



Acupuncture Association of Colorado  
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**January 18, 2021**

**From: Acupuncture Association of Colorado**

**To: Vivienne Belmont, Department of Regulatory Agencies**

**RE: Acupuncturists Practice Act, 2022 Sunset Process**

Dear Ms. Belmont,

Thank you for your commitment to public safety, and to your support as we embark upon the Acupuncturist Practice Act sunset process. We look forward to working with you.

Per our meeting with you on 12/18/2020, we recognize the need to update our language and scope of practice so that we are able to be in-line with contemporary clinical language. This allows our practice to provide the best in care and safety through clear communication with patients and with other providers.

Based on examination of our previous practice act:

- We understand that the term “Oriental” is both out of date and banned from use in federal law since 2016. At this time, the most commonly agreed upon term for our profession is “Acupuncture and Herbal Medicine.”
- We recognize the need to provide care that is in-line with public safety as healthcare practices evolve with contemporary clinical innovations, evidence-based research, as well as diagnostic and treatment techniques.
- We appreciate our current ability to diagnose and treat our patients as independent practitioners who patients can access directly without referral.

Please find below both suggested updates of current language and suggestions for new language, specific reasoning of the definition of acupuncture, practitioner education and data driven citations about acupuncture safety/efficacy.

We look forward to working with you throughout this process, we are happy to provide any additional resources that you need.

Acupuncture Association of Colorado

**Suggested Language**  
**Acupuncturists Practice Act**  
**2022 Sunset Review**

The goals of our suggested language updates are:

- Aligning language with biomedical terminology for regulatory clarity
- Ensuring that the language used reflects contemporary education and training requirements that are necessary for licensure
- Incorporating language that clarifies areas of practice that have evolved since the 2012 sunset review

It is our intention that these changes will promote integrative opportunities with allied providers and contribute to better communication, patient care, and safety.

**Legislative Declaration:**

- (1) The Colorado general assembly hereby finds and declares that, in order to safeguard the life, health, property and public welfare of the people of this state, and in order to protect the people of this state against unauthorized, unqualified and improper application of services by individuals in the practice of acupuncture, it is necessary that a proper regulatory authority be established and adequately provided for.
- (a) The practice of acupuncture consists of patient and client management, which includes diagnosis and prognosis to maximize patients' physical function, movement, performance, health, quality of life and well-being across the life-span of the patient.
- (b) The scope of the practice of acupuncture will continue to evolve in response to innovation, research, collaboration, and changes in technology and societal needs.
- (c) It is unlawful for any person to practice or offer to practice of acupuncture in the state of Colorado, or to use in connection with his or her name or business to otherwise assume, use or advertise any title or description that will or reasonably might be expected to mislead the public into believing he or she is an acupuncturist, unless that person has been duly licensed as an acupuncturist under the provisions of this article 12-29.5.

## **Definitions:**

"Acupuncture and Herbal Medicine" means a system of health care that originated in East Asia, and continues to evolve in biomedicine, using both historical and contemporary medical concepts that employs resultant methods of diagnosis, treatment, and adjunctive therapies for the promotion, maintenance, and restoration of health, and the prevention of disease.

"Acupuncture" is a physical procedure that inserts thin needles into or at the surface of the body to stimulate specific anatomical tissues, points, and areas of the body to treat or prevent a disease or condition by affecting the structure or function of the body.

The "practice of acupuncture" means using acupuncture and herbal medicine to assess and diagnose a patient, to develop a plan to treat the patient, and to treat the patient through acupuncture and adjunctive therapies. The "practice of acupuncture" includes, but is not limited to, acupuncture, dry needling, herbal medicine, mobilization, injection therapy, application of heat therapies to specific areas of the body and adjunctive therapies.

Adjunctive therapies within the scope of the practice of acupuncture include (i) manual, mechanical, thermal, electrical, and electromagnetic treatment; (ii) the recommendation, administration, and provision of herbs, nutrients, supplements, as well as therapeutic exercises, dietary counseling, and lifestyle coaching all based on acupuncture medicine diagnosis and contemporary research according to practitioner training.

The "practice of acupuncture" includes authority to deliver services, within the practitioner's scope of practice, using advanced technology, including, but not limited to, telephone, interactive audio, interactive video, or other interactive data communication.

The "practice of acupuncture" includes direct access to provide services within this article independent of any referral, order, or other additional authorization from a physician or any other third party.

The "practice of acupuncture" includes the ability of practitioners to engage in acupuncture of animals. A licensee shall obtain the necessary training as determined by the director prior to practicing acupuncture on animals.

"Acupuncturist" means an individual who is licensed under this article to engage in the practice of acupuncture medicine.

"Guest acupuncturist" means an acupuncturist who is:

- (a) Licensed, registered, certified, or regulated and in good standing as an acupuncturist in another jurisdiction;
- (b) In this state for the purpose of instruction or education for not more than seven days within a three-month period; and
- (c) Under the direct supervision of a Colorado licensed acupuncturist, licensed chiropractor or medical doctor, in good standing, while performing instruction or education.

## **Acupuncture Definition Reasoning**

One of the primary challenges that we are faced with is the definition of the term “acupuncture”. This term has been used interchangeably to refer to a system of healthcare with diagnostic principles and also to procedures involving the use of fine needles or devices that stimulate areas or points near or at the surface of the skin. The original definition of “acupuncture” was “the puncture of the skin with fine needles for diagnostic and therapeutic purposes”, which was replaced in 1995 with a new definition for the “medicine known as acupuncture”. We have identified that there is a need to define the system of healthcare, as well as, the specific intervention with unique terms. This will help to protect patients from untrained or inadequately trained professionals who see the procedure of acupuncture as a non-invasive manual technique.

As Acupuncture and Herbal Medicine has already established itself as a fundamental modality in the integrative approach to patient care, we need to define both the medicine of acupuncture as well as the family of procedures it includes. Some of the specific techniques include, but are not limited to, micro needling; superficial needling; motor point needling; dermal needling; injection therapy; plum-blossom needling; pricking therapy; dry needling; intramuscular needling; trigger point needling; the use of electrical stimulation with needles; the use of moxibustion with needles; laser biostimulation; scalp acupuncture; cosmetic acupuncture; and auricular (ear) acupuncture.

## **Education**

The education of acupuncturists is overseen by the accrediting body ACAOM which is accredited by the Department of Education.

A typical Master’s Degree takes 1.5 to 2 years to complete, however the minimum standard for ACAOM accreditation is 3 years for the MAc. degree and 4 years for the MAc.CH. degree. ACAOM standards for a Master’s of Acupuncture degree includes 450 hours of education in biomedicine ([see NCCAOM, Biomedical Exam 2021](#)). This includes training in anatomy and physiology, biomedical disease pathology and etiology and common treatment, basic pharmacology, red flags for referral, recognition of mental health diseases, standard biomedical diagnostic tests and the meaning of their results, and biomedical physical examinations. In addition, all graduates of accredited programs must complete 90 hours of training in counseling, communication, and ethics.

This knowledge is then tested in the biomedicine portion of our national board exams, which are administered by NCCAOM. This biomedical training is reinforced in our 660 hours of supervised clinical training, where we are guided through the practice of needling into muscles, ligaments, tendons, sinews, and fascia, and where we learn to differentiate which cases are appropriate for treatment, and which ones necessitate referral to other providers. In order to become licensed providers, all acupuncturists must both graduate from an accredited program and pass their national board exams and achieve national board certification. This allows them to demonstrate entry-level competency for public safety. Currently, 1568 acupuncturists in Colorado have met these minimum requirements and hold active licenses thru DORA.

## **Herbal Medicine**

Herbal medicine practitioners must complete additional education standards and pass relevant portions of the national board certification exam. This includes an additional 210 hours of supervised clinical training, 450 hours of didactic training in herbal medicine, safe administration of herbal medicine, best practices and standards in relation to running and maintaining an herbal pharmacy, and common adverse reactions. There is also an additional 60 hours of biomedical clinical science training including training in biochemistry and pharmacology. However, this additional training in herbal medicine is not explicitly required by our practice act. Our concern is that practitioners without adequate training may be using herbal medicine inappropriately and putting patients at risk.

## **Acupuncture Safety/Efficacy:**

Our profession welcomes the opportunity for regulation. Acupuncture medicine includes the use of thin, long needles to puncture the skin. When performed by a licensed acupuncturist, the techniques used are extremely safe. However, without proper training and technique, significant risks include: organ puncture, nerve damage and infection.

- Chan MWC, Wu XY, Wu JCY, Wong SYS, Chung VCH. [Safety of Acupuncture: Overview of Systematic Reviews](#). *Sci Rep*. 2017;7(1):3369. Published 2017 Jun 13. doi:10.1038/s41598-017-03272-0
- National Center for Acupuncture Safety and Integrity. National Center for Acupuncture Safety and Integrity. <https://www.acupuncturesafety.org/>. Published 2021. Accessed January 12, 2021.

## **Other Notes:**

- The current Acupuncturists' Practice Act includes a mandatory disclosure clause (12-29.5-103) that is not present in related complementary medicine practice acts. As we are now aligned with the Colorado Candor Act in Title 12, as are related professions, we feel this alignment makes the existing (now redundant) mandatory disclosure clause unnecessary.
- We would like to examine alternatives to the line: "The 'practice of acupuncture' is based upon traditional and modern oriental medical concepts and does not include the utilization of western medical diagnostic tests and procedures, such as magnetic resonance imaging, radiographs (X rays), computerized tomography scans, and ultrasound." As modern healthcare moves towards integrative practices, we feel that access to and utilization of biomedical diagnostic tests and procedures informs our ability to provide the best possible care for our patients and improves our ability to collaborate with allied professions.
- In this review, we would also appreciate consideration of acupuncture medicine's high standards of training, and to recognize that this training is necessary for patient wellness and safety. Every time a health professional places an acupuncture needle into someone it reflects on our profession, our reputation, treatment effectiveness and overall safety.

- Other areas we would like to review include the length of our Sunset/Sunrise, current rules and statutes around the use of the new titles of D.Ac and DAOM / DACM, and the board vs director models.

### **Source Materials:**

- [1] ACAOM.org. <https://acaom.org/resources/comprehensive-standards-and-criteria/>. Published September 2020.
- [2] NCCAOM.org. <https://www.nccaom.org/wp-content/uploads/pdf/2020%20BIO%20Content%20Outline%20with%20Bibliography%20Jan%202020.pdf>. Published January 2020.
- [3] Chan MWC, Wu XY, Wu JCY, Wong SYS, Chung VCH. [Safety of Acupuncture: Overview of Systematic Reviews](#). *Sci Rep*. 2017;7(1):3369. Published 2017 Jun 13. doi:10.1038/s41598-017-03272-0
- [4] National Center for Acupuncture Safety and Integrity. National Center for Acupuncture Safety and Integrity. <https://www.acupuncturesafety.org/>. Published 2021. Accessed January 12, 2021.