

Questionnaire B – Scope of Practice

Proposal Summary/ Overview

To be completed by proposal sponsor. (500 Word Count Limit for this page) Please read the entire questionnaire before completing this page.

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Is this proposal regarding:

- *New or increased regulation of an existing profession/occupation? If so, complete Questionnaire A.*
- *Increased scope of practice or decreased regulation of an existing profession? If so, complete this form, Questionnaire B.*
- *Any other change to regulation or scope of practice? If so, please contact the Committee Administrator to discuss how to proceed.*

1) State the profession/occupation that is the subject of the proposal.

Licensed Acupuncturists

2) Briefly describe the proposed change.

Updated language to modify potentially controversial or offensive language that appears in statute such as the usage of the word “Oriental.”

Updates surrounding current standards of practice and modernization of terminology

Detailed scope of practice updates and expansion to meet current practice standards

3) If the scope of practice of the profession/occupation has previously been changed, when was the most recent change? Describe the change and provide the bill number if available.

4) If the proposal has been introduced, provide the bill number and names of House and Senate sponsors. If the proposal has not been introduced, indicate whether legislative sponsors have been identified. If the bill has been proposed in previous sessions, please list previous bill numbers and years of introduction.

Proposal initially introduced during 2021/22 legislative session as: Licensed acupuncture practitioner requirements and scope of practice modified.

HF3593 - House sponson Heather Edelson

SF3579 - sponsors Mark Koran, Jim Abeler

Currently in as:

HF2508 - House sponson Huot

SF2342 - sponsors Hoffman, Abeler, Kupec, Lieske

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5) Given the press of business in the 2023 legislative session it is unlikely that health licensing and scope of practice bills will be taken up this year. If there is an urgent need for the bill to be heard this year, please explain the urgency.

No identified urgency other than the reason for introduction has been discussed in the past by both the public and healthcare providers. Updating language assures that patients and providers adhere to current standards of practice, and to address outdated/insensitive nomenclature.

Questionnaire B: Change in scope of practice or reduced regulation of a health-related profession (adapted from Mn Stat 214.002 subd 2 and MDH Scope of Practice Tools)

This questionnaire is intended to help legislative committees decide which proposals for change in scope of practice or reduced regulation of health professions should receive a hearing and advance through the legislative process. It is also intended to alert the public to these proposals and to narrow the issues for hearing.

This form must be completed by the sponsor of the legislative proposal. The completed form will be posted on the committee's public web page. At any time before the bill is heard in committee, opponents may respond in writing with concerns, questions, or opposition to the information stated and these documents will also be posted. The Chair may request that the sponsor respond in writing to any concerns raised before a hearing will be scheduled.

A response is not required for questions that do not pertain to the profession/occupation (indicate "not applicable"). Please be concise. Refer to supporting evidence and provide citation to the source of the information where appropriate.

While it is often impossible to reach complete agreement with all interested parties, sponsors are advised to try to understand and to address the concerns of any opponents before submitting the form.

1) Who does the proposal impact?

- a. Define the occupations, practices, or practitioners who are the subject of this proposal.

Licensed Acupuncturists (L.Ac) in Minnesota - Acupuncture & Herbal Medicine is an integral aspect of the healthcare delivery system across the state. Acupuncturists are a preferred provider for conditions such as chronic pain, mental health and a multitude of other conditions

- b. List any associations or other groups representing the occupation seeking regulation and the approximate number of members of each in Minnesota

Minnesota Acupuncture Association (MAA) - The MAA is MN's professional association for Licensed Acupuncturists. The MAA represents all licensed providers across the state of MN with over 600 active licenses. The MAA is a membership organization consisting of over 400 Minnesotans with professional, students, public members and allied health organizations

- c. Describe the work settings, and conditions for practitioners of the occupation, including any special geographic areas or populations frequently served.

Licensed Acupuncturists work in a variety of different healthcare settings. These include local community-based private clinics, hospital and out-patient care clinics, mental health organizations, orthopedic rehabilitation clinics.

Acupuncturists serve a wide variety of demographics in MN from all walks of life. As a front line

defense for the treatment of multiple types of chronic pain, Acupuncturists often serve this growing population

- d. Describe the work duties or functions typically performed by members of this occupational group and whether they are the same or similar to those performed by any other occupational groups.

Acupuncture providers are a unique healthcare provider as the modalities performed are not offered by other groups.

Acupuncturists diagnose, evaluate and manage patient care for general health and speciality care. Acupuncturists directly provide Acupuncture services as well as a unique system of herbal medicine, dietary therapy and manual therapies

- e. Discuss the fiscal impact.

The proposal has no fiscal impact and was investigated by House Research in 2021/22 session as such.

2) Specialized training, education, or experience (“preparation”) required to engage in the occupation

- a. What preparation is required to engage in the occupation? How have current practitioners acquired that preparation?

Acupuncturists must complete a minimum 3-4 years of study with an accredited Master’s degree program. Education consists of both conventional medicine traditional medicine training. Within this standards of education are:

105 semester credits

- 705 clock (contact) hours of instruction in East Asian medical theory, diagnosis and treatment techniques in acupuncture, and related studies.
- 660 clock hours of instruction in clinical training, comprised of at least 150 hours in clinical observation and 500 clock hours of instruction in clinical internship.
- 450 clock hours of instruction in didactic East Asian Medicine (EAM)-related herbal studies (depending on area of focus)
- 450 clock hours of instruction in biomedical clinical sciences.
- 90 clock hours of instruction in counseling, communication, ethics, and practice management.

*According to current standards set by the [Accreditation Commission for Acupuncture and Herbal Medicine \(ACAHM\)](#)

In addition, First Professional and Advanced Practice Doctorate is available consisting of 162 semester credits or 1200 additional clock hours of instruction respectively

Following education, providers in MN are required to sit for national standardized exams administered by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), prior to being licensed.

"The NCCAOM is responsible for the development and administration of the Acupuncture, Chinese Herbology, and Oriental Medicine Certification Programs. The NCCAOM evaluates and attests to the competency of its National Board-Certified Acupuncturists through rigorous eligibility standards and demonstration and assessment of the core knowledge, skills and

abilities expected for an entry level practitioner of acupuncture and Oriental medicine.”

*According to NCCAOM.org

- Licensed Acupuncturists are also required to keep current CPR certification

- b. Would the proposed scope change or reduction in regulation change the way practitioners become prepared? If so, why and how? Include any change in the cost of entry to the occupation. Who would bear the increase or benefit from reduction in cost of entry? Are current practitioners required to provide evidence of preparation or pass an examination? How, if at all, would this change under the proposal?

The proposal would not modify entry level standards in MN nor preparation for occupation

- c. Is there an existing model of this change being implemented in another state? Please list state, originating bill and year of passage?

Yes, similar changes have been proposed and implemented in:

Colorado statute article 200

Hawaii HB1679 filed 2022

Arizona SB1080 filed 1/22

3) Supervision of practitioners

- a. How are practitioners of the occupation currently supervised, including any supervision within a regulated institution or by a regulated health professional? How would the proposal change the provision of supervision?

Licensed Acupuncturists are independent medical providers and licensed by the MN Board of Medical Practice. In addition, The Acupuncture Advisory Council advises, investigates, and gives recommendations to Board regarding licensure, complaints, and ethical considerations of those licensed from the current statute.

The proposed changes would not alter the supervision.

- b. If regulatory entity currently has authority over the occupation, what is the scope of authority of the entity? (For example, does it have authority to develop rules, determine standards for education and training, assess practitioners' competence levels?) How does the proposal change the duties or scope of authority of the regulatory entity? Has the proposal been discussed with the current regulatory authority? If so, please list participants and date.

MN Board of Medical Practice – grants licensure

NCCAOM – Assesses standards of education/entry-level competency

The proposal does not change duties or scope of authority of regulatory bodies

- c. Do provisions exist to ensure that practitioners maintain competency? Under the proposal, how would competency be ensured?

Providers are required, as part of Board Certification by NCCAOM to maintain competency via 60 hours of Continuing Education every certification cycle (4 years). This is reinforced through the current statutory language where providers are required to maintain NCCAOM certification. The new proposal would not alter this.

4) Level of regulation (See Mn Stat 214.001, subd. 2, declaring that “no regulations shall be imposed upon any occupation unless required for the safety and wellbeing of the citizens of the state.” The harm must be “recognizable, and not remote.” Ibid.)

- a. Describe how the safety and wellbeing of Minnesotans can be protected under the expanded scope or reduction in regulation.

The safety and wellbeing of Minnesotans can be protected by ensuring that when Minnesotans seek healthcare, they are assured that providers meet the current, high standards the occupation sets. Acupuncture is a unique and highly-skilled, minimally invasive procedure. In areas of the country, as well as in MN, there exists Acupuncture being called by other names which circumvents statutory language and puts the public at potential risk of harm. These loopholes have allowed provider-types that are not Licensed Acupuncturists to practice without meeting the rigorous standards for basic, entry-level care, thereby posing potential unsafe conditions to patients.

- b. Can existing civil or criminal laws or procedures be used to prevent or remedy any harm to the public?

5) Implications for Health Care Access, Cost, Quality, and Transformation

- a. Describe how the proposal will affect the availability, accessibility, cost, delivery, and quality of health care, including the impact on unmet health care needs and underserved populations. How does the proposal contribute to meeting these needs?

Proposed changes, will increase access and ease of delivery of essential healthcare services. Under the proposal, this will be done by updating language regarding how providers operate and detailing specifics regarding the services they provide. Bringing the statutory language more in line with the education that practitioners receive will alleviate the burden put on patients to receive care.

- b. Describe the expected impact of the proposal on the supply of practitioners and on the cost

of services or goods provided by the occupation. If possible, include the geographic availability of proposed providers/services. Cite any sources used.

No expected impact on the cost of services or goods.

- c. Does the proposal change how and by whom the services are compensated? What costs and what savings would accrue to patients, insurers, providers, and employers?

It is not foreseen that the proposed changes will alter cost or compensation beyond the current market rate

- d. Describe any impact of the proposal on an evolving health care delivery and payment system (eg collaborative practice, innovations in technology, ensuring cultural competency, value based payments)?

Updates to the language of the current statute will ensure cultural competency as well as promote diversity, inclusion, and equity. This will also ease payment burdens by stating clear and concise language around procedures. Proposal may also increase integrative care services to ease the burden on the current system by allowing providers to fully engage in scope of training and education.

- e. What is the expected regulatory cost or savings to state government? How are these amounts accounted for under the proposal? Is there an up-to-date fiscal note for the proposal?

none

6) Evaluation/Reports

Describe any plans to evaluate and report on the impact of the proposal if it becomes law, including focus and timeline. List the evaluating agency and frequency of reviews.

7) Support for and opposition to the proposal

- a. What organizations are sponsoring the proposal? How many members do these organizations represent in Minnesota?

MN Acupuncture Association – 400 members and representing the body of Licensed Acupuncturists in MN, of over 600 with current active licenses

- b. List organizations, including professional, regulatory boards, consumer advocacy groups, and others, who support the proposal.

Minnesota Acupuncture Association (MAA)
National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)
Northwestern Health Science University (NWHSU)

- c. List any organizations, including professional, regulatory boards, consumer advocacy groups, and others, who have indicated concerns/opposition to the proposal or who are likely to have concerns/opposition. Explain the concerns/opposition of each, as the sponsor understands it.

None

- d. What actions has the sponsor taken to minimize or resolve disagreement with those opposing or likely to oppose the proposal?

No opposition or disagreement exists with the current proposal. Previous editions of the proposal received questions regarding details of definitions of diagnosis and testing. Concerns were brought to the attention of the MAA when the proposal was first introduced by the American Academy of Medical Acupuncture. These concerns were surrounding proposed language of “testing procedures” within the new language. This language was stricken from current version as both parties felt this may lead to confusion