinary Order. (Section 4959 does not preclude the Board from seeking recovery of costs through stipulations; thus, it does not change the Board's policy of requesting and recovering costs where appropriate in stipulated settlements.)

If at the time of hearing, the administrative law judge finds that the respondent, for any reason, is not capable of safe practice, the ~~AC~~ Board expects outright revocation of the license. This is particularly true in cases of patient sexual abuse or bodily harm. In less egregious cases, a stayed revocation with probation pursuant to the ~~attached~~ Penalty Guidelines ~~would be~~ is expected.

The Board has jurisdiction to impose discipline in the following circumstances:

The suspension, expiration, or forfeiture by operation of law of a license issued by a board in the department, or its suspension, forfeiture, or cancellation by order of the board or by order of a court of law, or its surrender without the written consent of the board, shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground. (Bus. & Prof. Code, § 118.)

Note that Business and Professions Code section 4966 allows a license that has expired to be renewed at any time within three (3) years after its expiration by filing of an application for renewal on a form provided by the board, paying all accrued and unpaid renewal fees, and providing proof of completing continuing education requirements. Business and Professions Code section 4967 prohibits a person who failed to renew their license within three (3) years from renewing it, and the license may not be restored, reissued, or reinstated thereafter.

All disciplinary actions will be published pursuant to Board policy and the requirements of Business and Professions Code section 27.

~~The Board has adopted the "Department of Consumer Affairs, Acupuncture Board, Disciplinary Guidelines, 1996" as an administrative regulation pursuant to the Administrative Procedures Act. (Government Code Section 11400.20, 11400.21 and 11425.50, Sub. (E); Operative 7/1/97 [Statutes of 1995, Chapter 938, Section 98].)~~

Terms and Conditions

~~Terms and conditions of probation are divided into two categories. The first category consists of optional terms and conditions that may be appropriate as demonstrated in the Penalty Guidelines depending on the nature and circumstances of each particular case. The second category consists of the standard terms and conditions which must appear in all proposed decisions and proposed stipulated settlements.~~

The terms and conditions of probation are divided into three general categories:

1. Standard Conditions are those conditions of probation which should be used in all cases.

2. Optional Conditions are those conditions of probation which may be used to address the sustained violations and any significant mitigating or aggravating circumstances of a particular case.

3. Special terms and conditions are those terms and conditions of probation applicable to substance-abusing licensees and shall be applied as set forth in Title 16, California Code of Regulations section 1399.469(b), which provides, in part:

The Board shall apply the terms and conditions that incorporate the Uniform Standards Related to Substance Abusing Licensees in the Disciplinary Guidelines ("special terms and conditions") without deviation whenever this subdivision applies in a particular case if the conduct found to be grounds for discipline involves drugs, or alcohol, or both, and the licensee does not rebut the presumption they are a substance abusing licensee pursuant to Title 16, California Code of Regulations section 1399.469, subdivision (b), then the special terms and conditions in the Disciplinary Guidelines shall be used in any probationary order of the Board affecting that licensee.

List of all Terms and Conditions

Standard Terms and Conditions

Optional Terms and Conditions

Special Terms and Conditions

Accusations

The Board has the authority, pursuant to section ~~125.3~~ 4959 of the Business and Professions Code, to recover costs of investigation and prosecution of its cases. The ~~AC~~ Board requests that this fact be included in the pleading and made part of the accusation.

Statements of Issues

The ~~AC~~ Board will file a Statement of Issues to deny an application of licensure under Business and Professions Code section 480 and 4955 ~~a candidate for the commission of an act which if committed by a licensee would be cause for license discipline~~ for any action or conduct that would have warranted the denial of the acupuncture license, and/or upon any other applicable grounds listed in sections 4955, 4955.1, and 4955.2.

Stipulated Settlements

The ~~AC~~ Board will consider agreeing to stipulated settlements to promote cost effective consumer protection and to expedite disciplinary Decisions. The Respondent should be informed that in order to stipulate to a settlement with the ~~AC~~ Board, ~~he/she~~ Respondent ~~must~~ may be required to admit to the violations set forth in the accusation. All ~~Proposed Decisions~~ stipulated settlements must be accompanied by a memo from the Deputy Attorney General addressed to ~~AC~~ Board members explaining the background of the case, defining the allegations, mitigating circumstances, admissions, and proposed penalty along with a recommendation.

Model Language for Probation Orders

When a stipulated settlement or proposed decision orders probationary terms and conditions (including standard, optional, or special terms and conditions, or a combination of all three), the Board recommends the following disciplinary order language be used:

- **Licensees:** It is hereby ordered, Acupuncture license no. AC-_____, issued to Respondent _____, is hereby revoked; however, the revocation is stayed and Respondent's license is placed on probation for _____ years on the following terms and conditions:

- **Applicants:** It is hereby ordered, the application of Respondent _____ for licensure is hereby granted. Upon successful completion of the licensure examination and all other licensing requirements including payment of all fees and evaluation of the application, a license shall be issued to Respondent. Said license shall immediately be revoked, the order of revocation stayed and Respondent's license placed on probation for a period of _____ years on the following conditions:

- **Model Order for Granting Application and Placing License on Probation after Applicant Completes Conditions Precedent:** The application filed by Respondent _____ for initial licensure is hereby granted and a license shall be issued upon the following conditions precedent (list conditions precedent such as restitution, completion of continuing education, completion of rehabilitation program, take and pass licensing exam within ___(months/year) of the effective date of this Decision, etc.). Upon completion of the conditions precedent above and successful completion of all licensing requirements, Respondent shall be issued a license. However, the license shall be immediately revoked, the revocation shall be stayed, and Respondent shall be placed on probation for a period of _____ years under the following terms and conditions:

- **Reinstatements with Conditions of Probation:** It is hereby ordered, the petition of _____ for reinstatement of Respondent's acupuncture license is hereby GRANTED, as follows.

  Acupuncture license number AC-_____ is reinstated. The license will then be immediately revoked; however, the revocation is stayed and petitioner is placed on probation for _____ years on the following terms and conditions:

  Note: *If cost recovery was ordered in the revocation or surrender of a license and the cost recovery has not been paid in full by petitioner, a probation condition requiring payment of original cost recovery on a payment plan must be included in the reinstatement and Decision.*

- **Reinstatements Placing License on Probation after Petitioner Completes Conditions Precedent**: The petition for reinstatement filed by _____ is hereby granted and Petitioner's license shall be fully reinstated upon the following conditions precedent (list conditions precedent such as restitution, cost reimbursement, completion of continuing education, completion of rehabilitation program, take and pass licensing exam, etc.): Upon completion of the conditions precedent above and satisfaction of all statutory and regulatory requirements for issuance of a license, Petitioner's license shall be reinstated. Upon reinstatement, Petitioner's license shall be revoked. However, said revocation shall be stayed and Petitioner shall be placed on probation for a period of ___ years under the following terms and conditions:

Recommended Language for Stipulated Settlements for License Surrenders

If Respondent should ever apply or reapply for a new license, or petition for reinstatement of a license, Respondent shall pay to the Board costs associated with its investigation and enforcement pursuant to Business and Professions Code section 4959 in the amount of $_____ prior to issuance of a new or reinstated license. Respondent shall be permitted to pay these costs in a payment plan approved by the Board or its designee.

Respondent shall relinquish their wall and pocket certificate of licensure to the Board or its designee on or before the date that this Decision becomes effective.

Factors in Consideration of Penalty

In determining whether revocation, suspension, or probation is to be imposed in a given case, mitigating or aggravating factors, such as the following, should be considered:

1. Actual or potential harm to any consumer, client, or the public.
2. Number and/or variety of current violations.
3. Time that has elapsed since commission of act(s) or crimes(s).
4. Evidence of aggravation.
5. Evidence of rehabilitation submitted by Respondent.
6. Whether or not the Respondent cooperated with the Board's investigation, other law enforcement or regulatory agencies, and/or the injured parties.
7. Respondent's ability or inability to convey remorse for Respondent's wrongdoing and whether Respondent accepts or does not accept responsibility for the actions which are resulting in the imposition of discipline on Respondent's license.
8. Evidence that Respondent was dishonest, untruthful, or engaged in corruption during the pendency of the Board's proceedings.
9. Whether the conduct was intentional or negligent, demonstrated incompetence, or, if Respondent is being held to account for conduct committed by another, the Respondent had knowledge of or knowingly participated in such conduct.
10. The financial benefit to the Respondent from the misconduct.

No one of the above factors is required to justify the minimum and maximum penalty as opposed to an intermediate one.

Substantial Relationship Criteria

Title 16 California Code of Regulations section 1399.469.4 states:

(a) For the purpose of denial, suspension, or revocation of a license pursuant to Section 141, Division 1.5 (commencing with Section 475), or Sections 4955, 4955.1, or 4955.2 of the Business and Professions Code, a crime, professional misconduct, or act shall be considered substantially related to the qualifications, functions or duties of a licensee if, to a substantial degree, it evidences present or potential unfitness of a licensee to perform the functions authorized by the license in a manner consistent with the public health, safety, or welfare.

(b) In making the substantial relationship determination required under subsection (a) for a crime, the Board shall consider the following criteria:

(1) The nature and gravity of the offense.
(2) The number of years elapsed since the date of the offense.
(3) The nature and duties of an acupuncturist.

(c) For purposes of subsection (a), a substantially related crime, professional misconduct, or act shall include, but is not limited to, the following:

(1) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision or term of Chapter 12, Division 2 of the Business and Professions Code or other state or federal laws governing the practice of acupuncture.
(2) Conviction of a crime involving fiscal dishonesty.

Criteria of Rehabilitation

A. Denial of Licensure

Title 16 California Code of Regulations section 1399.469.5 states:

(a) When considering the denial of a license under Section 480 of the Business and Professions Code on the ground that the applicant has been convicted of a crime, the Board shall consider whether the applicant made a showing of rehabilitation if the applicant completed the criminal sentence at issue without a violation of parole or probation. In making this determination, the Board shall consider the following criteria:

(1) The nature and gravity of the crime(s).
(2) The length(s) of the applicable parole or probation period(s).
(3) The extent to which the applicable parole or probation period was shortened or lengthened, and the reason(s) the period was modified.
(4) The terms or conditions of parole or probation and the extent to which they bear on the applicant's rehabilitation.
(5) The extent to which the terms or conditions of parole or probation were modified, and the reason(s) for modification.

(b) If the applicant has not completed the criminal sentence at issue without a violation of parole or probation, the Board determines that the applicant did not make the showing of rehabilitation based on the criteria in subsection (a), the denial is based on professional misconduct, or the denial is based on one or more of the grounds specified in Sections 4955, 4955.1, and 4955.2 of the Business and Professions Code, the Board shall apply the following criteria in evaluating an applicant's rehabilitation:

(1) The nature and gravity of the act(s), professional misconduct, or crime(s) under consideration as grounds for denial.
(2) Evidence of any act(s), professional misconduct, or crime(s) committed subsequent to the act(s), professional misconduct, or crime(s) under consideration as grounds for denial.
(3) The time that has elapsed since commission of the act(s), professional misconduct, or crime(s) referred to in paragraphs (1) or (2).
(4) Whether the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.
(5) The criteria in subsection (a)(1) to (5), as applicable.
(6) Evidence, if any, of rehabilitation submitted by the applicant.

B. Suspensions or Revocations

Title 16 California Code of Regulations section 1399.469.6 states:

(a) When considering the suspension or revocation of a license under Section 490 of the Business and Professions Code on the ground that a person holding a license under the Acupuncture Licensure Act has been convicted of a crime, the board shall consider whether the licensee made a showing of rehabilitation if the licensee completed the criminal sentence at issue without a violation of parole or probation. In making this determination, the Board shall consider the following criteria:

(1) The nature and gravity of the crime(s).
(2) The length(s) of the applicable parole or probation period(s).
(3) The extent to which the applicable parole or probation period was shortened or lengthened, and the reason(s) the period was modified.
(4) The terms or conditions of parole or probation and the extent to which they bear on the licensee's rehabilitation.
(5) The extent to which the terms or conditions of parole or probation were modified and the reason(s) for the modification.

(b) If the licensee has not completed the criminal sentence at issue without a violation of parole or probation, the Board determines that the applicant did not make the showing of rehabilitation based on the criteria in subsection (a), the suspension or revocation is based on a disciplinary action, as described in Section 141 of the Business and Professions Code, or the suspension or revocation is based on or more of the grounds specified in Sections 4955, 4955.1, or 4955.2 of the Business and Professions Code, the Board shall apply the following criteria in evaluating the licensee's rehabilitation:

(1) The nature and gravity of the act(s), disciplinary action(s), or crime(s).
(2) The total criminal record.
(3) The time that has elapsed since commission of the act(s), disciplinary action(s), or crime(s).
(4) Whether the licensee has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against such licensee.
(5) The criteria in subsection (a)(1) to (5), as applicable.
(6) If applicable, evidence of dismissal proceedings pursuant to section 1203.4 of the Penal Code.
(7) Evidence, if any, of rehabilitation submitted by the licensee.

(c) When considering a petition for reinstatement of a license under the provisions of Section 4960.5 of the Business and Professions Code, the Board shall evaluate evidence of rehabilitation submitted by the petitioner considering those criteria specified in subsection (b) of this section.

Reinstatement/Penalty Relief Hearings

The primary concern~~s~~ of the ~~AC~~ Board at reinstatement or penalty relief hearings ~~are~~ is ~~that~~ the evidence presented by the petitioner of ~~his/her~~ their rehabilitation, not~~. The AC is not interested in retrying the original revocation or probation case.~~re-litigating the facts of the original disciplinary case, in determining whether or not to grant reinstatement.

When considering a petition for reinstatement of a license under the provisions of Section 4960.5 of the Business and Professions Code, the Board shall evaluate evidence of rehabilitation submitted by the petitioner considering those criteria specified in California Code of Regulations section 1399.469.6 subsection (b).
~~The AC will consider the following criteria of rehabilitation:~~

~~1. Nature and severity of the act(s) or offense(s).~~

~~2. Total criminal record.~~

~~3. The time that has elapsed since commission of the act(s) or offense(s).~~

~~4. Whether the licensee has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against such person.~~

~~5. If applicable, evidence of expungement proceedings pursuant to section 1203.4 of the Penal Code.~~

~~6. Evidence, if any, of rehabilitation submitted by the licensee or registration holder.~~

~~In the Petition Decision,~~ The ~~AC~~ Board requests that ~~would appreciate~~ a summary of the offense and the specific codes violated which resulted in the revocation, surrender, or probation of the license be included in the Petition Decision.

The ~~AC~~ Board requests that the administrative law judge provide detailed findings regarding any evidence of rehabilitation submitted by petitioner pursuant to section 1399.469.6, subsection (b)(7), including, but not limited to ~~comprehensive information be elicited from the petitioner regarding his/her rehabilitation. The petitioner should provide details which include~~:

1. Continuing education pertaining to the offense and its effect on the practice of acupuncture.

2. Specifics of rehabilitative efforts and results which should include recovery programs, psychotherapy, medical treatment, etc., and the duration and outcomes of such efforts. This may include letters from recognized recovery programs (such as state licensed or court approved recovery programs) or healthcare professionals addressed to the Board and providing current sobriety and length of time of sobriety if there has been a history of alcohol or drug abuse, or current physical and/or mental health condition and ability to practice acupuncture safely.

3. If applicable, copies of court documents pertinent to conviction, including documents specifying conviction and sanctions, and proof of completion of sanctions.

4. If applicable, copy of Certificate of Rehabilitation or evidence of expungement proceedings.

5. If applicable, evidence of compliance with and completion of terms of probation, parole, restitution, or any other sanctions.

6. A ~~culpability or excludability~~ rehabilitation statement. When considering the reinstatement of a surrendered or revoked license or an early termination or modification of probation on the grounds that the petitioner was convicted of a crime, the petitioner should provide details regarding rehabilitation that include a description of the conviction, the circumstances surrounding the conviction, and any rehabilitation efforts or changes in life since the conviction to prevent future problems. This information may be provided by petitioner in a letter addressed to the Board.

7. Letters of reference from professors or colleagues within the field of acupuncture.

8. Letters of reference from past and/or current employers.

9. Letters of reference from other knowledgeable professionals, such as probation or parole officers.

Any information and written statements submitted on behalf of petitioner shall be subject to further verification by Board staff.

If the ~~AC~~ Board should deny a request for reinstatement of licensure or penalty relief, the ~~AC~~ Board requests that the administrative law judge provide technical assistance in the formulation of language clearly setting forth the reasons for denial. Such language would include methodologies or approaches which would demonstrate rehabilitation.

If a petitioner fails to appear for ~~his/her~~their scheduled reinstatement or penalty relief hearing, such action shall result in a default Decision to deny reinstatement of the license or reduction of penalty pursuant to Government Code section 11520.

Evidence of Mitigation and Rehabilitation

The Respondent is permitted to present mitigating circumstances at a hearing or during the settlement process and has the burden of demonstrating any rehabilitative or corrective measures they have taken. The Board does not intend, by the following references to written statements, letters, and reports, to waive any evidentiary objections to the form or admissibility of such evidence. The Respondent must produce admissible evidence in the form required by law in the absence of a stipulation to admissibility by the complainant.

The following documents are examples of appropriate factors or evidence the Respondent may submit for the Board's consideration to demonstrate mitigating circumstances and/or Respondent's rehabilitative efforts and competency in acupuncture:

1. Recent (within the last year), dated letters from counselors regarding Respondent's participation in a recognized rehabilitation or recovery program (such as state licensed or court approved rehabilitation or recovery programs), or ongoing therapy, where appropriate. These should include a description of the program, the number of sessions the Respondent has attended, the counselor's diagnosis of Respondent's condition and current state of rehabilitation (or improvement), the counselor's basis for determining improvement and/or rehabilitation, and the credentials of the counselor.

2. Recent (within the last year), dated letters describing Respondent's participation in state or nationally recognized support groups, e.g., Alcoholics Anonymous, Narcotics Anonymous, etc., where appropriate, and sobriety date.

3. Recent, dated laboratory analyses or drug screen reports, where appropriate.

4. Recent, dated physical examination or assessment report by a licensed physician and surgeon, nurse practitioner, or physician assistant.

5. Certificates or transcripts of courses related to acupuncture which Respondent may have completed since the date of the violation.

6. Written, dated statements showing the licensee has cooperated with the Board's investigation, other law enforcement or regulatory agencies, and/or the injured parties.

7. A letter from the licensee acknowledging Respondent's wrongdoing and providing a plan of corrective action to prevent recurrence.

Evidence of Aggravation

The following are examples of aggravating circumstances which may be considered by the Board:

1. An act of dishonesty against a patient where the patient's health, safety, or welfare was jeopardized.

2. An act of dishonesty against a patient or employer (e.g., theft, embezzlement, fraud, or other documents with legal significance).

3. History of prior discipline with the Board.

4. Patterned behavior, which occurs when the Respondent has a history of one or more violations or convictions related to the current violation(s).

5. False or misleading information provided to the Board on official Board forms.

6. Violent nature of crime or act.

7. Multiple minor violations of Board Probation.

8. Commission of any crime against a minor, or while knowingly in the presence of, or while caring for, a minor.

Proposed Decisions

The ~~AC~~ Board requests that proposed decisions include the following:

1. Names and addresses of all parties to the action.
2. Specific code section violated with the definition of the code in the Determination of Issues section.
3. Clear description of the acts or omissions which caused the violation.
4. Respondent's explanation of the violation if ~~he/she~~ Respondent is present at the hearing in the findings of fact.
5. Explanation of deviation from the ~~AC's~~ Board's Disciplinary Guidelines.
6. Where appropriate, findings regarding aggravation, mitigation, and rehabilitation.
7. Cost recovery, if warranted pursuant to Business and Professions Code section 4959.

When a probation order is imposed, the ~~AC~~ Board requests that the order first list all the Standard Terms and Conditions (1-15), followed by any combination of the Optional Terms and Conditions (16-33) or Special Terms and Conditions Applying the Uniform Standards Regarding Substance Abusing Licensees (34-39), as they may pertain to the case.

If the Respondent fails to appear for ~~his/her~~ their scheduled hearing or does not submit a Notice of Defense form, such inaction shall result in a default decision to revoke licensure or deny application pursuant to Government Code section 11520.

Standard Terms and Conditions
(To be included in all Decisions)

1. ~~13~~ Obey All Laws

Respondent shall obey all federal, state, and local laws, and all regulations governing the practice of acupuncture in California, and remain in full compliance with any court ordered criminal probation terms, payments, and/or other orders. A full and detailed account of any and all violations of law shall be reported by the Respondent to the ~~AC~~ Board or its designee in writing within seventy-two (72) hours of occurrence.

2. ~~14~~ Quarterly Reports

~~Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the AC, stating whether there has been compliance with all the conditions of probation.~~

Respondent shall submit or cause to be submitted, under penalty of perjury, any written reports or declarations and verifications of actions as required by the Board or its representatives. These reports shall contain Respondent's name, license number, current residence and business addresses, business name, email address, and phone number(s). These reports or declarations shall contain statements relative to Respondent's compliance with all the conditions of the Board's Probation Program, including:

1. written disclosures regarding whether Respondent has complied with each term and condition of probation contained in this Decision ("complete report"); and, if applicable,

2. if Respondent discloses they are not in compliance with any term or condition, a written statement regarding why Respondent is not in compliance with any term or condition of probation.

Complete reports are due quarterly and shall be submitted to the Board or its designee by mail, email, fax or in-person at the Board's office in accordance with the following schedule for each calendar year of probation.

1. Reporting period: January 1st through March 31st (Due no later than April 5th),
2. Reporting period: April 1st through June 30th (Due no later than July 5th),
3. Reporting period: July 1st through September 30th (Due no later than October 5th), and,
4. Reporting period: October 1st – December 31st (Due no later than January 5th).

Incomplete written reports or reports submitted or postmarked after the reporting dates listed above shall be considered late and not in compliance with this condition.

Respondent shall immediately execute all release of information forms as may be required by the Board or its representatives.

3.~~15~~ ~~Surveillance~~ Monitoring Program

Respondent shall comply with the ~~AC's~~ Board's probation ~~surveillance~~ monitoring program and shall, upon reasonable notice, report to the assigned probation monitor~~ investigative district office~~. Respondent shall contact the assigned probation ~~surveillance~~ monitor regarding any questions specific to the probation order. Unless the Respondent obtains prior approval from Respondent's assigned Board probation monitor to allow for contact, Respondent shall not have any ~~unsolicited or unapproved~~ contact with:

1. ~~(1)~~ known victims, witnesses, and/or complainants associated with the case;
2. ~~(2)~~ ~~AC~~ Board members and/or members of its staff; or;
3. ~~(3)~~ persons serving the ~~AC~~ Board as ~~expert examiners~~ subject matter experts.

4.~~16~~ Interview with the ~~AC~~ Board or Its Designee

Respondent shall appear in person for interviews with the ~~AC~~ Board or its designee upon request at various intervals and with or without prior reasonable notice

throughout the term of probation.

5.~~17~~ Changes of Employment

Respondent shall notify the ~~AC~~ Board in writing, through the assigned probation monitor ~~surveillance compliance officer~~ of any and all changes of employment, location and employment address within thirty (30) days[1] of such change.

6.~~18~~ Tolling ~~for Out-of-State Practice or Residence~~ of Probation

~~In the event Respondent should leave California to reside or to practice outside the State, Respondent must notify the AC in writing of the dates of departure and return. Periods of residency or practice outside California will not apply to the reduction of this probationary period.~~

If Respondent leaves California to reside or practice outside this state, or if for any reason Respondent stops practicing acupuncture in California, Respondent must notify the Board in writing of the dates of departure and return or the dates of non-practice within 10 days of departure or return. Non-practice is defined as any period of time exceeding 30 days in which Respondent is not engaging in the practice of acupuncture. Periods of temporary residency or practice outside the state or of non-practice within the state shall not apply to reduction of the probationary period. It shall be a violation of probation for Respondent's probation to remain tolled pursuant to the provisions of this condition for a period exceeding a total of two consecutive years.

For purposes of this condition, a Board ordered suspension or non-practice in compliance with any other condition of probation shall not be tolled. Any order for payment of cost recovery shall remain in effect whether or not probation is tolled. No obligation imposed herein, including requirements to file written reports, reimburse the Board's costs, and make restitution to consumers, shall be suspended or otherwise affected by such periods of out-of-state residency or practice except at the written direction of the Board.

All provisions of probation shall recommence on the effective date of resumption of practice in California, and the term of probation shall be extended for the period of time Respondent was out of state or in state and not practicing.

7.~~19~~ ~~Employment~~ Restriction on Employing Acupuncture Assistants; Restriction on ~~and~~ the Supervision of Trainees; Prohibition on Teaching

Respondent shall not employ or supervise or apply to employ or supervise acupuncture trainees and acupuncture assistants as defined in section 4927(f)(1)

[1] Unless otherwise specified, the use of "day" in these Guidelines refers to a calendar day.

of the Code during the course of this probation. Respondent shall terminate any such supervisorial relationship in existence on the effective date of this probation. Respondent shall not teach at any Board approved educational and training program or courses for any Board-approved continuing education provider during the course of this probation.

8. ~~20~~ Cost Recovery

Respondent shall pay to the ~~AC~~ Board its costs of investigation and enforcement in the amount of $_____. Respondent shall be permitted to pay these costs in a payment plan approved by the Board or its designee, with payments to be completed no later than three months prior to the end of the probation term. Cost recovery will not be tolled.

***Note**: If Respondent violates any term and a petition to revoke probation is filed that results in a default revocation, any outstanding cost recovery shall be ordered to be paid by the effective Decision date.*

9.~~21~~ Violation of Probation

If Respondent violates probation in any respect, the ~~AC~~ Board may, after giving Respondent notice and the opportunity to be heard, revoke probation and carry out the disciplinary order that was ~~stated~~ stayed. If an accusation or petition to revoke probation is filed against Respondent during probation, the ~~AC~~ Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final. No petition for modification or termination of probation shall be considered while there is an accusation or petition to revoke probation pending against Respondent.

10. Probation Monitoring Costs

Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board or its designee, which may be adjusted on an annual basis. Such costs shall be made payable and delivered to the Board on a schedule as directed by the Board or its designee. Failure to pay such costs as directed shall be considered a violation of probation.

11. License Surrender

Following the effective date of this Decision, if Respondent ceases practicing due to retirement, health reasons, or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request the voluntary surrender of Respondent's license or registration. Respondent's written request to surrender Respondent's license shall include the following: their name, license number, case number, address of record, and an explanation of the reason(s) why Respondent seeks to surrender their license. The Board or its designee reserves the right to

evaluate Respondent's request and to exercise its discretion whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall, within fifteen (15) days, deliver Respondent's pocket and wall license to the Board or its designee and Respondent shall no longer practice acupuncture. Upon formal acceptance of the tendered license(s), Respondent will no longer be subject to the terms and conditions of probation.

Voluntary surrender of Respondent's license shall be considered disciplinary action and shall become a part of Respondent's license history with the Board. If Respondent reapplies for an acupuncture license, the application shall be treated as a petition for reinstatement of a revoked or surrendered license.

12. Notification of Name, Address, Telephone Number or E-mail Address Changes

Respondent shall notify the assigned probation monitor, in writing within ten (10) days of any and all name, address, telephone, and/or e-mail address changes.

13. Disclosure of Probation Status

No later than ten (10) days after the effective date of this Decision, Respondent shall submit a proposed written disclosure of probation status to provide to all patients or a patient's guardian or health care surrogate (conservator) to the Board for prior approval. Respondent shall not practice after the effective date of this Decision until the Board has issued approval of Respondent's disclosure. The written disclosure shall include the following:

1. Respondent's probation status stating "I am currently on probation with the Acupuncture Board of California";
2. length of probation;
3. probation end date;
4. all practice restrictions imposed by the probation order;
5. the Board's telephone number;
6. explanation of how the patient can find further information on Respondent's license status and any enforcement actions taken by the Board against Respondent's license on the Board's web site.

Following the effective date of the Board's Decision and after the Board approves Respondent's written disclosure, Respondent shall provide (e.g. by email or mail) the written disclosure to all patients within five (5) days prior to a patient's first visit. Respondent shall obtain the signature of the patient, or the patient's guardian, conservator or health care surrogate (other legally authorized representative) and

retain a separate, signed copy of the written disclosure, as part of the patient's healthcare records.

When any of the following applies, disclosure of probation status is exempt:

1. The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to the written disclosure requirement above and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.
2. The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.
3. The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit, in which case, the written disclosure is required at the time of the patient's visit.
4. The licensee does not have a direct treatment relationship with the patient. For example, a licensee who consults with the treating acupuncturist on the patient.

Respondent shall make all patient records available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours, upon request, and without charge. Respondent shall retain the records for the entire term of probation.

14. Maintenance of Clear and Active License

Respondent shall at all times maintain an active and current license with the Board, including any period of suspension or tolled probation.

If the license is expired at the time the Board's Decision becomes effective, the license must be renewed within 30 days of the effective date of the decision.

15. ~~22~~ Completion of Probation

Upon successful completion of probation, Respondent's license will be fully restored.

Optional Terms and Conditions

16	Actual Suspension	25	Restitution
17	Psychological Evaluation	26	Alcohol and Drug Abuse Treatment Program
18	Physical Examination	27	Attend Chemical Dependency Support and Recovery Groups
19	Practice/Billing Monitor	28	Abstain from Drugs and Alcohol and Submit to Tests and Samples
20	Psychotherapy	29	Coursework
21	Restrictions on Patient Population or Practice Setting	30	Community Service
22	No Solo Practice	31	Supervised Practice
23	Restrictions on Practice Techniques and Modalities	32	Notification of Probationer Status to Employers
24	Examination(s)	33	Notification of Probationer Status to Employees

Listed below are optional conditions of probation which the ~~AC~~ Board ~~would expect~~ recommends ~~to~~ be included in any Proposed Decision as appropriate. The terms are not mutually exclusive, but can and should be combined with each other, as appropriate to a particular case. Other terms and conditions may be specified in stipulations for inclusion at the request of the ~~AC~~ Board depending on the unique aspects of an individual case.

16. ~~1.~~ Actual Suspension

As part of the probation, Respondent is suspended from the practice of acupuncture for ____ days beginning with the effective date of this Decision.

17.~~2.~~ Psychological Evaluation

Within ninety (90) days of the effective date of this Decision and on a periodic basis thereafter as may be required by the ~~AC~~ Board or its designee, Respondent shall undergo a psychological evaluation (and psychological testing, if deemed necessary) by a~~an~~ ~~AC~~ Board ~~appointed~~ approved California licensed psychologist or psychiatrist. Respondent shall sign a release that authorizes the evaluator to furnish the ~~AC~~ Board or its designee ~~shall receive~~ with a diagnosis based on currently accepted standards, such as the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5),~~-III-R diagnosis~~ and a written report regarding the Respondent's judgment and/or ability to function independently as an acupuncturist with safety to the public, and whatever other information the ~~AC~~

Board or its designee deems relevant to the case. ~~Respondent shall execute a release authorizing the evaluator to release all information to the AC~~. The completed evaluation is the sole property of the ~~AC~~ Board.

If the ~~AC~~ Board or its designee concludes from the results of the evaluation that Respondent is unable to practice independently and safely, Respondent shall immediately cease practice and shall not resume practice until notified by the ~~AC~~ Board or its designee. If the ~~AC~~ Board or its designee concludes from the results of the evaluation that Respondent would benefit from ongoing psychotherapy, Respondent shall comply with the ~~AC's~~ Board's directives in that regard. If the evaluator finds that psychotherapy is required, Respondent shall participate in a therapeutic program at the Board's or its designee's direction. Costs of such therapy shall be paid by Respondent.

If a psychological or psychiatric evaluation indicates a need for supervised practice, (within thirty (30) days of notification by the Board), Respondent shall submit to the Board or its designee, for its prior approval, the name and qualification of one or more proposed supervisors and a plan by each supervisor by which the Respondent's practice will be supervised.

Respondent shall pay all costs associated with the psychological evaluation. Failure to pay costs will be considered a violation of the probation order.

Note: *Optional terms and conditions #20, Psychotherapy and #31, Supervised Practice, shall always be included when Optional term and condition #17 is placed in a probation order*

Psychological evaluations shall be utilized when an offense calls into question the judgment and/or emotional and/or mental condition of the Respondent or where there has been a history of abuse of or dependency on ~~of~~ alcohol or controlled substances. When appropriate, Respondent shall be barred from rendering acupuncture services under the terms of probation until Respondent has undergone an evaluation, the evaluator has recommended resumption of practice, and the ~~AC~~ Board has accepted and approved the evaluation. The Board requires that psychologists or psychiatrists have appropriate knowledge, training, and experience in the area involved in the violation.

18. ~~3.~~ Physical Examination

Within ninety (90) days of the effective date of this Decision, Respondent shall undergo a physical examination by a licensed physician and surgeon approved by the ~~AC~~ Board or its designee. Respondent shall bear all costs of such an examination. Failure to pay costs will be considered a violation of the probation order. The ~~AC~~ Board shall receive the physician's report which shall provide an assessment of Respondent's physical condition and capability to safely provide

acupuncture services. If medically determined, a recommended treatment program will be instituted and followed by the Respondent with the physician providing written progress reports to the ~~AC~~ Board or its designee on a quarterly basis or as otherwise determined by the ~~AC~~ Board or its designee.

It shall be the Respondent's responsibility to assure that the required progress reports are filed in a timely manner.

***Note**: This condition permits the ~~AC~~ Board to require the probationer to obtain appropriate treatment for physical problems/disabilities which could affect safe practice of acupuncture. The physical examination can also be conducted to ensure that there is no physical evidence of alcohol/drug abuse.*

19. ~~4.~~ Practice/Billing Monitor

~~Within 90 days of the effective date of this decision, Respondent shall submit to the AC for its prior approval, the name and qualifications of one or more California licensed acupuncturists whose license is clear (no record of complaints) and current and who has agreed to serve as a practice monitor. Once approved, the monitor shall submit to the AC a plan by which Respondent's practice shall be monitored. The monitor's education and experience shall be in the same field of practice as that of the Respondent. The monitor shall submit written reports to the AC on a quarterly basis verifying that monitoring has taken place and providing an evaluation of Respondent's performance. It shall be Respondent's responsibility to assure that the required reports are filed in a timely fashion. The Respondent shall provide access to the monitor of Respondent's fiscal and client records and shall be permitted to make direct contact with patients. Further, the monitor shall have no prior business, professional, personal or other relationship with Respondent. Respondent shall execute a release authorizing the monitor to divulge any information that the AC may request.~~

~~If the monitor quits or is otherwise no longer available, Respondent shall not practice until a new monitor has been approved by the AC. All costs of monitoring shall be borne by the Respondent. Monitoring shall consist of at least one hour per week of individual face to face meetings.~~

Within ninety (90) days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a _____ (i.e., practice, billing, or practice and billing) monitor(s), the name and qualifications of one or more California licensed acupuncturists whose license is current, active, and unrestricted by the Board. Prior to the Board's approval, Respondent shall provide a copy of the Board's Accusation and Decision to the monitor(s). A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board or its designee and

must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs. The Board in its sole discretion shall have the option of rejecting the proposed monitor(s) for any reason and Respondent shall work to provide an alternative monitor(s) as set forth above.

Upon approval of the monitor(s), the Board or its designee shall provide a monitoring plan. Within fifteen (15) days of receipt of the monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement.

Within one-hundred twenty (120) days of the effective date of this Decision, and continuing through probation, Respondent shall make all patient records, as well as any and all records reviewed by the monitor, available for immediate inspection and copying on the premises by the monitor at all times during business hours, and upon request and without charge. Respondent shall retain the records for the entire term of probation.

Respondent shall notify all current and potential patients in writing of any term or condition of probation which will affect their treatment or the confidentiality of their records (such as this condition which requires a practice monitor). Such written notification shall be signed by each patient prior to continuing or commencing treatment and the written notification shall be kept as part of the patient's healthcare record.

The Monitor shall prepare and submit a quarterly written report to the Board or its designee, which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of acupuncture or billing, or both, and whether Respondent is practicing acupuncture safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure that the monitor submits written reports to the Board or its designee quarterly.

If the monitor resigns or is no longer available, Respondent shall, within five days of such resignation or unavailability notify the Board. Within thirty (30) days after such resignation or unavailability, Respondent shall submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor. Upon written notice of approval to Respondent by the Board, the monitor shall assume monitoring responsibility. If Respondent fails to obtain approval of a replacement monitor within sixty (60) days of the resignation or unavailability of the monitor, after notification by the Board, Respondent shall not engage in the practice of acupuncture until a replacement monitor is approved and prepared to assume immediate monitoring responsibility.

Failure to maintain all patient records, as well as any and all records reviewed by the monitor, or to make all said records available for immediate inspection and copying on the premises, or to comply with this condition as outlined above, is a violation of probation.

***Note**: Monitoring shall be utilized when Respondent's ability to function independently is in doubt, as a result of a deficiency in knowledge or skills, or as a result of questionable judgment.*

20. Psychotherapy

Within 30 days of the effective date of this Decision, Respondent shall submit to the Board or its designee for its prior approval the name and qualifications of one or more therapists of Respondent's choice. The therapist shall:

1. be a California-licensed psychologist or psychiatrist with a current, active and unrestricted license;
2. shall have had no prior business, professional, personal, or other relationship with Respondent; and,
3. shall not be the same person as respondent's monitor.

Psychotherapy shall, at a minimum, consist of one hour per week, unless otherwise determined by the Board or its designee. Respondent shall continue in psychotherapy at the Board's or its designee's direction. Cost of such therapy is to be borne by the Respondent.

Respondent shall provide the therapist with a copy of the Board's Decision no later than the first counseling session. Upon written notice of approval of the therapist by the Board, Respondent shall undergo and continue treatment until the Board or its designee determines that no further psychotherapy is necessary.

Respondent shall ensure that the quarterly written reports written by the treating therapist are submitted to the Board or its designee concerning Respondent's fitness to practice, progress in treatment, and to provide such other information as may be required by the Board or its designee. Respondent shall execute a Release of Information authorizing the therapist to divulge information to the Board or its designee.

If the treating therapist finds that Respondent cannot practice safely or independently, the therapist shall notify the Board within three working days. Upon notification by the Board or its designee, Respondent shall immediately cease practice and shall not resume practice until notified by the Board or its designee that Respondent may do so. Respondent shall not thereafter engage in any practice for which a license issued by the Board is required until the Board or its

designee has notified Respondent that they may resume practice. Respondent shall document compliance with this condition via a written attestation and/or through the Respondent's quarterly report required by the Board or its designee.

If, prior to the completion of probation, Respondent is found to be mentally unfit to resume the practice of acupuncture without restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the period of probation shall be extended until the Board determines that Respondent is mentally fit to resume the practice of acupuncture without restrictions.

***Note**: The Board requires that therapists have appropriate knowledge, training and experience in the area involved in the violation.*

21.~~5.~~ Restrictions ~~of~~ on Patient Population or Practice Setting

Respondent's practice shall be restricted to [specify patient population (e.g., male patients, existing patients, etc.) and/or setting (e.g., group practice, with supervision from another acupuncturist or physician and surgeon, etc.)] for _____ years of probation. Within sixty (60) days from the effective date of the Decision, Respondent shall submit to the Board or its designee, for prior approval, a plan to implement this restriction, including copies of policies and procedures. Respondent shall cease practice until the Board, or its designee, has approved Respondent's plan. Respondent may resume practice once the plan is approved. Respondent shall submit a written attestation of compliance with this term of probation on a quarterly basis. Respondent shall provide copies of patient records, office policies, and procedures upon request by the Board or its designee.

***Note**: The restrictions shall be appropriate to the violation. The Deputy Attorney General shall provide potential requirements for the administrative law judge's consideration when listing requirements a Respondent's plan shall include. This condition shall be included ~~I~~in cases wherein some factor of the patient population at large (e.g. age, gender) may put a patient at risk if in treatment with the Respondent. The condition shall also be used in cases where public protection is achieved by Respondent having a specified practice setting (e.g. no offsite visits, no multi-disciplinary office settings, etc.).~~, language appropriate to the case may be developed to restrict such a population. The language would vary greatly by case.~~*

22. No Solo Practice

Respondent is prohibited from engaging in the solo practice of acupuncture. Prohibited solo practice includes a practice where:

1. Respondent is the sole licensed practitioner at that location, or,
2. Respondent merely shares office space with another licensed practitioner but is not affiliated for the purpose of providing patient care.

Respondent shall notify the Board in writing if Respondent fails to establish a practice with another licensed practitioner or secure employment in an appropriate practice setting (e.g., working with at least one other acupuncturist together as part of an acupuncturist-only practice or as part of a multi-disciplinary setting with other health care professionals) within sixty (60) days of the effective date of this Decision. After the foregoing 60-day time period has passed, Respondent shall have five (5) days to notify the Board of their failure to practice in a setting in compliance with this Decision. Upon receipt of such notice, the Board or its designee shall send written notice to Respondent to cease the practice of acupuncture within three (3) days after being so notified by the Board. The Respondent shall not resume practice until an appropriate practice setting is established.

If, during the course of the probation, the Respondent's practice setting changes (e.g., partnership dissolves or no longer employed at multi-disciplinary healthcare setting) and the Respondent is no longer practicing in a setting compliant with this Decision, the Respondent shall notify the Board or its designee within five (5) days of the practice setting change. Respondent shall notify the Board in writing if Respondent fails to establish a practice with another licensed practitioner or failed to secure employment in a practice setting compliant with this Decision within sixty (60) days of the practice setting change. Upon receipt of notice of Respondent's failure to secure work in a setting in compliance with this Decision, the Board or its designee shall issue a written notification to Respondent to cease the practice of acupuncture within three (3) days after being so notified by the Board. The Respondent shall not resume practice until an appropriate practice setting is established.

23. Restrictions on Practice Techniques and Modalities

Respondent's practice shall be prohibited from providing _____ [insert treatment modalities (e.g., electroacupuncture, herbs, application of heat, etc.)]. Within thirty (30) days from the effective date of the Decision, Respondent shall submit to the Board or its designee, for prior approval, a plan to implement this restriction, including copies of policies and procedures. Respondent shall cease practice until the Board, or its designee, has approved Respondent's plan. Respondent may resume practice once the plan is approved. Respondent shall submit a written attestation of compliance with this term of probation on a quarterly basis. Respondent shall provide copies of patient records, office policies, and procedures upon request by the Board or its designee as necessary for the Board to review compliance with this term of probation. Respondent shall notify all present and future employers of the restrictions imposed on their practice while on probation.

***Note**: The restrictions shall be appropriate to the violation. The Deputy Attorney General shall provide potential requirements for the administrative law*

judge's consideration when listing the requirements that a Respondent's plan shall include. The condition shall be used in cases where public protection is achieved by Respondent abstaining from a specific acupuncture service (e.g., herbs, moxibustion, other treatments in the Acupuncture Licensure Act, etc.)

24.~~6.~~ Examination(s)

Respondent shall take and pass the ~~written and/or clinical licensing examination(s) prior to the termination of probation.~~ licensure exam(s) currently required of new applicants for the license possessed by Respondent pursuant to Business and Professions Code section 4938. Respondent shall not practice acupuncture until such time as Respondent has taken and passed these examination(s)~~s.~~ ~~The examinations shall be taken on regularly scheduled exam dates.~~ Respondent shall pay the established examination fee(s).

If Respondent ~~fails the~~ has not passed the examination ~~three times, his/her license to practice acupuncture is suspended until the examination is successfully passed.~~ within eighteen (18) months from the effective date of this Decision, Respondent shall be considered to be in violation of probation.

***Note**: In cases involving evidence of ~~severe~~ deficiencies in the body of knowledge required to be minimally competent to practice independently, it may be appropriate to require the R~~r~~espondent to take and pass ~~both the written and clinical~~ the examination(s) ~~during the course~~ within the first eighteen (18) months of the probation period. In some instances, it may be appropriate for practice to be suspended until the examination is passed (condition precedent).*

25.~~7.~~ Restitution

Within ninety (90) days of the effective date of this Decision, Respondent shall provide proof to the ~~AC~~ Board or its designee of restitution in the amount of $_____ paid to _____.

***Note**: In offenses involving breach of contract, restitution is an appropriate term of probation. The amount of restitution shall be the amount of actual damages sustained as a result of breach of contract. Evidence relating to the amount of restitution would have to be introduced at the administrative hearing.*

26.~~8~~ Alcohol and Drug Abuse Treatment Program

Effective thirty (30) days from the date of this Decision, Respondent shall enter an inpatient or outpatient alcohol or other drug abuse recovery program (a minimum of ~~six (6)~~ three (3) months duration) or an equivalent program as approved by the ~~AC~~ Board or its designee. Quitting the program without permission or being

expelled for cause shall constitute a violation of probation by Respondent. ~~Subsequent to the program,~~ ~~r~~Respondent shall submit proof of completion of the recovery program to the Board or its designee within fifteen (15) days of its conclusion. ~~participate in on-going treatment such as receiving individual and/or group therapy from a psychologist trained in alcohol and drug abuse treatment; and/or attend Twelve Step meetings or the equivalent as approved by the AC at least three times a week during the first year of probation; and/or other substance abuse recovery programs approved by the AC.~~ Respondent shall pay all costs of treatment and therapy.~~, and provide documentation of attendance at Twelve Step meetings or the equivalent as approved by the AC~~ The program's psychologist or licensed therapist shall confirm that Respondent has complied with the requirements of this Decision and shall notify the ~~AC~~Board immediately if they believe the Respondent cannot safely render acupuncture services. Respondent shall execute a release authorizing the psychologist or licensed therapist to divulge the aforementioned information to the ~~AC~~Board.

The Board may accept a recovery program taken and completed by Respondent under court order within the last three years prior to the effective date of the Decision as compliance with this term.

***Note**: Alcohol and other drug abuse treatment shall be required in addition to other terms of probation in cases where the use of alcohol or other drugs by Respondent has impaired Respondent's ability to safely provide acupuncture services to patients. This condition must be accompanied by optional terms and conditions #28 (Attend Chemical Dependency Support and Recovery Groups) and #29 (Abstain from Drugs and Alcohol and Submit to Tests and Samples) unless the Special Terms and Conditions are triggered, which contain specific requirements for biological fluid testing (special term and condition #36) and to abstain from drugs and alcohol (special term and condition #39) to be used in lieu of those terms as follows.*

***Requirement to Apply the Special Terms and Conditions in this document in lieu of other similar terms*:**

If the conduct found to be grounds for discipline involves drugs and/or alcohol, the licensee shall be presumed to be a substance-abusing licensee for purposes of Business and Professions Code section 315. If the licensee does not rebut that presumption, in addition to any and all other relevant terms and conditions contained in the Disciplinary Guidelines and Uniform Standards Related to Substance Abusing Licensees, the special terms and conditions that incorporate the Uniform Standards Related to Substance Abusing Licensees shall apply as written and be used in the order placing the license on probation. (See Special Terms and Conditions #34-39).

~~**10. Reimbursement for Probation Surveillance Monitoring**~~

~~Respondent shall reimburse the AC for the hourly costs it incurs in monitoring the~~

~~probation to ensure compliance for the duration of the probation period.~~

~~***NOTE**: This condition can only be included in a proposed stipulation, since there is no legal authority to include it in proposed decisions.*~~

27. Attend Chemical Dependency Support and Recovery Groups

Within thirty (30) days of the effective date of the Decision, Respondent shall begin attendance at a chemical dependency support group (e.g., Alcoholics Anonymous, Narcotics Anonymous). Documentation of attendance shall be submitted by the Respondent with each quarterly written report. Frequency and duration shall be determined by the Board or its designee. Respondent shall pay all chemical dependency support group meeting costs.

***Note**: Special Term and Condition #37 (Substance Abuse Support Group Meetings) should be used in lieu of this term along with all of the other Special Terms and Conditions listed in this document if the following occurs. If the conduct found to be grounds for discipline involves drugs and/or alcohol, the licensee shall be presumed to be a substance-abusing licensee for purposes of Business and Professions Code section 315. If the licensee does not rebut that presumption, in addition to any and all other relevant terms and conditions contained in the Disciplinary Guidelines and Uniform Standards Related to Substance Abusing Licensees, then in such a case, the Board must use all of the Special Terms and Conditions Applying the Uniform Standards Regarding Substance Abusing Licensees (See Special Terms and Conditions #34-39).*

28.~~9.~~ Abstain from Drugs and Alcohol and Submit to Tests and Samples

Respondent shall abstain ~~completely~~ from the ~~personal use or~~ possession or use of alcohol and controlled substances, as defined in the California Uniform Controlled Substances Act (Division 10, commencing with Section 11000, Health and Safety Code) and dangerous drugs as defined in Section ~~4211~~ 4022 of the Business and Professions Code, or any drugs requiring a prescription and their associated paraphernalia, except when the drugs are lawfully prescribed by a licensed practitioner as part of a documented medical treatment. ~~Respondent shall abstain completely from the use of alcoholic beverages.~~

Within fifteen (15) days of a request by the Board or its designee, Respondent shall provide documentation as described below from the licensed practitioner or health insurer that the prescription or referral for the drug was legitimately issued and is a necessary part of the medical treatment of the Respondent. Within fifteen (15) calendar days of receiving any lawfully prescribed medications, respondent shall notify the Board in writing of the following: prescriber's name, address, and telephone number; medication name and strength, issuing pharmacy name,

address, and telephone number. Respondent shall also provide a current list of prescribed medication with the prescriber's name, address, and telephone number on each quarterly report submitted. Respondent shall provide the probation monitor with a signed and dated medical release to the Board covering the entire probation period. Failure to provide such documentation within fifteen (15) days shall be considered a violation of probation. Any possession or use of alcohol, controlled substances, or their associated paraphernalia not supported by the documentation timely provided, shall be considered a violation of probation.

Respondent shall undergo random biological fluid testing as determined by the ~~AC~~ Board or its designee. Respondent shall bear all costs of such testing. The length of time and frequency will be determined by the ~~AC~~ Board or its designee. Any confirmed positive finding will be considered a violation of probation.

***Note**: This condition provides documentation that the probationer is substance or chemical free. It also provides the ~~AC~~ Board or its designee with a mechanism through which to require additional laboratory analyses for the presence of narcotics, alcohol and/or dangerous drugs when the probationer appears to be in violation of the terms of probation or appears to be under the influence of mood altering substances unless the Special Terms and Conditions are triggered, which contain specific requirements for biological fluid testing (special term and condition #36) and to abstain from drugs and alcohol (special term and condition #39) to be used in lieu of this term as follows.*

Requirement to Apply the Special Terms and Conditions in this document in lieu of other similar terms:

If the conduct found to be grounds for discipline involves drugs and/or alcohol, the licensee shall be presumed to be a substance-abusing licensee for purposes of Section 315 of the Code. If the licensee does not rebut that presumption, in addition to any and all other relevant terms and conditions contained in the Disciplinary Guidelines and Uniform Standards Related to Substance Abusing Licensees, then in such a case, the Board must use all of the Special Terms and Conditions Applying the Uniform Standards Regarding Substance Abusing Licensees (See Special Terms and Conditions #35-41).

29.~~11.~~ Coursework

~~Respondent shall take and successfully complete not less than twenty (20) semester units or thirty (30) quarter units of coursework in the following area(s) _____. All coursework shall be taken at the graduate level at a school approved by the AC. Classroom attendance must be specifically required. Course content shall be pertinent to the violation and all coursework must be completed within the first 3 years of probation. The required coursework must be in addition to any continuing education courses that may be required for license renewal.~~

~~Within 90 days of the effective date of this decision, Respondent shall submit a plan for the AC's prior approval for meeting the educational requirements. All costs of the coursework shall be borne by the Respondent.~~

Respondent, at their own expense, shall enroll and successfully complete coursework substantially related to the violation(s) no later than the end of the first year of probation. Respondent shall take ___ hours of coursework in the following area(s): _____ (e.g., recordkeeping, ethics, clean needle technique, etc.) at a school or from a continuing education (CE) provider approved by the Board or other Department of Consumer Affairs' regulatory board/bureau.

The coursework shall be in addition to that required for license renewal. Within thirty (30) days of the effective date of this Decision, Respondent shall submit a written plan, including name of school or CE provider, CE provider number, dates, hours, course title, and course description, to comply with this requirement to the Board or its designee. The Board or its designee shall approve such a plan prior to enrollment in any course of study.

Upon successful completion of the coursework, Respondent shall submit original completion certificates or transcripts to the Board within thirty (30) days of course completion.

30.~~12.~~ Community Service

Within sixty (60) days of the effective date of this Decision, Respondent shall submit to the Board or its designee, for its prior approval, a community service program in which Respondent shall provide volunteer services on a regular basis to a community or charitable facility or agency for at least _____ hours per month for ____ years of probation. Such community service may include, but does not require, the provision of free acupuncture service. Respondent shall ensure that the Board receives documentation and/or certification of community service hours by the facility or agency on a quarterly basis.

Prior to engaging in any community service, Respondent shall provide a true copy of the Decision to the chief of staff, director, office manager, program manager, officer, or the chief executive officer at every community or non-profit organization where Respondent provides community service. Respondent shall submit proof of compliance, including a signed attestation from the supervisor that they were provided a copy of Respondent's Decision, to the Board or its designee within fifteen (15) calendar days of completion of the community service. This condition shall also apply to any change(s) in community service.

Respondent shall complete all community service hours no later than six months prior to the completion of probation.

***Note**: In addition to other terms of probation, community service work may be required for relatively minor offenses which do not involve deficiencies in knowledge, skills or judgment. Community service may be appropriately combined with restitution or other conditions as a term of probation. ~~Specific language applicable to the case shall include the requirement that services rendered shall be professional in nature and under the auspices of a governmental entity or a non-profit corporation tax exempt under the Internal Revenue Code.~~*

31. Supervised Practice

During the period of probation, when Respondent conducts evaluations and/or treatments on _____ (specific population of patients, e.g., seniors, children, females, etc.), such evaluations and treatments shall be performed only under the supervision and direct observation of a California licensed acupuncturist whose license is current, active, and unrestricted by the Board. Upon and after the effective date of this Decision, Respondent shall not practice acupuncture until a supervisor is approved by the Board or its designee. The supervision shall be direct observation of all evaluations and/or treatments provided to all _____ (specific population of patients).

The supervisor shall be a current California licensed acupuncturist, who shall submit written reports to the Board or its designee on a quarterly basis verifying that supervision has taken place as required and including an evaluation of Respondent's performance. Failure to submit the direct supervisor's acknowledgements timely to the Board or its designee shall be considered a violation of probation. The supervisor shall be independent, with no prior business, professional or personal relationship with Respondent. If Respondent is unable to secure a supervisor in Respondent's field of practice due to the unavailability of licensed acupuncturists in the area, then the Board or its designee may consider permitting Respondent to secure a supervisor not in the Respondent's field of practice. The Board or its designee may require that Respondent provide written documentation of Respondent's good faith attempts to secure face-to-face supervision or to locate another licensed acupuncturist.

Within thirty (30) days of the effective date of this Decision, Respondent shall have Respondent's supervisor submit notification to the Board or its designee in writing stating that the supervisor has read the Decision in case number _____ and accepts the required level of supervision as determined by the Board or its designee. Levels of supervision are the following:

- Option 1: The supervisor shall be on site at all times Respondent is practicing.
- Option 2: The supervisor shall be on site at least 50% of the time respondent is practicing.
- Option 3: Patient's condition shall be reviewed by supervisor prior to patient

leaving facility. This condition shall be required for_____ (e.g., first/etc. year of probation).

It shall be the respondent's responsibility to submit the supervisor's acknowledgement(s) to the Board or its designee timely. If Respondent changes employment, it shall be the Respondent's responsibility to submit the new supervisor's acknowledgement(s) to the Board or its designee timely. Respondent shall have Respondent's new supervisor, within fifteen (15) days after employment commences, submit notification to the Board or its designee in writing stating the direct supervisor has read the Decision and accepts the level of supervision as determined by the Board or its designee. Respondent shall not practice acupuncture until the Board or its designee approves a new supervisor. Failure to cause the direct supervisor to submit timely acknowledgements to the Board or its designee shall be considered a violation of probation. Within thirty (30) days of leaving employment, Respondent shall notify the Board or its designee in writing.

***Note**: This term should be included in cases where incompetence, repeated acts of negligence, or gross negligence violations occurred and/or every time a psychological evaluation is included as part of the probationary order (Optional Term and Condition #17).*

32. Notification of Probationer Status to Employers

Respondent shall notify all present and future employers (during the period of probation) of the Decision in case number ____and the terms, and conditions of the probation, as follows:

Respondent shall provide a true copy of the Board's Decision and Order, Statement of Issues or Accusation, Initial Probationary License Decision, or Stipulated Decision and Order, as applicable, to Respondent's employer, supervisor, or contractor, or prospective employer or contractor, and at any other facility where Respondent engages in the practice of acupuncture within ten (10) days of accepting or continuing employment.

Within thirty (30) days of the effective date of this Decision, and within ten (10) days of undertaking any new employment, respondent shall report to the Board in writing the name, physical address, and mailing address of each of [their] employer(s), and the name(s) and telephone number(s) of all of [Respondent's] direct supervisor and the work schedule, if known. Within thirty (30) days of the effective date of this Decision, and within fifteen (15) days of Respondent undertaking any new employment, Respondent shall cause their direct supervisor and the owner or owner representative of Respondent's employer, to report to the Board in writing acknowledging that the listed individual(s) has/have read the Decision in case number ____, and terms and conditions imposed thereby.
The information will be provided in writing to the probation monitor within thirty (30) days and will include written employer or contractor confirmation of receipt.

Respondent shall sign and return to the Board a written consent authorizing the Board or its designee to communicate with all of Respondent's employer(s), supervisor(s), or contractors and authorizing those employer(s), supervisor(s) or contractors to communicate with the Board or its designee, concerning Respondent's work status, performance, and monitoring. Failure to comply with the requirements or deadlines of this condition shall be considered a violation of probation.

33. Notification of Probationer Status to Employees

If Respondent is an employer, Respondent shall notify all present or future employees of the Decision in case number _____ and terms and conditions of the probation, as follows. Respondent shall provide a true copy of the Board's Decision and Order, Statement of Issues or Accusation, Initial Probationary License Decision, or Stipulated Decision and Order to each employee and submit written confirmation of employee receipt to the Board within thirty (30) days.

Within thirty (30) days of the effective date of this Decision, and within ten (10) days of hiring a new employee, Respondent shall report to the Board in writing the name, physical address, and mailing address of each of their employee(s), and the name(s) and telephone number(s) of all of Respondent's employee(s) and the employee(s)' work schedule(s), if known. Within thirty (30) days of the effective date of this Decision, and within fifteen (15) days of Respondent hiring a new employee, Respondent shall submit to the Board their employee(s)' written acknowledgment that each employee has/have read the Decision in case number _____, and terms and conditions imposed thereby.

Special Terms and Conditions Applying the Uniform Standards Regarding Substance Abusing Licensees:

34 Clinical Diagnostic Evaluations and Reports

35 Notification of Employer or Supervisor Information

36 Biological Fluid Testing

37 Substance Abuse Support Group Meetings

38 Worksite Monitor for Substance Abusing Licensees

39 Abstain from Drugs and Alcohol

Pursuant to Section 315 of the Business and Professions Code, the Board is directed to use the standards developed by the Substance Abuse Coordination Committee (SACC) for substance abusing licensees. On April 11, 2011, the SACC developed standards to be used by all healings arts boards and published a document entitled "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees (April 2011)". Those standards were updated by the SAAC in a document entitled "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" (March 2019) ("Uniform Standards"). Administrative law judges, parties, and staff are therefore required to use the language below as written when a licensee is determined to be a substance abusing licensee.

The following special terms and conditions describe the Uniform Standards that apply to a substance abusing licensee. If the ground(s) for discipline involves drugs and/or alcohol, the licensee shall be presumed to be a substance abusing applicant or licensee for purposes of section 315 of the Code. If the licensee does not rebut that presumption, there shall be a finding that he or she is a substance abusing applicant or licensee, and the special terms and conditions applying the Uniform Standards for a substance abusing licensee shall apply as written and be used in the order placing the license on probation. If a Uniform Standard is included in a probation order, the language below must be included as written.

For purposes of implementation of these conditions of probation, any reference to the Board also means staff working for the Board or its designee. These conditions shall be used in lieu of any similar standard or optional terms and conditions proposed in the Guidelines, unless otherwise specified. However, the Board's standard and optional conditions should still be used in formulating the penalty and in considering additional terms and conditions of probation appropriate for greater public protection. This requirement does not prohibit the Board from considering special terms and conditions of probation for a substance-abusing licensee in a settlement agreement.

34. Clinical Diagnostic Evaluations and Reports

Within thirty (30) days of the effective date of this Decision, and on whatever periodic basis thereafter as may be required by the Board, Respondent shall undergo and complete a clinical diagnostic evaluation, by a Board-approved health professional ("evaluator").

The clinical diagnostic evaluation shall be conducted by a licensed health professional who:

1. holds a valid, unrestricted license, which includes scope of practice to conduct a clinical diagnostic evaluation,
2. has three (3) years' experience in providing evaluations of health professionals with substance abuse disorders; and,
3. is approved by the Board, or its designee.

The clinical diagnostic evaluation shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations. The evaluator shall not have a current or former financial, personal, or business relationship with Respondent within the last five (5) years. The evaluator shall provide an objective, unbiased, and independent evaluation.

The evaluator shall furnish a written evaluation report to the Board. The clinical diagnostic evaluation report shall:

1. set forth, in the evaluator's opinion, whether Respondent has a substance abuse problem,
2. set forth, in the evaluator's opinion, whether Respondent is a threat to himself or herself or others, and,
3. set forth, in the evaluator's opinion, recommendations for substance abuse treatment, practice restrictions, or other recommendations related to Respondent's rehabilitation and ability to practice safely.

If the evaluator determines during the evaluation process that Respondent is a threat to himself or herself or others, the evaluator shall notify the Board within twenty-four (24) hours of such a determination with a phone call and in writing through email.

In determining whether Respondent is safe to return to either part-time or full-time practice and what restrictions or recommendations should be imposed, including participation in an inpatient or outpatient treatment program, the Board shall consider the following factors:

1. the recommendation of the clinical diagnostic evaluation;

2. the license type;
3. the Respondent's history;
4. the documented length of sobriety (i.e., length of time that has elapsed since Respondent's last substance use);
5. the scope and pattern of substance abuse;
6. the treatment history;
7. the Respondent's medical history and current medical condition;
8. the nature, duration, and severity of substance abuse; and,
9. whether Respondent is a threat to himself/herself or the public.

All costs associated with completion of a drug or alcohol abuse treatment program shall be paid by the Respondent.

For all clinical diagnostic evaluations, a final written report shall be provided to the Board no later than ten (10) days from the date the evaluator is assigned the matter. If the evaluator requests additional information or time to complete the evaluation and report, an extension may be granted but shall not exceed thirty (30) days from the date the evaluator was originally assigned the matter.

The Board shall review the clinical diagnostic evaluation report within five (5) business days of receipt to determine whether Respondent is safe to return to either part-time or full-time practice and what restrictions or recommendations shall be imposed on Respondent based on the factors listed above, including the evaluator's recommendations. Respondent shall not be returned to practice until Respondent has at least thirty (30) days of negative biological fluid tests or biological fluid tests indicating that Respondent has not used, consumed, ingested, or administered to himself or herself a prohibited substance.

The cost of the clinical diagnostic evaluation, including any and all testing deemed necessary by the evaluator or the Board shall be borne by the Respondent.

Respondent shall not engage in the practice of acupuncture until notified by the Board that Respondent is fit to practice acupuncture safely. Respondent shall undergo biological fluid testing as required in this Decision at least two (2) times per week while awaiting the results of the clinical diagnostic evaluation.

Respondent shall comply with all restrictions or conditions recommended by the evaluator and approved by the Board within fifteen (15) days after being notified by the Board.

***Note**: This condition implements numbers one, two and six of the Uniform Standards.*

35. Notice of Employer or Supervisor Information

Within thirty (30) days of the effective date of this Decision, Respondent shall provide to the Board the names, physical addresses, mailing addresses, and telephone numbers of all employers, supervisors, and contractors. Respondent shall also provide specific, written consent for the Board, Respondent's worksite monitor, and Respondent's employers, supervisors, and contractors to communicate regarding Respondent's work status, performance, and monitoring.

***Note**: This condition implements number three of the Uniform Standards.*

36. Biological Fluid Testing

Respondent shall immediately submit to biological fluid testing, at Respondent's expense, upon request of the Board. "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair follicle testing, or similar drug screening approved by the Board. Respondent shall make daily contact with the Board to determine whether biological fluid testing is required. Respondent shall be tested on the date of the notification as directed by the Board. The Board may order a Respondent to undergo a biological fluid test on any day, at any time, including weekends and holidays. Except when testing on a specific date as ordered by the Board, the scheduling of biological fluid testing shall be done on a random basis. The cost of biological fluid testing shall be borne by the Respondent.

During the first year of probation, Respondent shall be subject to 52 to 104 random tests. During the second year of probation and for the duration of the probationary term, up to five (5) years, Respondent shall be subject to 36 to 104 random tests per year. Nothing precludes the Board from increasing the number of random tests to the first-year level of frequency for any reason.

The Board may require less frequent testing if any of the following applies:

1. Where there have been no positive biological fluid tests in the previous five (5) consecutive years of probation, the Board may reduce testing to one (1) time per month;
2. Where Respondent has previously participated in a treatment or monitoring program requiring testing, the Board may consider that prior testing record in applying the three-tier testing frequency schedule described above;
3. Where the basis for probation or discipline is a single incident or conviction involving alcohol or drugs, or two incidents or convictions involving alcohol or drugs that were at least seven (7) years apart, that did not occur at work or on the way to or from work, the Board may skip the first-year testing frequency requirement(s);
4. Where Respondent is not employed in any health care field, frequency of

testing may be reduced to a minimum of twelve (12) tests per year. If Respondent wishes to thereafter return to employment in a health care field, Respondent shall be required to test at least once a week for a period of sixty (60) days before commencing such employment, and shall thereafter be required to test at least once a week for a full year, before Respondent may be reduced to a testing frequency of at least thirty-six (36) tests per year, and so forth;

5. Respondent's testing requirement may be suspended during any period of tolling of the period of probation;
6. Where Respondent has a demonstrated period of sobriety and/or non-use, the Board may reduce the testing frequency to no less than twenty-four (24) tests per year; and,
7. Where Respondent receives a minimum of fifty (50) percent supervision per day by a supervisor licensed by the Board, the Board may reduce testing frequency to a minimum of twenty-four (24) tests per year.

Prior to practicing acupuncture, Respondent shall contract with a laboratory or service, assigned and approved in advance by the Board, that will conduct random, unannounced, biological fluid testing and meets all of the following standards:

1. Specimen collectors must either be certified by the Drug and Alcohol Testing Industry Association or have completed the training required to serve as a collector for the United States Department of Transportation.
2. Specimen collectors shall adhere to the current U.S. Department of Transportation Specimen Collection Guidelines.
3. Testing locations shall comply with the Urine Specimen Collection Guidelines published by the U.S. Department of Transportation, regardless of the type of test administered.
4. Collection of specimens shall be observed.
5. Laboratories shall be certified and accredited by the U.S. Department of Health and Human Services.
6. A collection site must submit a specimen to a laboratory within one (1) business day of receipt. A chain of custody shall be used on all specimens. The laboratory shall process results and provide legally defensible test results to the Board within seven (7) business days of receipt of the specimen. The Board will be notified of non-negative test results within one (1) business day and will be notified of negative test results within seven (7) business days.
7. Specimen collectors shall possess all the materials, equipment, and technical expertise necessary in order to test Respondent on any day of the week.
8. Specimen collectors shall be able to scientifically test for urine, blood, and

hair specimens for the detection of alcohol and illegal and controlled substances.

9. Specimen collectors must provide collection sites that are located in areas throughout California.
10. Specimen collectors must have an automated 24-hour toll-free telephone system and/or a secure on-line computer database that allows the Respondent to check in daily for testing.
11. Specimen collectors must have a secure, HIPAA-compliant website or computer system that allows staff access to drug test results and compliance reporting information that is available 24 hours a day.
12. Specimen collectors shall employ or contract with toxicologists that are licensed physicians and have knowledge of substance abuse disorders and the appropriate medical training to interpret and evaluate laboratory biological fluid test results, medical histories, and any other information relevant to biomedical information.
13. A toxicology screen will not be considered negative if a positive result is obtained while practicing, even if Respondent holds a valid prescription for the substance.

Prior to vacation or absence, any alternative to Respondent's drug testing requirements (including frequency) must be approved by the Board.

A certified copy of any laboratory test result may be received in evidence in any proceedings between the Board and Respondent.

Process and Consequences for Positive Test Results

If a biological fluid test result indicates Respondent tests positive for a banned substance, the Board shall order Respondent to cease practice and instruct Respondent to leave any place of work where Respondent is practicing acupuncture or providing acupuncture services immediately. The Board shall immediately notify all of Respondent's employers, supervisors and work monitors, if any, that Respondent may not practice acupuncture or provide acupuncture services while the cease-practice order is in effect.

A biological fluid test will not be considered negative if a positive result is obtained while practicing, even if the practitioner holds a valid prescription for the substance. If the Board thereafter determines that the positive drug test does not evidence prohibited use, the Board shall immediately lift the cease-practice order, within one (1) business day.

After the issuance of a cease-practice order, the Board shall determine whether the positive biological fluid test is in fact evidence of prohibited substance use by consulting with the specimen collector and the laboratory; communicating with the

licensee, and/or any treating physician(s); and other health care provider, including group facilitator/s, as applicable.

For purposes of this condition, the terms "biological fluid testing" and "testing" mean the acquisition and chemical analysis of a Respondent's urine, blood, breath, or hair.

For purposes of this condition, the term "prohibited substance" means an illegal drug, a lawful drug not prescribed or ordered by an appropriately licensed health care provider for use by Respondent and approved by the Board, alcohol, or any other substance the Respondent has been instructed by the Board not to use, consume, ingest, or administer to himself or herself.

***Note**: This condition implements numbers four (updated March 2019), eight, nine, ten, and thirteen of the Uniform Standards.*

37. Substance Abuse Support Group Meetings

Within thirty (30) days of the effective date of this Decision, Respondent shall submit to the Board, for its prior approval, the name of a substance abuse support group which Respondent shall attend for _____ year(s) of probation. Frequency and duration of group meeting attendance shall be determined by the Board, which shall give consideration to the following:

1. The Respondent's history;
2. The documented length of sobriety/time that has elapsed since substance abuse;
3. The recommendation of the clinical evaluator;
4. The scope and pattern of use;
5. The Respondent's treatment history; and ,
6. The nature, duration, and severity of substance abuse.

Respondent shall participate in facilitated group support meetings within fifteen (15) days after written notification of the Board's approval of the meeting facilitator. Respondent shall pay all substance abuse support group meeting costs.

The facilitator of the substance abuse support group meetings shall have a minimum of three (3) years' experience in the treatment and rehabilitation of substance abuse and shall be licensed or certified by the state or other nationally certified organizations. The facilitator shall not have a current or former financial, personal, or business relationship with Respondent within the last year. Respondent's previous participation in a substance abuse group support meeting led by the same facilitator does not constitute a prohibited current or former financial, personal, or business relationship.

The Respondent shall provide a signed document to the Board showing Respondent's name, the group name, the date and location of the meeting, Respondent's attendance, and Respondent's level of participation and progress. The facilitator shall report any unexcused absence by Respondent from any substance abuse support group meeting to the Board within twenty-four (24) hours of the unexcused absence in writing through email.

***Note**: This condition implements number five of the Uniform Standards.*

38. Worksite Monitor for Substance Abusing Licensee

Within thirty (30) days of the effective date of this Decision, Respondent shall submit to the Board for prior approval as a worksite monitor, the name and qualifications of one or more licensed acupuncturists, or other licensed health care professional if no licensed acupuncturist is available, or, as approved by the Board, a person in a position of authority who is capable of monitoring the Respondent at work.

The worksite monitor shall not have a current or former financial, personal, or familial relationship with Respondent, or any other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the Board. If it is impractical for anyone but Respondent's employer to serve as the worksite monitor, this requirement may be waived by the Board; however, under no circumstances shall Respondent's worksite monitor be an employee of the licensee.

The worksite monitor shall have an active unrestricted license with no disciplinary action within the last five (5) years and shall sign an affirmation that the monitor has reviewed the terms and conditions of Respondent's disciplinary order and agrees to monitor Respondent as set forth by the Board.

Respondent shall pay all worksite monitoring costs.

The worksite monitor shall have face-to-face contact with Respondent in the work environment on as frequent a basis as determined by the Board, but not less than once per week; interview other staff in the office regarding Respondent's behavior, if applicable; and review Respondent's work attendance.

The worksite monitor shall verbally report any suspected substance abuse to the Board and Respondent's employer or supervisor within one (1) business day of occurrence. If the suspected substance abuse does not occur during the Board's normal business hours, the verbal report shall be made to the Board within one (1) hour of the start of the next business day. A written report that includes the date, time, and location of the suspected abuse; Respondent's actions; and any other information deemed important by the worksite monitor shall be submitted to the

Board within 48 hours of the occurrence.

The worksite monitor shall complete and submit a written report monthly, or as directed by the Board, which shall include the following:

1. Respondent's name and Licensed Acupuncturist number;
2. the worksite monitor's name and signature;
3. the worksite monitor's license number, if applicable;
4. the location or location(s) of the worksite;
5. the dates Respondent had face-to-face contact with the worksite monitor;
6. the names of worksite staff interviewed, if applicable;
7. a report of Respondent's work attendance;
8. any change in Respondent's behavior and/or personal habits; and;
9. any indicators that can lead to suspected substance abuse by Respondent.

Respondent shall complete any required consent forms and execute agreements with the approved worksite monitor and the Board, authorizing the Board, and worksite monitor to communicate with the worksite monitor.

If the worksite monitor resigns or is no longer available, Respondent shall, within fifteen (15) days of such resignation or unavailability, submit to the Board, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within thirty (30) days. If Respondent fails to obtain approval of a replacement monitor within sixty (60) days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board to cease the practice of acupuncture within three (3) days after being so notified by the Board. Respondent shall cease the practice of acupuncture until a replacement monitor is approved and assumes monitoring responsibility.

***Note**: This condition implements number seven of the Uniform Standards.*

39. Abstain from Drugs and Alcohol

Respondent shall abstain from the possession or use of alcohol and controlled substances, as defined in the California Uniform Controlled Substances Act (Division 10, commencing with Section 11000, Health and Safety Code) and dangerous drugs as defined in Section 4022 of the Business and Professions Code, or any drugs requiring a prescription and their associated paraphernalia, except when the drugs are lawfully prescribed by a licensed practitioner as part of a documented medical treatment.

Within fifteen (15) days of a request by the Board or its designee, Respondent shall

provide documentation as described below from the licensed practitioner or health insurer that the prescription or referral for the drug was legitimately issued and is a necessary part of the medical treatment of the Respondent. Within fifteen (15) calendar days of receiving any lawfully prescribed medications, Respondent shall notify the Board in writing of the following: prescriber's name, address, and telephone number; medication name and strength, issuing pharmacy name, address, and telephone number. Respondent shall also provide a current list of prescribed medication with the prescriber's name, address, and telephone number on each quarterly report submitted. Respondent shall provide the probation monitor with a signed and dated medical release to the Board covering the entire probation period. Failure to provide such documentation within fifteen (15) days shall be considered a violation of probation. Any possession or use of alcohol, controlled substances, or their associated paraphernalia not supported by the documentation timely provided, shall be considered a violation of probation.

If Respondent has a positive drug screen for any substance not lawfully prescribed as set forth above, Respondent shall be ordered by the Board to cease any practice and may not practice unless and until notified by the Board. Positive drug screens shall be processed in accordance with the terms and conditions set forth in the Biological Fluid Testing term of this probationary order.

***Note**: This condition implements Uniform Standard numbers four and eight.*

Penalty Recommendations

The following is an attempt to provide information regarding the range of offenses ~~under the Acupuncture Licensure Act~~ and the appropriate penalty for each offense. ~~Examples are given for illustrative purposes, but no attempt is made to catalog all possible offenses.~~ The ~~AC~~ Board recognizes that the penalties and conditions of probation listed are merely guidelines and that individual cases will necessitate variations, which take into account each case's unique circumstances.

If there are deviations or omissions from the Guidelines in formulating a Proposed Decision, the ~~AC~~ Board always ~~appreciates it if~~ requests that the administrative law judge hearing the case include some explanation of this in the Proposed Decision so that the circumstances can be better understood by the ~~AC~~ Board during its review and consideration of the Proposed Decision for final action.

~~All references are to the specified subsections of section 4955 of the Business and Professions Code.~~

The Acupuncture Licensure Act (Business and Professions Code, Division 2, Chapter 12) and general provision sections of the Business and Professions Code specify the offenses for which the Board may take disciplinary action. Below are the code sections with the recommended disciplinary actions listed by the degree of the offense.

When filing an Accusation, the Office of the Attorney General may also cite additional related statutes and regulations.

***Note**: Under conditions of probation the applicable numbered conditions are set out to include in a Decision and Order.*

Index of Violations

Recommended Action by Violation of General California Business and Professions Code Provisions

Section 480 –

Denial of a License for Conviction of Crime or Formal Discipline Substantially Related to Acupuncture; Knowingly Made False Statement of Fact on Application

- Maximum Penalty: *Revocation or denial of license*
- Minimum Penalty: *Revocation, stayed, 30 days suspension with 3 years of probation with the following conditions:*

  1. Standard Terms and Conditions (#1 – #15)

  2. Optional Terms and Conditions (#16, #24, #28, #29)

  3. Special Terms and Conditions, if appropriate (#34 – #39)

Section 490 –

Suspension or Revocation for Conviction of a Crime Substantially Related to the Qualifications, Functions or Duties of an Acupuncturist

- Maximum Penalty: *Revocation or denial of license*
- Minimum Penalty: *Revocation, stayed, 30 days suspension with 3 years of probation with the following conditions:*

  1. *Standard Terms and Conditions (#1 – #15)*
  2. *Optional Terms and Conditions (#16, #24, #28, #29)*
  3. *Special Terms and Conditions, if appropriate (#34 – #39)*

Section 651 –

False, Fraudulent, Misleading Advertising

- Maximum Penalty: *Revocation, stayed, 3 years of probation with the following conditions:*
- Minimum Penalty: *Revocation, stayed, 1 year of probation with the following conditions:*

  1. *Standard Terms and Conditions (#1 – #15)*
  2. *Optional Terms and Conditions (#29, #30)*

Section 726 –

Sexual Misconduct with a Patient

- Maximum Penalty: *Revocation*
- Minimum Penalty: *Revocation, stayed, 60 days suspension, with 5 years of probation with the following conditions:*

  1. *Standard Terms and Conditions (#1 – #15)*
  2. *Optional Terms and Conditions (#16, #17, #20, #21, #29, #31)*
  3. *Special Terms and Conditions, if appropriate (#34 – # 39)*

Recommended Action by Violation of Acupuncture Licensure Act

A. SECURING A CERTIFICATE BY FRAUD OR DECEIT

Revocation is the only suitable penalty inasmuch as the license would not have been issued but for the fraud or deception. If the fraud is substantiated prior to issuance of the license or registration, then denial of the application is the only suitable penalty.

B. COMMITTING A FRAUDULENT OR DISHONEST ACT AS AN ACUNCTURIST RESULTING IN INJURY TO ANOTHER

MAXIMUM: Dishonest or fraudulent act resulting in substantial harm to patient(s)
Penalty: Revocation; denial of license.

MINIMUM: Dishonest or fraudulent t resulting in minimal harm to patient(s)
Penalty: 5 years probation, minimum 60 days suspension [1], psychological evaluation and ongoing therapy if appropriate [2], full restitution [7], written and clinical examination [6], coursework in ethics [11], community service [12], and standard terms and conditions [13 - 22].

C. USING ANY CONTROLLED SUBSTANCE, OR DANGEROUS DRUG, OR ALCOHOLIC BEVERAGE TO AN EXTENT OR IN A MANNER DANGEROUS TO HIMSELF OR HERSELF, OR TO ANY OTHER PERSON, OR THE PUBLIC, AND TO AN EXTENT THAT SUCH USE IMPAIRS HIS OR HER ABILITY TO ENGAGE IN THE PRACCE OF ACUPUNCTURE WITH SAFETY TO THE PUBLIC

MAXIMUM: Abuse of alcohol or a controlled substance resulting in substantial harm to patient(s).
Penalty: Revocation; denial of license.

MINIMUM: Abuse of alcohol or controlled substance to the extent that ability to safely perform acupuncture services is impaired.
Penalty: 5 years probation, actual suspension [1], participation in an alcohol/drug abuse treatment program and continuing therapy with a psychologist trained in substance abuse treatment [8], biological fluid testing [9], practice monitor [4], physical examination (if appropriate) [3], and standard terms and conditions [13 - 22].

D. CONVICTION OF A CRIME SUBSTANTIALLY RELATED TO THE FUNCTIONS OF AN ACUPUNCTURIST, THE RECORD OF CONVICTION BEING CONCLUSIVE EVIDENCE THEREOF

MAXIMUM: Convictions of a crime of violence against person or property or economic crime resulting in substantial harm to patient(s).
Penalty: Revocation; denial of license.

MINIMUM: Conviction of other crime resulting in little or no harm to patient(s).
Penalty: 5 years probation, minimum 30 day suspension [1], ethics course [11], restitution (if appropriate) [7], community service [12], and standard terms and conditions [13 - 22].

E. IMPROPER ADVERTISING

Repeated infraction of statute regarding advertising.
Penalty: 5 years probation, written and clinical examination [6], coursework in ethics [11], community service [12], and standard terms and conditions [13 - 22].

F. VIOLATING OR CONSPIRING TO VIOLATE THE TERMS OF THIS CHAPTER

No Guidelines drafted.
Refer to underlying statute or regulation.

G. GROSS NEGLIGENCE IN THE PRACTICE OF ACUPUNCTURE

MAXIMUM: Gross negligence resulting in substantial harm to patient(s).
Penalty: Revocation; denial of license.

MINIMUM: Gross negligence resulting in minimal harm to patient(s).
Penalty: 5 years probation, minimum 60 days suspension [1], psychological evaluation prior to resumption of practice (condition precedent) [2], practice monitor [4], clinical examination [6], coursework [11], and standard terms and conditions [13 - 22].

H. REPEATED NEGLIGENT ACTS

MAXIMUM: Repeated negligent acts resulting in substantial harm to patient(s).
Penalty: Revocation; denial of license.

MINIMUM: Repeated negligent acts resulting in minimal harm to patient(s).
Penalty: 5 years probation, minimum 90 days suspension [1], psychological evaluation prior to resumption of practice (condition precedent) [2], practice monitor [4], clinical examination [6], coursework [11], and standard terms and conditions [13 - 22].

I. INCOMPETENCE

MAXIMUM: Incompetence resulting in harm to patient(s).
Penalty: Revocation; denial of license.

MINIMUM: Incompetence resulting in minimal harm to patient(s).
Penalty: 5 years probation, minimum 60 days suspension [1], psychological evaluation prior to resumption of practice (condition precedent) [2], practice monitor [4], clinical examination [6], coursework [11], and standard terms and conditions [13 - 22].

The following makes reference to **4935** and are in conjunction with **4955(f)** of the Business and Profession Code.

J. IMPERSONATING ANOTHER PERSON HOLDING AN ACUPUNCTURE LICENSE OR ALLOWING ANOTHER PERSON TO USE HIS OR HER LICENSE

MAXIMUM: Impersonation or use resulting in substantial harm to patient(s).
Penalty: Revocation; denial of license, or written and clinical examination application.

MINIMUM: Impersonation or use resulting in little or no harm to patient(s).
Penalty: 5 years probation / actual suspension [1], coursework in ethics [11], community service [12], and standard terms and conditions [13 - 22].

K. AIDING OR ABETTING UNLICENSED PRACTICE

MAXIMUM: Aiding or abetting unlicensed practice which results in harm to patient(s).
Penalty: Revocation; denial of license.

MINIMUM: Aiding or abetting unlicensed practice which results in minimal harm to patient(s).
Penalty: 5 years probation / actual suspension [1], oral examination [6], coursework [11], and standard terms and conditions [13 - 22].

Violation: Unprofessional Conduct

Section 4935(a)(1) –

Unlicensed Practice of Acupuncture

- Maximum Penalty: *Revocation or denial of license*
- Minimum Penalty: *Revocation, stayed, 3 years' probation with the following conditions:*
  1. *Standard Terms and Conditions (#1 – #15)*
  2. *Optional Terms and Conditions (#19, #24, #29)*

Section 4935(a)(2) –

Fraudulently Buy, Sell or Obtain Acupuncture License

- Maximum Penalty: *Revocation or denial of license*
- Minimum Penalty: *Revocation, stayed with 3 years' probation with the following conditions:*
  1. *Standard Terms and Conditions (#1 – #15)*
  2. *Optional Terms and Conditions (#16, #22, #24, #29, #30, #32)*

Section 4935(b) –

Unlawful Practice of Acupuncture (Other Non-Exempt Healthcare Licensees)

- Maximum Penalty: *Revocation or denial of license*
- Minimum Penalty: *Revocation, stayed with 3 years' probation with the following conditions:*
  1. *Standard Terms and Conditions (#1 – #15)*
  2. *Optional Terms and Conditions (#19, #24, #29)*

Section 4935(c) –

Unlawfully Holding Oneself Out as a Licensed Acupuncturist

- Maximum Penalty: *Revocation or denial of license*
- Minimum Penalty: *Revocation, stayed with 3 years' probation with the following conditions:*
  1. *Standard Terms and Conditions (#1 – #15)*
  2. *Optional Terms and Conditions (#19, #24, #29)*

Section 4936 –

Misrepresentation as a Doctor

- Maximum Penalty: *Revocation or denial of license*
- Minimum Penalty: *Revocation, stayed, 3 years' probation with the following conditions:*

  1. Standard Terms and Conditions (#1 – #15)

  2. Optional Terms and Conditions (#29)

Section 4955(a) –

Dangerous Use or Possession of a Controlled Substance, Dangerous Drug or Alcoholic Beverage

- Maximum *Penalty: Revocation or denial of license*
- *Minimum Penalty: Revocation, stayed, 30 days suspension, with 3 years' probation with the following conditions:*

  1. Standard Terms and Conditions (#1 – #15)

  2. Optional Terms and Conditions (#16, #25, #26, #27, #28)

  3. Special Terms and Conditions, if appropriate (#34 – #39)

Section 4955 (b) –

Conviction of a Substantially Related Crime

- Maximum Penalty: *Revocation or denial of license*
- Minimum Penalty: *Revocation, stayed, 30 days suspension with 3 years' probation with the following conditions:*

  1. Standard Terms and Conditions (#1 – #15)

  2. Optional Terms and Conditions (#16, #24, #28, #29)

  3. Special Terms and Conditions, if appropriate (#34 – #39)

***Note**: As provided in Title 16, California Code of Regulations section 1399.469.1, if an individual is required to register as a sex offender pursuant to section 290 of the Penal Code, or the equivalent in another state or territory, or military or federal law and no exemptions provided in that section apply, the Board shall do the following:*
(1) deny an application by the individual for licensure;
(2) promptly revoke the license of the individual and shall not stay the revocation nor place the licensee on probation; or,
(3) deny any petition to reinstate or reissue the individual's license.

Section 4955(c) –

False or Misleading Advertising that Constitutes Unprofessional Conduct

- Maximum Penalty: *Revocation, stayed, 3 years' probation with the following conditions:*
- Minimum Penalty: *Revocation, stayed, 1 year probation with the following conditions:*
  1. *Standard Terms and Conditions (#1 – #15)*
  2. *Optional Terms and Conditions (#29)*

Section 4955 (d) –

Violation of the Terms of this Chapter or Any Board Regulation

- Maximum Penalty: *Revocation or denial of license*
- Minimum Penalty: *Revocation, stayed with 3 years' probation with the following conditions:*
  1. *Standard Terms and Conditions (#1 – #15)*
  2. *Optional Terms and Condition (#29)*
  3. *Special Terms and Conditions, if appropriate (#34 – # 39)*

Section 4955 (e) –

Violating Infection Control Guidelines

- Maximum Penalty: *Revocation or denial of license*
- Minimum Penalty: *Revocation, stayed with 3 years' probation with the following conditions:*
  1. *Standard Terms and Conditions (#1 – #15)*
  2. *Optional Terms and Conditions (#19, #29, #32, #33)*

Section 4955 (f) –

Threats or Harassment Against a Licensee or Patient

- Maximum Penalty: *Revocation or denial of license*
- Minimum Penalty: *Revocation, stayed with 3 years' probation with the following conditions:*
  1. *Standard Terms and Conditions (#1 – #15)*
  2. *Optional Terms and Condition (#29, #32, #33)*
  3. *Special Terms and Conditions, if appropriate (#34 – #39)*

Section 4955 (h) –

Disciplinary Action Taken by Any Public Agency for Substantially Related Acts

- Maximum Penalty: *Revocation or denial of license*
- Minimum Penalty: *Revocation, stayed with 3 years' probation with the following conditions:*
  1. *Standard Terms and Conditions (#1 – #15)*
  2. *Optional Terms and Condition (#29)*

Section 4955 (i) –

Action or Conduct that Warrants Denial

- Maximum Penalty: *Revocation or denial of license*
- Minimum Penalty: *Revocation, stayed with 3 years' probation with the following conditions:*
  1. *Standard Terms and Conditions (#1 – #15)*
  2. *Optional Terms and Condition (#29)*
  3. *Special Terms and Conditions, if appropriate (#34 – #39)*

Section 4955 (j) –

Violation of Any Law on Business Premises

- Maximum Penalty: *Revocation or denial of license*
- Minimum Penalty: *Revocation, stayed with 3 years' probation with the following conditions:*
  1. *Standard Terms and Conditions (#1 – #15)*
  2. *Optional Terms and Conditions (#29, #30)*

Violation: Fraud

Section 4955.1 (a) –

Securing a License by Fraud or Deception

- Maximum Penalty: *Revocation or denial of license*
- Minimum Penalty: *Revocation, stayed with 3 years' probation with the following conditions:*
  1. *Standard Terms and Conditions (#1 – #15)*
  2. *Optional Terms and Conditions (#16, #22, #24, #29, #30)*

Section 4955.1 (b), (c), (d) –

An Act of Fraud, Dishonesty, or Corruption as an Acupuncturist

- Maximum Penalty: *Revocation or denial of license*
- Minimum Penalty: *Revocation, stayed, 60 days suspension with 3 years' probation with the following conditions:*
  1. *Standard Terms and Conditions (#1 – #15)*
  2. *Optional Terms and Conditions (#16, #17, #19, #22, #29, #30, #32)*

Section 4955.1 (e) –

Failure to Keep Adequate and Accurate Records (repeated acts)

- Maximum Penalty: *Revocation or denial of license*
- Minimum Penalty: *Revocation, stayed with 2 years' probation with the following conditions:*
  1. *Standard Terms and Conditions (#1 – #15)*
  2. *Optional Terms and Conditions (#19, #29)*

Violation: Negligence

Section 4955.2 (a) –

Gross Negligence

- Maximum Penalty: *Revocation or denial of license*
- Minimum Penalty: *Revocation, stayed, 60 days suspension with 3 years' probation with the following conditions:*
  1. *Standard Terms and Conditions (#1 – #15)*
  2. *Optional Terms and Conditions (#16, #19, #21, #22, #29, #32, #33)*
  3. *Special Terms and Conditions, if appropriate (#34 – #39)*

Section 4955.2 (b) –

Repeated Negligent Acts

- Maximum Penalty: *Revocation or denial of license*
- Minimum Penalty: *Revocation, stayed, 90 days suspension with 3 years' probation with the following conditions:*

1. *Standard Terms and Conditions (#1 – #15)*
2. *Optional Terms and Conditions (#16, #19, #21, #22, #29, #32, #33)*
3. *Special Terms and Conditions, if appropriate (#34 – #39)*

Section 4955.2 (c) –

Incompetence

- Maximum Penalty: *Revocation or denial of license*
- Minimum Penalty: *Revocation, stayed, 90 days suspension with 3 years' probation with the following conditions:*

1. *Standard Terms and Conditions (#1 – #15)*
2. *Optional Term and Conditions (#16, #19, #21, #22, #23, #29, #32, #33)*

Budget Update

Department of Consumer Affairs

Expenditure Projection Report

Acupuncture Board
Reporting Structure(s): 11111700 Support
Fiscal Month: 2
Fiscal Year: 2025 - 2026
Run Date: 10/03/2025

PERSONAL SERVICES

Fiscal Code	Line Item	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		$1,029,000	$167,218	$0	$167,218	$1,017,540	$1,041,000	$86,687	$171,983	$0	$171,983	$1,031,075	$9,926
5100 TEMPORARY POSITIONS		$19,000	$0	$0	$0	$308	$19,000	$0	$0	$0	$0	$308	$18,692
5105-5108 PER DIEM, OVERTIME, & LUMP SUM		$12,000	$44	$0	$44	$8,606	$12,000	$30	$30	$0	$30	$8,606	$3,394
5150 STAFF BENEFITS		$545,000	$84,064	$0	$84,064	$523,339	$548,000	$45,905	$96,878	$0	$96,878	$580,977	-$32,977
PERSONAL SERVICES		$1,605,000	$251,326	$0	$251,326	$1,549,793	$1,620,000	$132,621	$268,891	$0	$268,891	$1,620,966	-$966

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5301 GENERAL EXPENSE		$73,000	$428	$3,294	$3,722	$24,356	$73,000	$528	$537	$43,247	$43,784	$54,082	$18,918
5302 PRINTING		$18,000	$0	$0	$0	$12,654	$18,000	$184	$184	$2,002	$2,186	$15,186	$2,814
5304 COMMUNICATIONS		$18,000	$209	$0	$209	$2,918	$18,000	$209	$209	$0	$209	$2,918	$15,082
5306 POSTAGE		$6,000	$0	$0	$0	$12,767	$6,000	$0	$0	$0	$0	$12,767	-$6,767
53202-204 IN STATE TRAVEL		$34,000	$2,528	$0	$2,528	$26,625	$34,000	$585	$585	$0	$585	$30,789	$3,211
5322 TRAINING		$4,000	$0	$0	$0	$8	$4,000	$0	$0	$0	$0	$100	$3,900
5324 FACILITIES		$65,000	$25,031	$128,895	$153,926	$159,958	$65,000	$12,890	$25,779	$128,895	$154,674	$160,598	-$95,598
53402-53403 C/P SERVICES (INTERNAL)		$502,000	$0	$0	$0	$92,440	$502,000	$5,062	$5,062	$0	$5,062	$89,283	$412,717
53404-53405 C/P SERVICES (EXTERNAL)		$556,000	$4,059	$274,591	$278,650	$350,247	$544,000	$26,252	$26,252	$244,423	$270,675	$401,177	$142,823
5342 DEPARTMENT PRORATA		$548,000	$138,500	$0	$138,500	$469,858	$696,000	$0	$174,500	$0	$174,500	$683,000	$13,000
5342 DEPARTMENTAL SERVICES		$323,000	$34	$0	$34	$151,207	$323,000	$114	$114	$0	$114	$96,297	$226,703
5344 CONSOLIDATED DATA CENTERS		$4,000	$0	$0	$0	$6,926	$4,000	$0	$0	$0	$0	$7,997	-$3,997
5346 INFORMATION TECHNOLOGY		$18,000	$8	$229,838	$229,846	$109,845	$18,000	$5,206	$5,206	$84,819	$90,025	$250,051	-$232,051
5362-5368 EQUIPMENT		$28,000	$75	$2,918	$2,993	$13,964	$0	$0	$0	$9,052	$9,052	$45,113	-$45,113
5390 OTHER ITEMS OF EXPENSE		$3,000	$0	$0	$0	$19	$3,000	$0	$0	$0	$0	$0	$3,000
54 SPECIAL ITEMS OF EXPENSE		$0	$0	$0	$0	$867	$0	$0	$0	$0	$0	$867	-$867
OPERATING EXPENSES & EQUIPMENT		$2,200,000	$170,872	$639,535	$810,408	$1,434,659	$2,308,000	$51,029	$238,427	$512,439	$750,866	$1,850,225	$457,775
OVERALL TOTALS		$3,805,000	$422,198	$639,535	$1,061,734	$2,984,452	$3,928,000	$183,650	$507,317	$512,439	$1,019,756	$3,471,191	$456,809
REIMBURSMENTS							-$23,000					-$23,000	
OVERALL NET TOTALS		$3,805,000	$422,198	$639,535	$1,061,734	$2,984,452	$3,905,000	$183,650	$507,317	$512,439	$1,019,756	$3,448,191	$479,809
ESTIMATED TOTAL NET ADJUSTMENTS													
OVERALL NET TOTALS		$3,805,000	$422,198	$639,535	$1,061,734	$2,984,452	$3,905,000	$183,650	$507,317	$512,439	$1,019,756	$3,448,191	$456,809
													11.70%

Department of Consumer Affairs

Revenue Projection Report

Reporting Structure(s): 11111700 Support
Fiscal Month: 2
Fiscal Year: 2025 - 2026
Run Date: 10/14/2025

Revenue

Fiscal Code	Line Item	Budget	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Projection To Year End
Delinquent Fees		**$60,000**	**$5,550**	**$4,950**	**$6,645**	**$6,645**	**$6,645**	**$6,645**	**$6,645**	**$6,645**	**$6,645**	**$6,645**	**$6,645**	**$6,645**	**$10,500**	**$76,950**
Other Regulatory Fees		**$283,000**	**$19,520**	**$17,155**	**$25,885**	**$25,885**	**$25,885**	**$25,885**	**$25,885**	**$25,885**	**$25,885**	**$25,885**	**$25,885**	**$25,885**	**$36,675**	**$295,525**
Other Regulatory License and Permits		**$701,000**	**$62,969**	**$52,490**	**$59,129**	**$59,129**	**$59,129**	**$59,129**	**$59,129**	**$59,129**	**$59,129**	**$59,129**	**$59,129**	**$59,129**	**$115,459**	**$706,750**
Other Revenue		**$197,000**	**$50**	**$0**	**$0**	**$63,000**	**$200**	**$0**	**$66,000**	**$200**	**$0**	**$66,200**	**$0**	**$0**	**$197,860**	**$195,650**
Renewal Fees		**$2,883,000**	**$223,050**	**$223,450**	**$248,010**	**$248,010**	**$248,010**	**$248,010**	**$248,010**	**$248,010**	**$248,010**	**$248,010**	**$248,010**	**$248,010**	**$446,500**	**$2,926,600**
Revenue		**$4,124,000**	**$311,139**	**$298,045**	**$339,669**	**$402,669**	**$339,869**	**$339,669**	**$405,669**	**$339,869**	**$339,669**	**$405,869**	**$339,669**	**$339,669**	**$806,994**	**$4,201,475**

Reimbursements

Fiscal Code	Line Item	Budget	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Projection To Year End
Unscheduled Reimbursements		**$0**	**$125**	**$50**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$175**	**$175**
Reimbursements		**$0**	**$125**	**$50**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$175**	**$175**

0108 - Acupuncture Fund
Analysis of Fund Condition
(Dollars in Thousands)
2025 Budget Act w FM 2

Prepared 10.16.2025

	Actual 2024-25	CY 2025-26	BY 2026-27	BY +1 2027-28
BEGINNING BALANCE	$ 4,562	$ 6,170	$ 6,653	$ 6,894
Prior Year Adjustment	$ 285	$ -	$ -	$ -
Adjusted Beginning Balance	$ 4,847	$ 6,170	$ 6,653	$ 6,894
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS				
Revenues				
4121200 - Delinquent fees	$ 75	$ 77	$ 60	$ 60
4127400 - Renewal fees	$ 3,109	$ 2,927	$ 2,883	$ 2,883
4129200 - Other regulatory fees	$ 291	$ 295	$ 283	$ 283
4129400 - Other regulatory licenses and permits	$ 705	$ 706	$ 701	$ 701
4163000 - Income from surplus money investments	$ 267	$ 195	$ 102	$ 104
4171400 - Escheat of unclaimed checks and warrants	$ 1	$ 1	$ 2	$ 2
Totals, Revenues	$ 4,448	$ 4,201	$ 4,031	$ 4,033
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	$ 4,448	$ 4,201	$ 4,031	$ 4,033
TOTAL RESOURCES	$ 9,295	$ 10,371	$ 10,684	$ 10,927
Expenditures:				
1111 Department of Consumer Affairs (State Operations)	$ 2,950	$ 3,425	$ 3,528	$ 3,634
9892 Supplemental Pension Payments (State Operations)	$ 10	$ 31	$ -	$ -
9900 Statewide General Administrative Expenditures (Pro	$ 165	$ 262	$ 262	$ 262
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$ 3,125	$ 3,718	$ 3,790	$ 3,896
FUND BALANCE				
Reserve for economic uncertainties	$ 6,170	$ 6,653	$ 6,894	$ 7,032
Months in Reserve	19.9	21.1	21.2	21.7

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

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	10109
Inactive	1468	1451	1441	1425
Delinquent	1694	1688	1614	1518
Valid	13306	13261	13164	13052
Cancelled	87	103	191	162
Initial AC License Applications Approved	71	73	57	75
Initial AC License Applications Denied	0	0	0	0
AC License Renewals	1603	1614	1307	1145
Active Wall Licenses	5140	5398	5622	5764
Initial Wall Licenses	342	491	499	379
Wall License Renewals	447	494	538	458

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	12
CE Provider Applications Denied	0	0	0	0
CE Provider Renewals	29	36	45	25
Course Applications Received	635	467	695	473
Course Applications Approved	582	617	559	550
Course Denials	0	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	10
ABAC - Incomplete	6	5	5	12
ABAC - Approved	0	0	0	5
Loss of Approval	0	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	8
New Program Approvals	10	13	5	8
Programs Completed	3	2	7	3
Programs Terminated, Abandoned	3	2	2	1
Total Approved Programs	57	66	62	66

FY 25/26 Acupuncture Licensing Report

License Status	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun
Active	10086			
Inactive	1405			
Delinquent	1421			
Valid	12912			
Cancelled	179			
Initial AC License Applications Approved	63			
Initial AC License Applications Denied	0			
AC License Renewals	1228			
Active Wall Licenses	5819			
Initial Wall Licenses	386			
Wall License Renewals	454			

FY 25/26 Continuing Education Report

Type	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun
New CE Provider Applications Approved	12			
CE Provider Applications Denied	0			
CE Provider Renewals	31			
Course Applications Received	507			
Course Applications Approved	496			
Course Denials	0			

FY 25/26 Acupuncture Educational and Training Programs

Application for Board Approval of Curriculum (ABAC)	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun
New ABAC - Received	6			
Resubmission ABAC - Received	12			
ABAC - Incomplete	14			
ABAC - Approved	3			
Loss of Approval	1			

FY 25/26 Acupuncture Tutorial Training Programs Report

Type	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun
Applications Received	9			
New Program Approvals	11			
Programs Completed	3			
Programs Terminated or Revoked	0			
Total Approved Programs	74			

EXAMINATION RESULTS STATISTICS - FIRST TIME AND OVERALL						
1/1/2025-6/30/2025						
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	4	0	100%	4	1	80%
Acupuncture & Integrative Medicine College, Berkeley	3	0	100%	4	2	67%
Alhambra Medical University	1	0	100%	1	1	50%
American College of Traditional Chinese Medicine at CIIS*	0	1	0%	0	2	0%
AOMA Graduate School of Integrative Medicine*	2	0	100%	2	0	100%
Bastyr University	1	0	100%	1	0	100%
California Trinity University*	0	0	0%	0	1	0%
California University - Silicon Valley	3	1	75%	3	3	50%
Dongguk University Los Angeles	1	1	50%	3	4	43%
Emperor's College of Tradional Chinese Medicine*	9	4	70%	10	7	59%
Five Branches University	11	1	92%	12	6	67%
Institute of Clinical Acupuncture and Oriental Medicine	1	0	100%	1	0	100%
National University of Natural Medicine	1	0	100%	1	0	100%
Oregon College of Oriental Medicine*	1	1	50%	1	1	50%
Pacific College of Health and Science	27	10	73%	29	14	67%
Santa Barbara College of Oriental Medicine*	1	0	100%	1	0	100%
South Baylo University	10	6	63%	12	11	52%
Southern California University of Health Sciences	9	2	82%	10	5	67%
University of East West Medicine	8	2	80%	9	2	82%
Vitality University	0	1	0%	0	1	0%
Yo San University	1	1	50%	1	4	20%
Tutorials	4	0	100%	6	1	86%
Foreign	3	1	75%	5	2	71%
GRAND TOTAL	101	32	76%	116	68	63%

*Previously Approved Training Program

EXAMINATION RESULTS STATISTICS - BY LANGUAGE			
1/1/2025-6/30/2025			
LANGUAGE	**#PASS**	**#FAIL**	**PASS %**
Chinese	24	9	**73%**
English	82	53	**61%**
Korean	10	6	**63%**
GRAND TOTAL	**116**	**68**	**63%**

Enforcement Report

CALIFORNIA ACUPUNCTURE BOARD
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Enforcement Update for FY 2024/2025: Quarter 4 2025 (April-June)

COMPLAINTS/CONVICTIONS & ARRESTS

DCA Category		Received
Fraud		6
Non-jurisdictional		1
Incompetence/Negligence		8
Unprofessional Conduct		6
Sexual Misconduct		2
Unlicensed/Unregistered		4
Criminal Charges/Convictions**		11
• *Applicants*	*0*	
• *Licensees*	*11*	
Total		**38**

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**
Unsafe/Unsanitary Conditions	0	1	9
Fraud	6	4	43
Non-jurisdictional	1	1	3
Incompetence/Negligence	8	19	88
Other	0	0	5
Unprofessional Conduct	6	10	89
Sexual Misconduct	2	5	29
Discipline by Another State Agency	0	0	1
Unlicensed/Unregistered	4	3	11
Criminal Charges/Convictions (includes pre-licensure)	11	9	40
Total	**38**	**52**	**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

Q4- April 1, 2025 - June 30, 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	27	116
Convictions/Arrest Received	29	11	1	4	11	27
Total Intake Received	146	52	19	34	38	143

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	2	2.8

PM 3 - Inv. Cycle Time - Includes intake, investigation, and case outcome for complaints not reffered 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	51	125
Field Investigations Closed	7	3	14	4	2	23
All Investigations Closed	171	26	43	26	53	148
Avg. Days to Close All Investigations	305	248	783	390	632	472

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	20	44
91 - 180 Days	15	7	9	6	6	28
181 Days - 1 Year (364)	33	5	5	2	9	21
1 to 2 Years (365-730)	55	2	1	6	5	14
2 to 3 Years (731- 1092)	4	3	6	3	2	14
Over 3 Years (1093 +)	5	0	14	2	11	27

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	0	4
Avg. Days to Complete Citations**	302	0	343	1235	0	394.5
License Denials	1	0	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	1	1
Avg. Days to Complete	1138	0	0	0	3216	871

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	0	1
AG Cases Pending	14	2	2	3	0	See current Q
SOIs Filed	1	0	0	0	0	0
Accusations Filed	1	0	0	0	0	0
Revoked	1	0	0	0	0	0
Voluntary Surrender	1	1	0	0	1	2
Probation	0	0	0	0	0	0
Public Reprimand	0	0	0	0	0	0
Closed w/out Disciplinary Action	4	2	0	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	0
91 - 180 Days	0	0	0	0	0	0
181 Days - 1 Year (364)	0	0	0	0	0	0
1 to 2 Years (365-730)	0	0	0	0	0	0
2 to 3 Years (731- 1092)	0	0	0	0	0	0
Over 3 Years (1093 +)	2	0	0	0	1	1

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	1	1
Interim Suspension	0	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	1	See current Q
Accusation/Petitions to Revoke Filed	1	0	1	0	0	1
Subsequent Discipline Final Orders	1	1	0	0	0	1

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Enforcement Update for FY 2025/2026: Quarter 1 2025 (July- September)

COMPLAINTS/CONVICTIONS & ARRESTS

DCA Category		Received
Unsafe/Unsanitary Conditions		1
Fraud		4
Incompetence/Negligence		7
Other		1
Unprofessional Conduct		13
Sexual Misconduct		1
Unlicensed/Unregistered		3
Criminal Charges/Convictions**		5
• *Applicants*	*0*	
• *Licensees*	*5*	
Total		**35**

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**
Unsafe/Unsanitary Conditions	1	1	8
Fraud	4	11	37
Non-jurisdictional	0	1	2
Incompetence/Negligence	7	23	61
Other	1	0	6
Unprofessional Conduct	13	14	80
Sexual Misconduct	1	4	23
Discipline by Another State Agency	0	1	0
Unlicensed/Unregistered	3	4	9
Criminal Charges/Convictions (includes pre-licensure)	5	9	37
Total	**35**	**68**	**263**

* 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

Q1- July 1, 2025 - September 30, 2025

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

Total Intake Received (Complaints & Convictions)	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Complaints Received	116	30				30
Convictions/Arrest Received	27	5				5
Total Intake Received	143	35				35

PM 2 - Total Intake Cycle Time

Cycle Time (Target: 10 Days)	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Avg. Days to close or assign	2.8	4				4.0

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

Inv. Cycle Time of Non-AG Cases (Target: 200 Days)	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Desk Investigations Closed	125	57				57
Field Investigations Closed	23	11				11
All Investigations Closed	148	68				68
Avg. Days to Close All Investigations	472	1080				1080

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

Aging of Non-AG Cases	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Up to 90 Days	44	12				12
91 - 180 Days	28	13				14
181 Days - 1 Year (364)	21	5				5
1 to 2 Years (365-730)	14	7				7
2 to 3 Years (731- 1092)	14	0				0
Over 3 Years (1093 +)	27	31				31

Non-AG Discipline	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Final Citations*	4	2				2
Avg. Days to Complete Citations**	395	294				294.0
License Denials	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 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Total Final Orders	1	0				0
Avg. Days to Complete	871	0				0

AG Actions	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
AG Cases Initiated	1	0				0
AG Cases Pending	2	0				See current Q
SOIs Filed	0	0				0
Accusations Filed	0	0				0
Revoked	0	0				0
Voluntary Surrender	2	0				0
Probation	0	0				0
Public Reprimand	0	0				0
Closed w/out Disciplinary Action	2	0				0

These numbers represents AG cases closed in the specified timeframes.

AG Action Time Frames	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Up to 90 Days	0	0				0
91 - 180 Days	0	0				0
181 Days - 1 Year (364)	0	0				0
1 to 2 Years (365-730)	0	0				0
2 to 3 Years (731- 1092)	0	0				0
Over 3 Years (1093 +)	1	0				0

Other Legal Actions	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
PC 23 Ordered	1	0				0
Interim Suspension	0	0				0

Probationers	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Total licensees on Probation	13	1				See current Q
Accusation/Petitions to Revoke Filed	1	0				0
Subsequent Discipline Final Orders	1	0				0

Legislative Report

2026 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE

Revised 9-29-25

JANUARY							
	S	M	T	W	TH	F	S
					1	2	3
Wk. 1	4	5	6	7	8	9	10
Wk. 2	11	12	13	14	15	16	17
Wk. 3	18	19	20	21	22	23	24
Wk. 4	25	26	27	28	29	30	31

FEBRUARY							
	S	M	T	W	TH	F	S
Wk. 1	1	2	3	4	5	6	7
Wk. 2	8	9	10	11	12	13	14
Wk. 3	15	16	17	18	19	20	21
Wk. 4	22	23	24	25	26	27	28

MARCH							
	S	M	T	W	TH	F	S
Wk. 1	1	2	3	4	5	6	7
Wk. 2	8	9	10	11	12	13	14
Wk. 3	15	16	17	18	19	20	21
Wk. 4	22	23	24	25	26	27	28
Spring Recess	29	30	31				

APRIL							
	S	M	T	W	TH	F	S
Spring Recess				1	2	3	4
Wk. 1	5	6	7	8	9	10	11
Wk. 2	12	13	14	15	16	17	18
Wk. 3	19	20	21	22	23	24	25
Wk. 4	26	27	28	29	30		

MAY							
	S	M	T	W	TH	F	S
Wk. 4						1	2
Wk. 1	3	4	5	6	7	8	9
Wk. 2	10	11	12	13	14	15	16
Wk. 3	17	18	19	20	21	22	23
No hrgs.	24	25	26	27	28	29	30
Wk. 4	31						

DEADLINES

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 5 Legislature reconvenes (J.R. 51(a)(4)).

Jan. 10 Budget must be submitted by Governor (Art. IV, Sec. 12(a)).

Jan. 16 Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house in the odd-numbered year (J.R. 61(b)(1)).

Jan. 19 Martin Luther King, Jr. Day observed.

Jan. 23 Last day for any committee to hear and report to the **Floor** bills introduced in that house in the odd-numbered year. (J.R. 61(b)(2)).

Last day to submit **bill requests** to the Office of Legislative Counsel.

Jan. 31 Last day for each house to pass bills introduced in that house in the odd-numbered year (Art. IV, Sec. 10(c), J.R. 61(b)(3)).

Feb. 16 Presidents' Day observed.

Feb. 20 Last day for bills to be **introduced** (J.R. 61(b)(4), J.R. 54(a)).

Mar. 26 **Spring Recess** begins upon adjournment (J.R. 51(b)(1)).

Mar. 30 Cesar Chavez Day observed.

Apr. 6 Legislature reconvenes from Spring Recess (J.R. 51(b)(1)).

Apr. 24 Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).

May 1 Last day for **policy committees** to hear and report to the Floor **nonfiscal bills** introduced in their house (J.R. 61(b)(6)).

May 8 Last day for **policy committees** to meet prior to June 1 (J.R. 61(b)(7)).

May 15 Last day for **fiscal committees** to hear and report to the **Floor** bills introduced in their house (J.R. 61 (b)(8)).

Last day for **fiscal committees** to meet prior to June 1 (J.R. 61 (b)(9)).

May 25 Memorial Day observed.

May 26-29 **Floor Session only**. No committee may meet for any purpose except for Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(10)).

May 29 Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).

* Holiday schedule subject to final approval by Rules Committee.

OVER

2026 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE

Revised 9-29-25

JUNE							
	S	M	T	W	TH	F	S
Wk. 4		1	2	3	4	5	6
Wk. 1	7	8	9	10	11	12	13
Wk. 2	14	15	16	17	18	19	20
Wk. 3	21	22	23	24	25	26	27
Wk. 4	28	29	30				

June 1 Committee meetings may resume (J.R. 61(b)(12)).

June 15 Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)(3)).

June 25 Last day for a legislative measure to qualify for the Nov. 3 General Election ballot (Elections Code Sec. 9040).

JULY							
	S	M	T	W	TH	F	S
Wk. 4				1	2	3	4
Summer Recess	5	6	7	8	9	10	11
Summer Recess	12	13	14	15	16	17	18
Summer Recess	19	20	21	22	23	24	25
Summer Recess	26	27	28	29	30	31	

July 2 Last day for **policy committees** to meet and report bills (J.R. 61(b)(13)).

Summer Recess begins upon adjournment, provided Budget Bill has been passed (J.R. 51(b)(2)).

July 3 Independence Day observed.

AUGUST							
	S	M	T	W	TH	F	S
Summer Recess							1
Wk. 1	2	3	4	5	6	7	8
Wk. 2	9	10	11	12	13	14	15
No Hrgs.	16	17	18	19	20	21	22
No Hrgs.	23	24	25	26	27	28	29
No Hrgs.	30	31					

Aug. 3 Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).

Aug. 14 Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(14)).

Aug. 17-31 Floor Session only. No committee may meet for any purpose except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(15)).

Aug. 21 Last day to **amend** bills on the Floor (J.R. 61(b)(16)).

Aug. 31 Last day for each house to pass bills (Art. IV, Sec 10(c), J.R. 61(b)(17)).

Final Recess begins upon adjournment (J.R. 51(b)(3)).

IMPORTANT DATES OCCURRING DURING INTERIM RECESS

2026

Sept. 30 Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).

Oct. 2 Bills enacted on or before this date take effect January 1, 2027. (Art. IV, Sec. 8(c)).

Nov. 3 General Election.

Nov. 30 Adjournment *sine die* at midnight (Art. IV, Sec. 3(a)).

Dec. 7 2027-28 Regular Session convenes for Organizational Session at 12 noon. (Art. IV, Sec. 3(a)).

2027

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

*Holiday schedule subject to final approval by Rules Committee.

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DATE	November 6, 2025
TO	Acupuncture Board Members
FROM	Kristine Brothers, Policy Coordinator
SUBJECT	2025 Legislation of Interest as of October 15, 2025

Bills of Interest to the Board Introduced in 2025

Assembly Bill 45 (Bauer-Kahan)

Privacy: health data: location and research.

Status: Chaptered by Secretary of State on 9/26/25. Chapter 134. Statutes of 2025.

Statutes Take Effect: 1/1/2026

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.

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Assembly Bill 485 (Ortega)

Labor Commissioner: unsatisfied judgments: nonpayment of wages.

Status: Bill is dead for 2025.

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 are required to obtain a license or permit from a state agency. It also mandates that the Labor Commissioner notify the relevant state agency when such a violation is found.

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Assembly Bill 489 (Bonta)

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

Status: Chaptered by Secretary of State on 10/11/25. Chapter 615. Statutes of 2025.

Statutes Take Effect: 1/1/2026

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.

Board Implementation Plan:

- Add new sections of law, BPC sections 4999.8 and 4999.9, to the Board's Laws and Regulations booklet.
- Update Enforcement Violation Code Index in the Board's IT system(s).
- Provide notice to Enforcement staff and update all pertinent Enforcement procedures.

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Assembly Bill 742 (Elhawary)

Department of Consumer Affairs: licensing: applicants who are descendants of slaves

Status: Vetoed by Governor on 10/13/25.

Veto Rationale:

The Governor vetoed Assembly Bill 742, which would have required expedited professional licensure for descendants of American slaves once a certification process is established. While supporting the goal of increasing diversity and access to licensure, the Governor expressed concerns that prioritizing one group could delay other applications and raise licensing fees due to increased staffing needs. He noted he had previously vetoed similar bills for the same reasons and stated that more data is needed on the impacts of expedited licensure before implementing such policies.
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Assembly Bill 1186 (Patel)

Data collection: race and ethnicity: minimum categories.

Status: Bill is dead for 2025.

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.

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Senate Bill 470 (Laird)

Bagley-Keen Open Meeting Act: teleconferencing

Status: Chaptered by Secretary of State on 10/1/25. Chapter 222. Statutes of 2025.

Statutes Take Effect: 1/1/2026

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.

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Senate Bill 641(Ashby)

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

Status: 10/13/25 – Vetoed by Governor.

Veto Rationale:

The Governor vetoed Senate Bill 641, which would have allowed licensing boards to waive certain laws for those affected by declared emergencies and banned below-market unsolicited real estate offers in disaster areas. He acknowledged the intent to provide quick regulatory relief and protect property owners but noted that his administration already coordinates targeted disaster relief without this bill. He also criticized the bill as overly broad, applying to all disasters regardless of housing impact, and pointed out an enforcement gap for real estate licensees acting on their own behalf. Due to these concerns, he declined to sign it.
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Regulatory Update

CALIFORNIA ACUPUNCTURE BOARD
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DATE	November 6, 2025
TO	Acupuncture Board Members
FROM	Kristine Brothers, Policy Coordinator
SUBJECT	Regulatory Update

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

1. 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. The Regulation Unit completed their review of the ISOR and Guidelines in early September. At that point, it was recommended to staff to bring the Disciplinary Guidelines to the Board to review revisions to the Guidelines document itself.

2. 16 CCR 1399.425, 13999.427, 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, consistency between tutorial and training program requirements, reformatting, and reorganization of multiple regulations. On September 3, 2025, the draft amendments were sent to management 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	7/17/25	8/29/25

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
9/12/25	10/27/25		

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 notice was published by Office of Administrative Law on September 12, 2025, and the 45-day comment period closed October 27, 2025.

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	6/23/25

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
7/4/25	8/18/25		

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 rulemaking package was noticed with OAL and the 45-day comment period ended August 18, 2025. Staff is bringing modified language and recommended responses to public comments for the Board's review at its November 6, 2025, meeting.

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	6/13/2025	10/1/2025	10/17/25	

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.

The Board approved revised text on June 13, 2025. Staff submitted the completed Initial Statement of Reasons and economic and fiscal impact statement to the Regulation Unit for review on October 17, 2025.