# MARYLAND BOARD OF ACUPUNCTURE

4201 Patterson Avenue Baltimore, MD 21215 Room 108-109

# MINUTES OF THE REGULAR SESSION

MAY 8, 2012 1:00 p.m.

#### **BOARD MEMBERS PRESENT:**

Steve Kaufman, L.Ac., Deneb Falabella, L.Ac., Kate Carter, L.Ac., Corinne Axelrod, L.Ac., Jan Exler, Consumer, Charles Neustadt, Consumer

## **BOARD MEMBERS ABSENT:**

Grant Zhang, L.Ac.

**BOARD STAFF PRESENT:** Penny Heisler, Executive Director, Cynthia Dobbins, Administrative Officer, and Richard Bloom, AAG

#### **GUESTS:**

John Harris, ADS, David Wurzel, L.Ac., Sharon Bloom, DHM, William Carter, ADS, Tracy Soltesz, L.Ac., MAS and Kristen Neville, Regulations Coordinator

## 1. CALL TO ORDER AND ESTABLISHMENT OF A QUORUM

Mr. Kaufman called the Acupuncture Board meeting to order at 1:00 pm and a quorum was established.

#### 2. APPROVAL OF MARCH 13, 2012 MINUTES

After review of the Minutes, Ms. Falabella moved to approve the Minutes with changes and Mr. Neustadt seconded the motion. The motion passed unanimously.

#### 3. OLD BUSINESS

## A. DRY NEEDLING

Mr. Kaufman stated that he, Ms. Heisler, Ms. Axelrod, Mr. Neustadt and Mr. Bloom met with the Board of Physical Therapy Examiners to discuss their proposed regulation on dry needling. The Board offered the following concerns to the PT Board:

• The term "Intramuscular Manual Therapy" may be misleading to the public. Intramuscular needling or trigger point needling would be more appropriate.

- The number of training hours is insufficient. Auricular Detoxification Specialists are required to earn 40 clinical hours and only needle a very small part of body (ear). Physicians are required by law to earn 100 didactic and 100 clinical hours.
- Standards to ensure competency of instructor should be developed.
- Supervision requirements should be developed.
- The regulation should define that needling should only be used for relieving or treating indentified muscular pain/impairment.
- Training needs to be separate and distinct from the standard PT training
- A system to approve trainers and courses should be developed.
- The PT board should ensure that only PT's who have completed approved training use this technique through a registration/certification process. PTs who wish to perform dry needling must submit training certification.

The PT board informed the Board that they will not use the term, intramuscular therapy, but will use dry needling. The PT Board also stated that it will increase the hours of training and will ensure that licensees inform their patients via informed consent form.

Ms. Soltesz stated she is still concerned with some chiropractors and physical therapist who continue to advertise that they are providing dry needling without the regulations in place. Ms. Heisler stated that she shared this concern with the PT Board.

# B. AURICULAR DETOXIFIATION SPECIALIST (ADS) REGULATIONS

Mr. Kaufman stated that the Committee met (Mr. Kaufman, Ms. Heisler and Ms. Dobbins) and recommends that the Board reduce the amount of supervision currently required for ADS's and remove the training requirements for supervisors.

Ms. Axelrod stated that she felt new ADS's need more supervision during their first few months of practice.

After review and discussion, Ms. Falabella moved to change the regulations as follows:

- C. The Board may approve a Maryland licensed acupuncturist for supervision of an individual registered to perform auricular detoxification if the licensee:
- (1) Holds a valid license to practice acupuncture in Maryland;
- (2) Has completed a training program in auricular detoxification as set forth in §B of this regulation;

that consists of:
(a) Maryland law and regulations;
(b) Management skills, including but not limited to:
(i) Appropriate record keeping;
(ii) Ordering supplies;
(iii) Scheduling; and
(iv) Daily operation requirements;
(c) Auricular detoxification methodologies, including but not limited to:
(i) Point location;
(ii) Clean needle technique; and
(iii) Environmental hazards;
(d) Teaching and leadership skills;
(e) Patient safety and risk management;
(f) Occupational Safety and Health Administration (OSHA) requirements;
(g) Health Insurance Portability and Accountability Act (HIPAA) requirements;
(h) Auricular detoxification program development; and
(i) Ethics, including but not limited to:
(i) Complaint resolution; and
(ii) Professional boundaries; and
(3) (4) Submits to the Board a completed application provided by the Board.
D. Supervisor Responsibilities. A supervisor shall ensure that:
(1) Auricular detoxification specialists are sufficiently competent in the areas listed in $\S B(1)$ of this regulation;

- (2) Auricular detoxification treatment records for patients of auricular detoxification specialists are maintained in a manner appropriate for and consistent with current and reasonable community standards of care; and
- (3) An on-site visit with the auricular detoxification specialist occurs at least once every 2 months. PRIOR TO RENEWAL.
- E. Renewal of Registration.
- (1) At least 1 month before a registration expires, the Board shall send a renewal notice to an auricular detoxification specialist that states:
- (a) The date the current registration expires;
- (b) The date a renewal application is to be received by the Board for the renewal to be issued and mailed before the registration expires; and
- (c) The amount of the renewal fee.
- (2) Before a registration expires, an individual registered to perform auricular detoxification may renew registration if the individual submits:
- (a) A completed renewal application on the form required by the Board;
- (b) Documentation that the supervising licensee meets the requirements for a license;
- (c) (b) Verification from the appropriate Health Occupation Board under A(1) of this regulation, that confirms that the individual has a current certification or license in good standing; and
- $\frac{d}{d}$  (c) The renewal fee specified in COMAR 10.26.01.
- (3) An individual registered to perform auricular detoxification shall maintain a current NAME OF SUPERVISOR, address and telephone number with the Board.
- F. Setting. The clinical substance abuse program or professional setting where an individual performs auricular detoxification on patients with documented substance abuse concerns shall meet reasonable community standards.

Ms. Axelrod seconded the motion. The motion was unanimously approved by the Board.

#### **NEW BUSINESS**

#### A. INITIAL LICENSURE APPLICATION APPROVAL

Ms. Carter made a motion to accept the list of new applicants and Mr. Exler seconded the motion. The motion passed unanimously.

#### **B. LEGISLATIVE WRAP UP**

Ms. Heisler informed the Board that SB 253 passed the legislature that will require a governmental unit to post on its website a regulation proposal that has been published in the Maryland Register within three days of its publication. She also informed the Board that Board Administrators met and are recommending to their respective Boards that a group clean-up bill be introduced next legislative session to allow renewal notices to be mailed electronically, to obtain cease and desist authority and allow for a monetary penalty for unlicensed practice.

Ms. Heisler asked Ms. Neville to give an update on other bills that affected boards this past session. Ms. Neville stated the following:

## Sunset Bills

The Maryland Program Evaluation Act, SB 378/HB 405, did not pass, resulting in all Boards maintaining the traditional sunset evaluation process. SB 378 had been amended by the Senate to require most Boards within in DHMH and DLLR to complete a self-evaluation form, but the House standing committee which held a hearing on this bill failed to vote on it.

# **Child Abuse Reporting**

Several bills were introduced this session, most likely as a result of the Penn State University scandal, which would impose penalties on individuals in certain fields, including health care practitioners, who are required to report cases of child abuse or suspected child abuse. None of these bills passed.

## Public Disclosure of Professional Credentials

SB 395 passed the legislature and is waiting to be signed by the Governor and would have imposed requirements on health care practitioners related to their professional credentials being publicly displayed in advertisements and on identification tags they would be required to wear. The bill was heavily amended to strike most of the requirements from the bill as introduced and to require the Boards to submit their advertising regulations and/or statutes to the health committees of the legislature.

#### Online Education

SB 839 was introduced to require the Maryland Higher Education Commission to enter into a Memorandum of Understanding with two online colleges to assist the colleges with removing barriers that have prevented the college's graduates from getting professional licenses. The Board of Nursing expressed significant concern about this bill because one of the colleges, Excelsior College, does not require a clinical component for a student to get their nursing degree. The Acupuncture Board and other boards also opposed the bill along with the Nursing board and it was withdrawn.

Ms. Soltesz, MAS, requested that the board send them a draft copy of the clean-up bill when drafted so that they can support changes.

#### C. OPERATING PROCEDURES

The Board reviewed its Operating Procedures and made several updates. The committee for FAOMRA was deleted; Secretary was deleted; the Alliance was deleted; and other minor corrections were made.

#### D. BOARD MEMBER ELECTION

Ms. Heisler informed the board that there was only 1 nomination for each seat. Mr. Kaufman was nominated to serve another term as Board Chair and Ms. Axelrod was nominated as Vice Chair. Since there were no other nominations received, Ms. Heisler stated that there was no need for a vote. The nominations stood as approved.

## E. EXECUTIVE DIRECTOR UPDATE

Ms. Heisler recommended the Board consider joining the other boards next year in a group clean up bill as the Acupuncture Board does not have Cease and Desist Order its law, only injunctive power. Also, the Board should add a monetary penalty or jail time for practicing without a license.

Ms. Heisler was asked whether the Board was allowed to increase its per diem. Ms Heisler said yes, that per diems were not in regulation and had not been increased for years, but that she would have to check the budget. Ms. Falabella moved to increase per diem to \$150 if money was available and Mr. Neustadt seconded the motion. The motion passed unanimously.

Ms. Heisler received an email questioning whether it was appropriate for an acupuncturist to charge more for their insurance clients, to get a reimbursement that was equal to their fee for private pay clients. Mr. Bloom indicated that he will review the matter and advise the Board accordingly.

The meeting adjourned at approximately 3:00 p.m.