

**California Acupuncture
Board Meeting
March 26, 2026**



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



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 MEETING NOTICE AND AGENDA

Thursday, March 26, 2026

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

Physical Address:

2005 Evergreen Street, Rm. 1150 A&B
First Floor Hearing Room
Sacramento, CA 95815

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: 2497 371 1014

Webinar password: ACUP326

If joining by phone

+1-415-655-0001 US Toll

Access code: 2497 371 1014

Passcode: 2287326

The California Acupuncture Board will host an in-person meeting at the above time and address, pursuant to Government Code, section 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 Action on Board Meeting Minutes for November 6, 2025 (Chen)**

- 4. Update from the Department of Consumer Affairs**
- 5. Professional Association Updates**
 - (A) Council of Colleges of Acupuncture and Herbal Medicine
 - (B) Accreditation Commission for Acupuncture and Herbal Medicine
 - (C) California Acupuncture Coalition
 - (D) CSOMA
- 6. Discussion and Possible Action on Acupuncture Education Requirements**
 - (A) Doctorate Degree
 - (B) Prerequisites/Science Requirements
 - (C) Clinical Education Requirements (*clinical internship/externship)
 - (D) Accreditation Requirements – Letter of Intent
- 7. Discussion and Possible Action on Updating Consumer’s Guide to Acupuncture Brochure (Osorio)**
- 8. Executive Management Report**
 - (A) Budget Update
 - (B) Licensing Report Q2 2025-26
 - (C) Enforcement Report Q2 2025-26
 - (D) Business Modernization Update
- 9. Legislative Report and Possible Action on Bills of Interest to the Board (Brothers)**
 - (A) AB 1558 (Arambula) Uniform Emergency Volunteer Health Practitioners Act
 - (B) AB 1775 (Ward) Veterans
 - (C) AB 1949 (Lee) Medi-Cal: Acupuncture Treatments
 - (D) AB 2140 (Johnson) Healing Arts: Reports: Claims against Licensees
 - (E) AB 2668 (Fong) Acupuncture: Department of Consumer Affairs
 - (F) SB 944 (Weiner) Medi-Cal: Acupuncture
 - (G) SB 1159 (Cabaldon) Artificial intelligence: transparency and governance
 - (H) SB 1248 (Cabaldon) State agencies: automated decision systems
 - (I) SB 1391 (Wahab) Department of Consumer Affairs: retired category licenses
- 10. 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)

11. Discussion and Possible Adoption of Standards of Practice for Telehealth Services Rulemaking (16 CCR section 1399.452.1, Including Consideration of Comments Received During 15-day Comment Period for Modified Text) (Brothers)

12. Future Agenda Items

13. 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).)

Closed Session

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

15. 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.

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.

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 items not noticed in the agenda. (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.



**Draft 11.6.25 Board
Meeting Minutes**



**BOARD MEETING
DRAFT MEETING MINUTES
November 6, 2025**

LOCATION:

Dongguk University Library
440 South Shatto Place
Los Angeles CA 90020

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.
Ruben Osorio

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

Meeting commenced at 9:33 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 June 13, 2025

Members reviewed the minutes from the June 13, 2025, meeting.

MOTION

Vice-President Francisco Kim (VP Kim) motioned to approve the June 13, 2025, meeting minutes.

Board Member Ruben Osorio (Member Osorio) seconded.

Yes: Chen, Kim, Li, Osorio, Leung

5-0

Motion Passes

Item 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)

Policy Coordinator Kristine Brothers (Brothers) presented an update on proposed regulations establishing standards for acupuncture services provided via telehealth. Public comments generally supported telehealth but asked for clearer scope-of-practice definitions, with emphasis on allowing nonphysical services and excluding hands-on treatments. The Board intentionally declined to narrowly define allowable services, opting instead for a flexible, factor-based framework, and recommended no changes in response to most comments.

One comment led to a modification clarifying that licensees may provide all services authorized under Business and Professions Code Section 4937, while retaining the term “acupuncture services” for consistency. Other comments opposing license disclosure requirements, raising cost concerns, or calling for additional penalties for unlicensed telehealth were not adopted, as existing law already addresses these issues and telehealth remains optional. Several comments expressed support for the proposal. Staff recommended adopting the proposed responses and modified text, which would require an additional 15-day public comment period before finalization.

VP Kim raised questions about whether telemedicine guidance such as instructing patients to perform acupressure or self-care techniques could be considered a billable treatment rather than merely a consultation. Ms. Brothers acknowledged that under the proposed language, virtual treatment could be considered treatment if clinically appropriate but emphasized that insurance coverage and billing are outside the Board’s authority. President Chen pointed out insurance definitions and billing codes typically require skin penetration to qualify as acupuncture, meaning telehealth services would generally be reimbursed as consultations, not acupuncture treatments.

Executive Officer Bodea (E.O. Bodea) and Licensing Manager Jay Herdt (Herdt) clarified that the Board’s role is not to redefine acupuncture, acupressure, or insurance billing practices. Instead, the regulation’s purpose is to formally allow acupuncturists to offer telehealth services within their existing legal scope, as highlighted during the pandemic, while leaving reimbursement and coding issues to the profession and insurers.

Board Member Gregory Leung (Member Leung) raised concern about the potential abuse of telehealth, such as excessive calls or after-hours access. The response is that telehealth functions like in-person care: visits are scheduled, limited by practitioner availability, governed by standard business practices, and not intended for emergency or unlimited access.

MOTION

VP Kim motioned for the Board to 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.

Member Osorio seconded.

Yes: Chen, Kim, Li, Osorio, Leung

5-0

Motion Passes

Public Comment

The commenter highlighted two main points of concern: the definition of acupuncture (clarifying that practices like cupping or Gua sha are not considered acupuncture under the statute) and challenges around informed consent for telehealth patients, noting the need for clear communication and documentation.

Item 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)

Ms. Brothers explained that the agenda item on the Retired Status was a placeholder as no public comments were received by the end of the comment period, so there was nothing to discuss.

Item 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)

Ms. Brothers presented proposed revisions to the Board's disciplinary guidelines, which had not been updated since 1996, to align with current regulations and three bills: SB 1441 (uniform standards for substance-abusing licensees), SB 1448 (probation disclosure requirements), and AB 2138 (already implemented but now incorporated into the guidelines). Key changes include simplifying the document title by removing references

to the uniform standards, updating the revision date to reflect OAL approval, and incorporating quarterly report requirements directly into the guidelines while clarifying reporting periods and removing automatic probation extensions. Probation terms were also revised to restrict employment of acupuncture assistants, adjust cost recovery provisions, clarify examination and competency requirements, and refine supervised practice and billing monitor terms to address legal authority concerns. Additional edits include adding the Acupuncture Board logo, contact information, and correcting minor errors, with updated recommended penalties for violations such as fraud.

VP Kim motioned for the Board to 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.

Member Osorio seconded.

Yes: Chen, Kim, Li, Osorio, Leung

5-0

Motion Passes

Public Comment

The commenter sought clarification on why certain penalties (restitution amounts, probation hours/years) are left blank and how they are determined. Ms. Brothers explained these are decided on a case-by-case basis by an administrative law judge or through stipulated settlements, with final approval by the Board. The commenter then raised concern about the use of the title "doctor" under Business and Professions Code Section 4936, specifically whether holders of discontinued OMD (Oriental Medical Doctor) certificates qualify. E.O. Bodea clarified the statute itself is not changing and that the discussion is limited to disciplinary guidelines when violations occur.

The Board recessed from 10:35 a.m.-10:55 a.m.

Roll Call taken at 10:55 a.m. All members present. Quorum established.

Item 7 – 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 that 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 revenue 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 Q4 2024-25 and Q1 2025-26

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

Member Osorio inquired whether the number of licenses has returned to pre-pandemic levels. Mr. Herdt explained license counts are roughly hovering around that level with a very slight overall decrease. Mr. Herdt notes contributing factors such as retirements among an aging group of licensees and out-of-state license holders choosing not to renew due to fee increases.

Member Leung expressed concern regarding the low level of compliance with wall license requirements relative to the number of active licenses and inquired about potential measures to improve compliance. Mr. Herdt explained the Board is working on outreach, reminders, and potential enforcement actions to improve compliance, though adoption has been slow and fines are typically modest. Member Leung emphasized the importance of wall licenses for consumer trust.

VP Kim noted many licensees maintain valid licenses without actively practicing. Mr. Herdt explained that canceled licenses occur automatically after three years of non-renewal and that a retired status helps distinguish voluntary retirement. Reasons for inactive practice was discussed, including lack of confidence, financial concerns, and challenges with insurance or running a business. Continuing Education (CE) providers remain steady though smaller providers offer courses sporadically and auditing ensures compliance.

(D) Business Modernization Update – Item moved up by the President

Key updates provided by Mr. Herdt include launching an automated CE audit system, moving all cashing into a newer system to replace an older platform, and starting the development of an enforcement module with online complaint capabilities. Overall, the focus is on streamlining and modernizing licensing, education, and enforcement processes.

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

E.O. Bodea reviewed the complaints/convictions, investigations, and disciplinary data for Q4 of the 2024-25 Fiscal Year (April 1 – June 30, 2025) and Q1 of the 2025-26 Fiscal Year (July 1 – September 30, 2025).

Member Leung asked how sexual misconduct complaints are handled, specifically whether police are notified. E.O. Bodea explained that police are informed only if the case involves an arrest or after an internal investigation, but the agency does not routinely notify police when a complaint is first received. Ms. Brothers adds that when investigators find sufficient evidence, cases can be referred to law enforcement or the district attorney for criminal investigation.

Public Comment

The first commenter asked about the next occupational analysis, E.O. Bodea responded that it is expected by the end of January 2026. The commenter added overall sexual misconduct cases are down, and cases are being resolved faster, praising the Board for improvements following legislative recommendations. The commenter also questioned the effectiveness of the wall license requirement, requesting data or analysis to justify the requirement.

The second commenter inquired whether schools could obtain exam-taker analysis reports to track graduate performance, identify weaknesses, and support students, noting difficulties tracking exam participation since exams moved online.

The third commenter asked whether findings from recent job analyses, especially regarding Western medicine and its integration with Traditional Chinese Medicine, have led to changes in the California Acupuncture Licensing Examination.

The Board recessed from 11:52 a.m.-12:11 p.m.

Roll Call taken at 12:11 p.m. All members present. Quorum established.

Item 8 – Legislative Report and Possible Action on Bills of Interest to the Board

Ms. Brothers reported on the outcome of the Bills of Interest the Board has been tracking this year.

Item 9 – Regulatory Report

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

Item 10 – Report and Possible Action on November 5, 2025, Licensing Committee Meeting

VP Kim reported on the discussion about doctoral education standards, noting the Board currently oversees only minimum competency and lacks authority over disputes between schools and accrediting bodies. VP Kim emphasized the key issue is the quality and modernization of education rather than externship hours, and calls for broader stakeholder involvement to update professional standards to meet evolving healthcare and market demands. VP Kim also mentioned a proposal to expand clinical externship options by allowing up to 50% of training to occur off campus, giving students more diverse clinical learning opportunities.

President Chen supports unifying the many existing acupuncture degree titles into fewer, standardized doctoral titles to reduce consumer confusion and strengthen public trust, emphasizing the Board's mission to protect consumers. President Chen noted that California programs already meet or exceed required training hours for professional doctorates and sees a broader trend toward doctoral-level entry into the profession, though such a change would require legislation and consensus among schools. President Chen emphasized degree changes must focus on meaningful educational content and clinical competence, not just increased hours or titles, and encourages schools to collaborate, assess feasibility, and ensure graduates can practice safely and independently.

Member Osorio reinforced the idea that adopting a doctoral degree would significantly increase patient confidence in acupuncturists.

Board Member Shudong Li (Member Li) believes acupuncturists already receive solid training and that using a doctoral title would further enhance public confidence and trust. Member Li sees the title change as beneficial for improving perceived quality and public support for the profession.

Public Comment

The first commenter urged the Board to compile the issues discussed and formally communicate them to the Joint Legislative Review Committee, noting that many require legislation. The commenter suggests developing an acupuncture modernization act similar to efforts already undertaken by chiropractors and emphasizes that legislative change is more effective when initiated by the Board.

The second commenter expressed support for entry-level doctoral programs, highlighting benefits for students' knowledge, skills, and professional training. The speaker also endorsed using Artificial Intelligence technology in education and clinical practice to improve proficiency.

The third commenter stressed that acupuncture education should now require a doctoral degree at the entry level. The speaker stressed coordination between educators and the profession to standardize the doctoral program, incorporating research on neural mechanisms and evidence-based acupuncture practices.

Item 11 – Report and Possible Action on November 5, 2025, Enforcement Committee Meeting

E.O Bodea reported that the committee approved the March meeting minutes and reviewed the draft of the Consumer's Guide to Acupuncture Brochure. The guide is still a draft focused on content, emphasizing the consumer perspective such as verifying licenses, checking clinic postings, and understanding patient rights. Public recommendations were considered, but the Board cannot officially endorse specific treatments. The committee agreed to seek input from professional associations on defining acupuncture and updating the introduction to the practice, including modern perspectives.

Item 12 – Public Comments for Items not on the Agenda

Public Comment

The first commenter emphasized the need to strengthen public perception by establishing a proper four-year bachelor's degree before expanding master's and doctoral programs. The speaker affirmed their commitment to collaborating with accreditation bodies and other institutions to achieve these educational goals.

The second commenter noted many schools are closing due to a limited student market, professional restrictions like insurance issues, and competition from newly approved schools with fewer restrictions. The speaker suggested the need for discussions on ensuring quality, assessing market demand, and possibly implementing regional arrangements to reduce unfair competition and support the sustainability of acupuncture education programs.

Item 13 – Future Agenda Items

Member Leung asked whether there is data on combining Eastern and Western medicine to benefit patients. President Chen responded by acknowledging the efforts in California hospitals but highlighted two main challenges: access (few programs and restrictions on treating patients due to liability) and readiness (acupuncturists need high-level qualifications comparable to primary-care doctors to integrate into mainstream hospital-based healthcare). President Chen emphasized that while there are opportunities, the profession must be prepared to meet strict standards before widespread adoption.

VP Kim proposed adding a future agenda item on curriculum updates but suggested stakeholders meet first to discuss and reach consensus before bringing it to the Board.

President Chen suggested allowing stakeholders to provide feedback before revisiting the item.

Public Comment

The first commenter recommended the Board should review not just the curriculum content but also the approval process, especially since the Board no longer conducts site visits for curriculum schools.

The second commenter, a patient who uses acupuncture for spinal cord injury treatment, highlighted Singapore's recent initiative to integrate TCM with Western medicine. The speaker encouraged U.S. acupuncture stakeholders to unite and learn from Singapore's approach

Item 16 – Adjournment

President Chen adjourned the meeting at or around 1:22 p.m.

DRAFT



Discussion and Possible Action on Acupuncture Education Requirements

1399.434 (h) Clinical Practice

950 hours

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

BPC 4927.5

(a) For purposes of this chapter, “approved educational and training program” means a school or college offering education and training in the practice of an acupuncturist that meets all of the following requirements:

(1) Offers curriculum that includes at least 3,000 hours of which at least 2,050 hours are didactic and laboratory training, and at least 950 hours are supervised clinical instruction. Has submitted that curriculum to the board, and has received board approval of the curriculum. Any school or college offering education and training in the practice of acupuncture that was approved by the board prior to January 1, 2017, has not had its approval revoked, and has not changed its curriculum since receiving board approval, is deemed to have had its curriculum approved by the board for the purposes of this section.

(2) Has received full institutional approval under Article 6 (commencing with Section 94885) of Chapter 8 of Part 59 of Division 10 of Title 3 of the Education Code in the field of traditional Asian medicine, or in the case of institutions located outside of this state, approval by the appropriate governmental educational authority using standards equivalent to those of Article 6 (commencing with Section 94885) of Chapter 8 of Part 59 of Division 10 of Title 3 of the Education Code.

(3) Meets any of the following:

(A) Is accredited by the Accreditation Commission for Acupuncture and Herbal Medicine, or its successor entity.

(B) Has been granted preaccreditation status by the Accreditation Commission for Acupuncture and Herbal Medicine, or its successor entity.

(C) Has submitted a letter of intent to pursue accreditation to the Accreditation Commission for Acupuncture and Herbal Medicine, or its successor entity within 30 days of receiving full institutional approval pursuant to paragraph (2), and is granted preaccreditation status within three years of the date that letter was submitted.

(b) Within 30 days after receiving curriculum pursuant to paragraph (1), the board shall review the curriculum, determine whether the curriculum satisfies the requirements established by the board, and notify the school or college, the Accreditation Commission for Acupuncture and Herbal Medicine, or its successor entity, and the Bureau for Private and Postsecondary Education of whether the board has approved the curriculum.



Budget Update

Department of Consumer Affairs
 Expenditure Projection Report
 Acupuncture Board
 Reporting Structure(s):1111700 Support
 Fiscal Month:8
 Fiscal Year:2025 - 2026
 Run Date: 03/09/2026

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	\$674,891	\$0	\$674,891	\$1,017,540	\$1,040,000	\$87,013	\$690,355	\$0	\$690,355	\$1,043,321	\$-3,321
5100	TEMPORARY POSITIONS	\$19,000	\$308	\$0	\$308	\$308	\$19,000	\$0	\$0	\$0	\$0	\$300	\$18,700
5105-5108	PER DIEM, OVERTIME, & LUMP SUM	\$12,000	\$457	\$0	\$457	\$8,606	\$12,000	\$0	\$330	\$0	\$330	\$8,600	\$3,400
5150	STAFF BENEFITS	\$545,000	\$349,426	\$0	\$349,426	\$523,339	\$577,000	\$46,751	\$379,777	\$0	\$379,777	\$574,115	\$2,885
	PERSONAL SERVICES	\$1,605,000	\$1,025,082	\$0	\$1,025,082	\$1,549,793	\$1,648,000	\$133,764	\$1,070,462	\$0	\$1,070,462	\$1,626,336	\$21,664

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	\$4,940	\$14,197	\$19,137	\$24,356	\$73,000	\$15	\$3,408	\$45,702	\$49,110	\$56,223	\$16,777
5302	PRINTING	\$18,000	\$164	\$0	\$164	\$12,654	\$18,000	\$2,974	\$5,309	\$14,102	\$19,411	\$19,411	\$-1,411
5304	COMMUNICATIONS	\$18,000	\$1,766	\$0	\$1,766	\$2,918	\$18,000	\$350	\$2,716	\$0	\$2,716	\$4,315	\$13,685
5306	POSTAGE	\$6,000	\$11,636	\$0	\$11,636	\$12,767	\$6,000	\$0	\$2,141	\$0	\$2,141	\$5,000	\$1,000
53202-204	IN STATE TRAVEL	\$34,000	\$13,510	\$0	\$13,510	\$26,625	\$34,000	-\$241	\$18,431	\$0	\$18,431	\$34,000	\$0
5322	TRAINING	\$4,000	\$0	\$0	\$0	\$8	\$4,000	\$0	\$0	\$0	\$0	\$100	\$3,900
5324	FACILITIES	\$65,000	\$105,363	\$51,558	\$156,921	\$159,958	\$65,000	\$13,396	\$107,461	\$51,558	\$159,019	\$161,753	-\$96,753
53402-53403	C/P SERVICES (INTERNAL)	\$502,000	\$45,572	\$0	\$45,572	\$92,440	\$502,000	\$17,263	\$79,632	\$0	\$79,632	\$140,625	\$361,376
53404-53405	C/P SERVICES (EXTERNAL)	\$496,000	\$165,772	\$162,912	\$328,685	\$350,247	\$484,000	\$9,642	\$187,038	\$319,917	\$506,955	\$601,545	-\$117,545
5342	DEPARTMENT PRORATA	\$535,000	\$415,500	\$0	\$415,500	\$469,858	\$707,000	\$0	\$523,500	\$0	\$523,500	\$707,000	\$0
5342	DEPARTMENTAL SERVICES	\$323,000	\$123,619	\$0	\$123,619	\$151,207	\$323,000	\$1,112	\$86,371	\$0	\$86,371	\$198,637	\$124,363
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	\$5,112	\$224,768	\$229,880	\$109,845	\$18,000	\$1	\$16,319	\$0	\$16,319	\$126,067	-\$108,067
5362-5368	EQUIPMENT	\$28,000	\$4,877	\$4,205	\$9,082	\$13,964	\$0	\$2,356	\$49,497	\$0	\$49,497	\$55,887	-\$55,887
5390	OTHER ITEMS OF EXPENSE	\$3,000	\$19	\$0	\$19	\$19	\$3,000	\$0	\$0	\$0	\$0	\$0	\$3,000
54	SPECIAL ITEMS OF EXPENSE	\$0	\$234	\$0	\$234	\$867	\$0	\$435	\$435	\$0	\$435	\$867	-\$867
	OPERATING EXPENSES & EQUIPMENT	\$2,127,000	\$898,085	\$457,640	\$1,355,725	\$1,434,659	\$2,259,000	\$47,304	\$1,082,259	\$431,279	\$1,513,538	\$2,119,426	\$139,574

OVERALL TOTALS	\$3,732,000	\$1,923,167	\$457,640	\$2,380,807	\$2,984,452	\$3,907,000	\$181,068	\$2,152,720	\$431,279	\$2,584,000	\$3,745,763	\$161,237
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REIMBURSEMENTS	-\$23,000				-\$34,119	-\$23,000						-\$23,000
OVERALL NET TOTALS	\$3,709,000	\$1,923,167	\$457,640	\$2,380,807	\$2,950,333	\$3,884,000	\$181,068	\$2,152,720	\$431,279	\$2,584,000	\$3,722,763	\$184,237

4.74%

Department of Consumer Affairs
Revenue Projection Report

Reporting Structure(s): 11111700 Support
Fiscal Month: 8
Fiscal Year: 2025 - 2026
Run Date: 03/09/2026

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	\$77,000	\$5,550	\$4,950	\$6,300	\$7,250	\$4,500	\$4,600	\$5,850	\$5,000	\$5,000	\$5,400	\$5,000	\$5,400	\$44,000	\$64,800
	Other Regulatory Fees	\$296,000	\$19,520	\$17,155	\$15,735	\$29,275	\$37,685	\$38,800	\$25,035	\$24,840	\$22,250	\$22,900	\$17,250	\$17,900	\$208,045	\$288,345
	Other Regulatory License and Permits	\$706,000	\$62,969	\$52,490	\$68,037	\$68,294	\$49,981	\$41,317	\$60,441	\$60,529	\$54,400	\$53,300	\$50,400	\$48,400	\$464,058	\$670,558
	Other Revenue	\$195,000	\$50	\$0	\$0	\$69,583	\$1,958	\$0	\$71,227	\$25	\$0	\$70,000	\$0	\$0	\$142,843	\$212,843
	Renewal Fees	\$2,927,000	\$223,050	\$223,450	\$274,250	\$429,950	\$206,900	\$247,250	\$300,250	\$275,350	\$248,010	\$248,010	\$221,930	\$216,930	\$2,180,450	\$3,115,330
	Revenue	\$4,201,000	\$311,139	\$298,045	\$364,322	\$604,352	\$301,024	\$331,967	\$462,803	\$365,744	\$329,660	\$399,610	\$294,580	\$288,630	\$3,039,396	\$4,351,876

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
	Scheduled Reimbursements	\$23,000	\$0	\$0	\$0	\$0	\$49	\$98	\$49	\$49	\$0	\$49	\$49	\$0	\$245	\$343
	Unscheduled Reimbursements	\$0	\$125	\$50	\$125	\$125	\$125	\$1,745	\$1,945	\$5,135	\$2,236	\$1,236	\$1,236	\$0	\$9,375	\$14,084
	Reimbursements	\$23,000	\$125	\$50	\$125	\$125	\$174	\$1,843	\$1,994	\$5,184	\$2,236	\$1,285	\$1,285	\$0	\$9,620	\$14,427

0108 - Acupuncture Fund
 Analysis of Fund Condition
 (Dollars in Thousands)

Prepared 3.10.2026

2026-27 Governor's Budget with FM 8 Projections

	Actual 2024-25	CY 2025-26	BY 2026-27	BY +1 2027-28
BEGINNING BALANCE	\$ 4,562	\$ 6,169	\$ 6,527	\$ 6,749
Prior Year Adjustment	\$ 285	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 4,847	\$ 6,169	\$ 6,527	\$ 6,749
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS				
Revenues				
4121200 - Delinquent fees	\$ 75	\$ 65	\$ 78	\$ 78
4127400 - Renewal fees	\$ 3,109	\$ 3,115	\$ 3,143	\$ 3,143
4129200 - Other regulatory fees	\$ 291	\$ 288	\$ 300	\$ 300
4129400 - Other regulatory licenses and permits	\$ 705	\$ 671	\$ 707	\$ 707
4163000 - Income from surplus money investments	\$ 267	\$ 213	\$ 284	\$ 289
4171400 - Escheat of unclaimed checks and warrants	\$ 1	\$ -	\$ -	\$ -
Totals, Revenues	\$ 4,448	\$ 4,352	\$ 4,512	\$ 4,517
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 4,448	\$ 4,352	\$ 4,512	\$ 4,517
TOTAL RESOURCES	\$ 9,295	\$ 10,521	\$ 11,039	\$ 11,266
Expenditures:				
1111 Department of Consumer Affairs (State Operations)	\$ 2,950	\$ 3,732	\$ 4,011	\$ 4,131
9892 Supplemental Pension Payments (State Operations)	\$ 11	\$ -	\$ -	\$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 165	\$ 262	\$ 279	\$ 279
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 3,126	\$ 3,994	\$ 4,290	\$ 4,410
FUND BALANCE				
Reserve for economic uncertainties	\$ 6,169	\$ 6,527	\$ 6,749	\$ 6,856
Months in Reserve	18.5	18.3	18.4	18.1

NOTES:

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



Licensing Report

FY 25/26 Acupuncture Licensing Report

License Status	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun
Active	10086	10078		
Inactive	1405	1437		
Delinquent	1421	1290		
Valid	12912	12805		
Cancelled	179	161		
Initial AC License Applications Approved	63	66		
Initial AC License Applications Denied	0	0		
AC License Renewals	1228	1344		
Active Wall Licenses	5819	5925		
Initial Wall Licenses	386	294		
Wall License Renewals	454	541		

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	15		
CE Provider Applications Denied	0	0		
CE Provider Renewals	31	27		
Course Applications Received	516	563		
Course Applications Approved	496	529		
Course Denials	0	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	1		
Resubmission ABAC - Received	12	6		
ABAC - Incomplete	14	2		
ABAC - Approved	3	0		
Loss of Approval	1	0		

FY 25/26 Acupuncture Tutorial Training Programs Report

Type	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun
Applications Received	9	8		
New Program Approvals	11	3		
Programs Completed	3	1		
Programs Terminated or Revoked	0	0		
Total Approved Programs	74	76		



Enforcement Report



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



Enforcement Update for FY 2025/2026: Quarter 2 2025 (October- December)

COMPLAINTS/CONVICTIONS & ARRESTS

DCA Category		Received
Unsafe/Unsanitary Conditions		1
Fraud		3
Incompetence/Negligence		14
Unprofessional Conduct		25
Sexual Misconduct		2
Unlicensed/Unregistered		2
Criminal Charges/Convictions**		5
• Applicants	0	
• Licensees	5	
Total		52

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

INVESTIGATIONS*

DCA Category	Received	Closed	Pending**
Substance Abuse/Drug & Mental/Physical Impairment	0	0	0
Unsafe/Unsanitary Conditions	1	3	6
Fraud	3	6	35
Non-jurisdictional	0	0	2
Incompetence/Negligence	14	13	64
Other	0	0	6
Unprofessional Conduct	25	22	82
Sexual Misconduct	2	5	20
Unlicensed/Unregistered	2	4	7
Criminal Charges/Convictions (includes pre-licensure)	5	2	39
Total	52	55	261

* 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

Q2- October 1, 2025 - December 31, 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	47			77
Convictions/Arrest Received	27	5	5			10
Total Intake Received	143	35	52			87

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	2			3.0

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

Inv. Cycle Time of Non-AG Cases (Target: 200 Days)	FY 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	49			106
Field Investigations Closed	23	11	6			17
All Investigations Closed	148	68	55			123
Avg. Days to Close All Investigations	472	1080	474			

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	28			40
91 - 180 Days	28	13	4			17
181 Days - 1 Year (364)	21	5	3			8
1 to 2 Years (365-730)	14	7	10			17
2 to 3 Years (731- 1092)	14	0	1			1
Over 3 Years (1093 +)	27	31	9			40

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	16			18
Avg. Days to Complete Citations**	395	294	2			
License Denials	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 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			0
Avg. Days to Complete	817	0	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	3			3
AG Cases Pending	2	0	4			4
SOIs Filed	0	0	0			0
Accusations Filed	0	0	0			0
Revoked	0	0	0			0
Voluntary Surrender	2	0	0			0
Probation	0	0	0			0
Public Reprimand	0	0	0			0
Closed w/out Disciplinary Action	2	0	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			0
91 - 180 Days	0	0	0			0
181 Days - 1 Year (364)	0	0	0			0
1 to 2 Years (365-730)	0	0	0			0
2 to 3 Years (731- 1092)	0	0	0			0
Over 3 Years (1093 +)	1	0	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			0
Interim Suspension	0	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	1			1
Accusation/Petitions to Revoke Filed	1	0	0			0
Subsequent Discipline Final Orders	1	0	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

DEADLINES

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

- 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)).

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

- Feb. 16** Presidents' Day observed.
- Feb. 20** Last day for bills to be **introduced** (J.R. 61(b)(4), J.R. 54(a)).

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				

- Mar. 26** **Spring Recess** begins upon adjournment (J.R. 51(b)(1)).
- Mar. 30** Cesar Chavez Day observed.

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		

- 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							
	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 hrs.	24	25	26	27	28	29	30
Wk. 4	31						

- 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.

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.



**CALIFORNIA
ACUPUNCTURE
BOARD**

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



DATE	March 26, 2026
TO	Acupuncture Board Members
FROM	Kristine Brothers, Policy Coordinator
SUBJECT	2026 Legislation of Interest as of March 17, 2026

Bills of Interest to the Board Introduced in 2026:

[Assembly Bill 1558](#) (Arambula)

Uniform Emergency Volunteer Health Practitioners Act

Status: Introduced January 8, 2026.

Existing Law:

- Existing law establishes the Emergency Medical Services Authority (EMSA) to develop statewide emergency medical services planning and implementation guidelines, including disaster response, and to provide technical assistance to local jurisdictions.
- EMSA must adopt regulations, with approval from the Commission on Emergency Medical Services, to carry out its statutory responsibilities.
- California law adopts the Emergency Management Assistance Compact (EMAC), which enables interstate mutual aid during emergencies and allows licensed professionals from member states to practice in requesting states during declared emergencies.
- Federal law establishes systems for registering and deploying volunteer health professionals during disasters, including the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) and the Medical Reserve Corps.
- EMSA administers California’s Disaster Healthcare Volunteers program under the ESAR-VHP framework.

Summary of Bill:

AB 1558 would enact California’s version of the Uniform Emergency Volunteer Health Practitioners Act, establishing a framework that allows licensed health practitioners from other states to provide volunteer health services in California during a declared emergency.

The bill authorizes out-of-state practitioners to provide services in California if they are registered through an approved emergency volunteer system and deployed by a host entity during an emergency declaration. These practitioners may practice without obtaining a California license so long as they hold an active license in good standing in another state and provide services within the scope of practice permitted in their home state and consistent with the scope allowed for similarly licensed practitioners in California.

The bill further authorizes California licensing boards to impose limitations on the services provided by volunteer practitioners and allows boards to investigate complaints and take

disciplinary action against volunteer practitioners who violate applicable laws or professional standards while practicing in the state during an emergency deployment.

Board Impact:

AB 1558 will expand the Board's regulatory oversight to include out-of-state volunteer practitioners providing services in California during a declared emergency. The bill requires such practitioners to comply with the scope of practice applicable to similarly licensed professionals in California and authorizes boards to modify permitted services during an emergency.

The bill may raise scope-of-practice considerations where a practitioner's authorized activities in their home state differ from California law. For example, certain out-of-state practitioners may be authorized to perform needle-based therapies or other procedures that fall within the definition of acupuncture under California law but are not permitted for those professions in this state. As a result, the Board may be required to evaluate whether specific services provided during emergency deployments are consistent with California's statutory framework.

AB 1558 also presents enforcement and jurisdictional considerations. Because volunteer practitioners would not hold California licenses, the Board's standard disciplinary processes may not apply. Complaints involving these practitioners may require coordination with other California licensing boards, emergency response entities, or out-of-state regulatory agencies. Determining jurisdiction and appropriate enforcement actions may require case-by-case evaluation.

Operationally, the Board may experience workload associated with reviewing complaints, assessing scope-of-practice issues, and coordinating with other entities. Staff is seeking additional clarification from the author regarding scope-of-practice and enforcement provisions.

Fiscal Impact:

AB 1558 is expected to have minor and absorbable fiscal impacts. The bill may result in occasional complaints or inquiries related to out-of-state volunteer practitioners providing services during emergency deployments. These cases may require staff time for complaint intake, review, and coordination with other licensing boards or out-of-state regulatory agencies.

The overall workload impact is expected to be limited as acupuncture services are not typically a primary component of emergency response activities. Any additional workload is anticipated to be infrequent and manageable within existing resources.

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**[Assembly Bill 1775](#)** (Ward)

**Veterans**

**Status:** Introduced February 9, 2026. Referred to Committee on Military and Veterans Affairs.

**Existing Law:**

- Establishes the California Department of Consumer Affairs under the direction of the Director and outlines its authority to administer and oversee licensing boards that regulate professions and vocations.

- Requires boards under the department to expedite the initial licensure process for applicants who demonstrate they served as active-duty members of the U.S. Armed Forces and received an honorable discharge.

**Summary of Bill:**

AB 1775 would revise requirements for boards under the Department of Consumer Affairs (DCA) related to military and military-spouse licensing. The bill expands eligibility for expedited licensure to include applicants discharged from military service solely as a result of Executive Order No. 14183 issued on January 27, 2025. Executive Order 14183 changes military eligibility standards by directing the Department of Defense to restrict service by individuals with gender dysphoria or those identifying with a gender different from their assigned sex, which can result in the discharge or ineligibility of certain service members under these updated military policies.

AB 1775 also requires the DCA to collect and compile board-specific data on military and military-spouse licensing. This includes the number of expedited license applications issued to military spouses, honorably discharged military members, and to include those who were discharged solely as a result of Executive Order No. 14183 issued on January 27, 2025, and to report this information annually to the Legislature.

**Board Impact:**

The effect of AB 1775 on DCA and its licensing boards extends expedited licensure eligibility to applicants who were discharged from military service solely due to Executive Order No. 14183 issued on January 27, 2025. This essentially adds these individuals to the category of honorably discharged military who are already eligible for expedited licensure under BPC section 115.4.

**Fiscal Impact:**

The number of expedited applications associated with the expanded eligibility category is expected to be low, and the Board already has procedures in place to expedite applications for qualifying military applicants. Any additional administrative workload associated with updating licensing forms, identifying, and reporting the required data is expected to be minimal and absorbable within existing staffing and budget resources.

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[Assembly Bill 1949](#) (Lee)

Medi-Cal: acupuncture treatments.

Status: Amended in Assembly March 16, 2026.

Existing Law:

- Establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including pharmacy services and drugs.
- The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions.
- Sets forth a schedule of benefits covered under the Medi-Cal program, including acupuncture, but only to the extent federal matching funds are provided for acupuncture.

Summary of Bill:

AB 1949 would require the Medi-Cal program to cover up to 24 acupuncture visits per beneficiary per calendar year and would state that the benefit is not subject to utilization

controls, except as specified. This bill is the same as SB 944 except recent amendments have specified details on the number of allowed visits.

Board and Fiscal Impact:

AB 1949 could increase Medi-Cal beneficiaries accessing acupuncture services which could indirectly lead to a higher volume of inquiries or complaints for the Board to address.

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**Assembly Bill 2140** (Johnson)

**Healing arts: reports: claims against licensees.**

**Status:** Introduced February 18, 2026. Referred to Committee on Business and Professions.

**Existing Law:**

- Existing law requires uninsured licensees of healing arts boards specified in Section 800, along with claimants or their attorneys, to report to the relevant licensing board any settlement, judgment, or arbitration award over \$3,000 that involves personal injury or death caused by negligence, error, omission, or unauthorized practice by the licensee. The report must be submitted within 30 days. Failure to report is a public offense punishable by a fine between \$50 and \$500.

**Summary of Bill:**

AB 2140 would increase the minimum fine for a violation of Section 802 from \$50 to \$100.

**Board Impact:**

Professional liability insurance is not legally required for licensed acupuncturists. Currently, there is no data on the amount of uninsured acupuncturists in California. Based on this lack of data, the number of uninsured licensees is unknown. In addition, the Board's enforcement records show no reports of settlements, judgments, or arbitration awards over \$3,000 received by any licensees, claimants, or attorneys. Malpractice-related information is typically received by insurance companies or the National Practitioner Databank (NPDB).

Uninsured licensees are not required to report to the NPDB, so there is no external source the Board can rely on to identify unreported actions. The only way the Board would likely find out about an unreported settlement, arbitration, or judgment under Section 802 would be from the claimant or their attorney. This has not occurred, leaving no basis to estimate how many licensees may be subject to the increased fine. A licensee's violation of Section 802 is a public offense so any fines collected would not come to the Board.

Theoretically, increasing the minimum fine could improve compliance with the reporting requirement, but given the Board's lack of current reports or data on uninsured licensees, any actual increase in reporting is unlikely.

**Fiscal Impact:**

Staff cannot accurately estimate the workload or fiscal impact associated with AB 2140 due to the absence of enforcement history involving uninsured licensees and uncertainty about how the Board would become aware of a reporting violation. Since the Board currently experiences little to no impact from section 802, the changes proposed by AB 2140 are also expected to have little to no fiscal effect.

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[Senate Bill 944](#) (Wiener)

Medi-Cal: acupuncture

Status: Introduced February 2, 2026.

Existing Law:

- Establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including pharmacy services and drugs.
- The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions.
- Sets forth a schedule of benefits covered under the Medi-Cal program, including acupuncture, but only to the extent federal matching funds are provided for acupuncture.

Summary of Bill:

SB 944 would remove the limitation requiring federal matching funds for acupuncture to be a covered benefit, thereby making acupuncture a covered benefit under Medi-Cal. This bill is the same as AB 1949, but that bill was recently amended to include more specific details on the number of allowed visits.

Board and Fiscal Impact:

SB 944 could increase Medi-Cal beneficiaries accessing acupuncture services which could indirectly lead to a higher volume of inquiries or complaints for the Board to address.

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[Senate Bill 1391](#) (Wahab)

**Department of Consumer Affairs: retired category licenses.**

**Status:** Introduced February 20, 2026.

**Existing Law:**

- Authorizes any of the boards within the department, except as specified, to establish by regulation a system for a retired category of license for persons who are not actively engaged in the practice of their profession or vocation.

**Summary of Bill:**

SB 1391 would require a board that offers a retired category of licensure to disclose that information on its internet website.

**Board Impact:**

As of April 1, 2026, the Board will have a retired license status category. The Board has carried out implementation steps in preparation of the new regulation and already has a webpage that provides retired status information. After a license is placed on retired status following an application, the DCA License Search (license verification) will reflect the license as retired on the Board's website. Therefore, the Board is in compliance with the bill requirements.

**Fiscal Impact:**

None.



# **Regulatory Update**



|                |                                       |
|----------------|---------------------------------------|
| <b>DATE</b>    | March 26, 2026                        |
| <b>TO</b>      | Acupuncture Board Members             |
| <b>FROM</b>    | Kristine Brothers, Policy Coordinator |
| <b>SUBJECT</b> | Regulatory Update                     |

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

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

| CONCEPT PHASE                |      |                             | PRODUCTION PHASE |                                     |                              |               |
|------------------------------|------|-----------------------------|------------------|-------------------------------------|------------------------------|---------------|
| Added to Rulemaking Calendar | R&D  | Language taken to Committee | Board Approval   | Staff & Legal Counsel Draft Package | Reg Unit & DCA Budget Review | Agency Review |
| 11/28/2018                   | 2012 | N/A                         | 11/6/25          | 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.

The Regulation Unit (RU) completed their review of the ISOR and Guidelines in early September which resulted in suggested edits and updates throughout the ISOR, as well as updates to the proposed Guidelines. The Board adopted the updated Guidelines at its November 2025 meeting. Staff have been editing the ISOR to conform with the updates and incorporate more rationale throughout.

**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 as part of the ongoing review process.

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                    | n/a                                           | n/a                            |

| FINAL FILING PHASE |                    |            |                            |                |
|--------------------|--------------------|------------|----------------------------|----------------|
| DCA Review         | BCSH Agency Review | OAL Review | Filed w/Secretary of State | Effective Date |
| 11/21/25           | n/a                | 11/21/25   | 1/6/26                     | 4/1/26         |

This rulemaking establishes an application process for retired status and the restoration of a retired license. OAL approved the new regulation on January 6, 2026, and it will take effect April 1, 2026.

**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                     | 11/6/25                                       | 12/5/25                        |

| 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 Board reviewed public comments received during the initial 45-day comment period and approved modified language at its November 2025 meeting. Staff noticed the modified language on December 5, 2025, and held a 15-day public comment period. The Board is scheduled to review the comment received at its March 2026 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                           | 3/9/26                       |               |

| 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 proposed language on June 13, 2025.

RU completed its review of the ISOR and std. 399 form on October 21, 2025. Staff submitted the remaining rulemaking documents for RU's review on January 28, 2026. RU completed their review March 9, 2026. Next, are the Acting Director and Agency's reviews.



**Telehealth**



|         |                                                                                                                                                                                                                       |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE    | March 26, 2026                                                                                                                                                                                                        |
| 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 During 15-day Comment Period for Modified Text) |

### **Background**

At its November 6, 2025, meeting, the Board reviewed public comments received as part of the initial 45-day public comment period that ran from July 4, 2025 to August 18, 2025. The Board voted to reject the action(s) requested in the comments, accept (in part) amendment suggested by comment #4, and approve the proposed modified text for a 15-day public comment period.

Staff noticed the modified text on December 5, 2025, and the 15-day comment period ended on December 22, 2025. During that time, the Board received one public comment which has been redacted to remove the personal email address and other identifying information of the commenter.

The Board is first asked to review the public comment and determine how it would like to respond to this comment. Once the response to the comment is determined, it is requested the Board direct staff to reject the action requested in the comment, make no further changes to the modified text, and continue the rulemaking process.

### **Public Comment and Proposed Response**

Below is a summary of the comment the Board received regarding the modified text during the 15-day public comment period, followed by Board staff's proposed response. The Board may choose to adopt or modify the below proposed response or suggest an alternative response.

| Comment | Name                              | Date Received |
|---------|-----------------------------------|---------------|
| 1       | Dr. Elizabeth Selandia, OMD, Lac. | 12/5/25       |

### **Summary of Comment:**

The commenter states that the revised telehealth proposal does not improve upon the earlier version and argues that most acupuncture services cannot be delivered via telehealth. They assert that telehealth is limited to activities such as consultations regarding scheduling and emergencies, guidance on self-care, demonstrations of acupressure or exercises, and prescribing herbal or dietary supplements. The commenter emphasizes that hands-on treatments—including acupuncture, moxibustion, cupping, electrostimulation, massage, and acupressure—cannot be performed remotely and therefore should not be billable under telehealth. The

commenter expresses strong opposition to the proposed regulation and believes it would negatively impact practitioners.

**Proposed Response:**

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

As stated in the Initial Statement of Reasons at page 2, the Board's intention for the proposed regulation is not to set out a separate narrow list of each acupuncture service that is appropriate or not appropriate for a telehealth setting. The intended approach is to allow an acupuncturist to determine, from all the services listed in an acupuncturist's scope of practice (BPC section 4937), what is appropriate to offer in a telehealth setting.

The proposal instead 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.

With respect to the commenter's statements about what services can or cannot be billed under telehealth, the Board notes that billing issues fall outside the scope of this regulatory proposal. The modified text addresses services authorized by Business and Professions Code section 4937 and does not address billing, reimbursement, or coding practices, and Business and Professions Code section 4937 does not govern billing requirements. Because the regulation is limited to clarifying permissible telehealth practice for licensed acupuncturists, not payment or insurance matters, the commenter's billing-related concerns are not directly relevant to the proposed changes.

For these reasons, no modifications to the regulatory text are being made in response to this comment.

**Action Requested**

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

- Option 1 (If Board Members agree with the proposed response and choose not to modify the language):

Direct staff to reject the action requested in the comment, approve the response to the comment (as indicated in the meeting materials), authorize the Executive

Officer to make any technical or non-substantive changes to the proposed regulations, and direct staff to take all steps necessary to complete the rulemaking process.

- 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 commenter in specific comments and make edits to the proposed regulatory text, as identified, but otherwise reject the comment, as set forth in the meeting materials. 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 second modified text comment period.

Attachments:

Comment 1 (Received December 5, 2025)

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**From:** [REDACTED]  
**Sent:** Friday, December 5, 2025 6:53 PM  
**To:** [REDACTED]  
**Subject:** Re: Notice of Modified Text of Proposed Regulations

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**This Message Is From an Untrusted Sender**

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](#) 

This telehealth revision has made absolutely NO improvement over what was submitted before!!

Exactly how is one to use needles or moxa or do acupressure over telehealth?

**At best, the situation could be used only as follows:**

- 1. Consultation to establish need for earlier than scheduled appt., or to set up an emergency appt.; or in case of illness preventing the patient to be seen in person, consultation on what care they can do at home for themselves;**
- 2. Consultation to establish the need for herbal prescription and/or dietary supplement(s), with the result the patient consulting over telehealth can begin to use a new formulary of either herbal or dietary supplements;**
- 3. Consultation followed by demonstration by practitioner of acupressure points to be massaged by patient, whereby then the patient demonstrates in return the same procedure on themselves.**
- 4. Consultation on the use of applied heat by warm water bottle or electric pad or warm shower or footbaths.**
- 5. Consultation followed by demonstration by provider of breathing techniques, with the patient then demonstrating what they have been shown to do;**
- 6. Consultation followed by demonstration by provider of exercises, with the patient then demonstrating what they have been shown to do.**

Telehealth communications cannot provide the following of the other items cited under 4937 "acupuncture services:"

- 1. Acupuncture treatment of any sort or type by the practitioner, including magnets, cupping, electrostim, etc.**
- 2. Moxibustion of any sort or type performed by the practitioner;**
- 3. Hands on by practitioner Asian massage and/or acupressure.**

Billing cannot therefore include the following:

- 1. Acupuncture treatment**

2. Moxibustion treatment
3. Asian massage and/or acupressure.
4. Heat treatment

**Billing can include:**

1. Consultation (as referenced in #1, 3-6)
2. Prescription of herbal formulas and/or dietary supplements

**PERIOD!!**

YOUR intention to put us out of business with the faulty regulation is duly noted. Get your act together, please.

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

----- Original Message -----

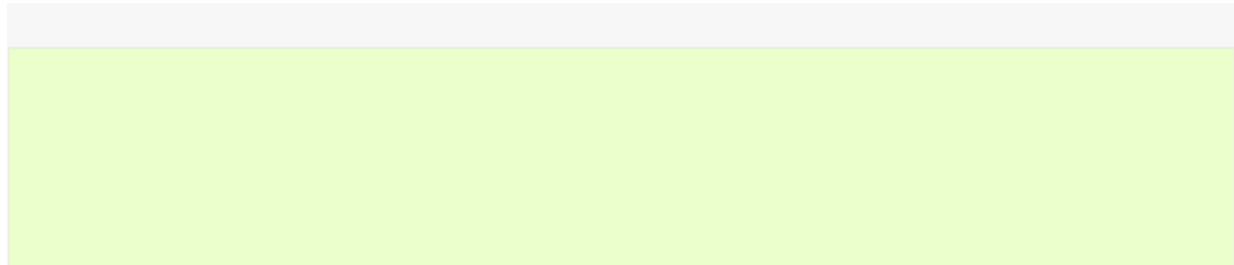
From: California Acupuncture Board [REDACTED]

[REDACTED]

[REDACTED]

Subject: Notice of Modified Text of Proposed Regulations

Date: Fri, 5 Dec 2025 17:34:18 -0800



Logo



## **NOTICE OF AVAILABILITY OF MODIFIED TEXT OF PROPOSED REGULATIONS REGARDING STANDARDS OF PRACTICE FOR TELEHEALTH SERVICES**

The Acupuncture Board (Board) is providing [Notice](#) regarding modified text to the proposed regulations that would establish standards for licensees to follow when acupuncture services are provided via telehealth.

Further details can be found in the [Notice](#). The modified text can be viewed [here](#).

[Unsubscribe](#)

California Acupuncture Board  
1625 North Market Blvd., Suite N-219  
Sacramento, CA 95834

(916) 515-5200  
[acupuncture@dca.ca.gov](mailto:acupuncture@dca.ca.gov)  
<https://www.acupuncture.ca.gov/>

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