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**LICENSING COMMITTEE MEETING  
APPROVED 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 DAclM 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 DAclM. 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 DAclM 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.