

# **Acupuncture Regional Stakeholder Meetings**

## **SOUTHERN CALIFORNIA**

### **Time**

Friday, February 2, 2018  
1:00 p.m. – 3:00 p.m.

### **Location**

Alhambra Medical University  
Classroom 8 (1st Floor)  
2215 W. Mission Rd.  
Alhambra, CA 91803

## **NORTHERN CALIFORNIA**

### **Time**

Sunday, February 4, 2018  
10:00 a.m. – 12:00 p.m.

### **Location**

Five Branches University  
Sun Room (1st Floor)  
1885 Lundy Ave., Suite 108  
San Jose, CA 95131

## **ATTACHMENT #4: POTENTIAL SUNSET REVIEW ISSUES**

1. California Acupuncture Licensing Examination (CALE)
  - a. Select 2014 Sunset Review issues & committee staff recommendations regarding the CALE
  - b. Executive Summary from 2016 California Acupuncture Board (CAB) audit of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) Examinations
  - c. 2016 CAB letter in support of NCCAOM plus California supplemental examination
  - d. Select 2017 CAB Sunset Review issues and prior CAB responses
  - e. January 2018 NCCAOM fact sheet
  - f. California State Oriental Medicine Association (CSOMA) 2018 position statement on NCCAOM examination
  - g. Memo for Feb 2, 2018, from Stephen Stumpf, Ed.D (also discusses other agenda issues)
2. Doctoral-Level License
  - a. Select slides from UCLA Center for East-West Medicine presentation
3. Integration with Western Medicine
  - a. Introduction from RAND Corporation paper on policy implications for complimentary and alternative medicine (CAM)
4. Clarification of Scope
  - a. 2018 CAB dry needling fact sheet

**Note:** the included items are intended to serve as introductory background materials and may be incomplete. For additional background or full documents, please reach out to Vince Chee ([vince.chee@asm.ca.gov](mailto:vince.chee@asm.ca.gov); 916-319-3301).

#### Attachment #4

A. 1. Select 2014 Sunset Review issues & committee staff recommendations regarding the CALE

### **EXAMINATION ISSUES**

#### **ISSUE #11: When will the Board conduct an audit of the NCCAOM examination(s)?**

**Background:** The Board develops and administers its own licensing examination, the California Acupuncture Licensing Examination (CALE). The Board spent approximately \$571,000 on examination administration. The CALE is only offered only twice a year once in northern California and once in southern California. Conversely, most states automatically accept applicants who have passed a national examination administered by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). The NCCAOM examination(s) are offered in English, Chinese and Korean, they are computerized and are offered at multiple locations in states in which it is provided. California is the only state that does not utilize the national examination.

In 2007, the Board contracted with OPES to conduct an in depth study to define the practice of acupuncturists in terms of actual job tasks that new licensees must be able to perform safely and competently and the knowledge required to perform those tasks. The Validation Report of the Occupational Analysis of the acupuncture profession and the Test Plan was adopted by the Board on February 19, 2009. This report serves as the blueprint for the ongoing development of the CALE. A new examination was administered for the first time in February 2011.

There were notable problems with the February 2011 examination. One problem occurred with the translation of the examination to Chinese and Korean. When the new examination was provided, applicants for licensure who registered to take the examination in Korean were given a test that contained many questions presented in Chinese. In response to an outcry from Korean language applicants, the Board permitted the applicants to retake the test after it had been properly translated at no additional cost to the applicants.

In the Board's 2012 Sunset Review Report, it noted that adapting the English examination into Chinese and Korean created an, "...unstandardized examination and are not equivalent measures of minimum competency." The Board reported that the tests vary in terms of difficulty and equivalency when translated. To address this and other issues with the examination, the Board considered a regulatory change to only administer the examination in English. However, after considerable public outcry against this change and a cease and desist memorandum from then Senator Curren D. Price and Senate pro Tempore Darryl Steinberg, the Board stopped efforts to move to an English only examination. In contrast, the NCCAOM examination continues to be administered in English, Chinese and Korean.

In May of 2011, OPES found that the integrity of the CALE had been compromised. The Board found that students could purchase "study guides" containing many of the answers from previously administered licensing examinations. In response, OPES removed several items from the testing bank.

In August of 2012, the pass rates for test takers was abnormally low (39%). In response to another outcry of stakeholders, the Board hired an outside reviewer to audit the examination. The results of the investigation showed that the examination was in fact valid.

There have been longstanding issues with the CALE and subsequent requests to consider moving to a national examination. During the 1999 Sunset Review Hearings, the Committee asked the Board to evaluate the NCCAOM examination(s) and compare it to the CALE. This request was echoed again

during the 2002, 2005 and 2012 Sunset Review Hearings. To date, no such comparison has taken place. The historical request to compare the examination stems from the aforementioned illustrated problems with examination administration, translation and the fact that the examination is quite costly to the Board. In addition, because California is the only state that does not accept the NCCAOM examination(s), reciprocity is hampered for acupuncturists who desire to practice across state lines.

**Staff Recommendation:** *Because of the problems the Board has encountered with providing the CALE, the associated costs of this examination and the existence of a national examination which appears to be adequate to test entry-level practitioners, the Board should take strides to move towards the goal of utilizing a national examination. The Board should first conduct an occupational analysis of the acupuncture workforce, conduct an audit of the NCCAOM examination(s) and pursue legislation that will allow students to take either the CALE or NCCAOM examination(s) until 2016. If the NCCAOM examination(s) are found to be valid and reliable, the Board should pursue legislative changes to require the use of the NCCAOM examination for licensure instead of the CALE.*

### **CONTINUED REGULATION OF ACUPUNCTURISTS BY THE BOARD**

#### **ISSUE #13: Should the licensing and regulation of acupuncturists be continued and be regulated by the current Board?**

**Background:** The health, safety and welfare of consumers are protected by a well-regulated acupuncture profession. Despite a quickly growing profession and the impact of a lack of staff, the newly formed Board has stated a strong commitment to protecting the public, ameliorating past deficiencies and improving efficiency in its operations. As has been recommended to prior Board members, the current Board should make every effort to ensure that its primary concern be the protection of the public and not over-involvement with the profession.

The Committees understand that the current Board members and staff inherited a program with little to no infrastructure and no institutional knowledge was passed down from prior Board staff. In recognition of this, Committee staff has reached out to the Board Executive Officer in an effort to ensure that the Executive Officer communicates the importance of addressing the concerns that were highlighted during the 2012 Sunset Review Hearing to the Board and Board staff. While the new Executive Officer has made laudable strides to improve Board operations, the Committees remains concerned about some of the outstanding tasks.

Of primary concern to the Committees are the aforementioned recommendations which were included in the 2012 Background Paper but have not been fully addressed to date. This leads the Committees to ask, “Where are the Board’s priorities? Will the newly formed Board continue down this road of selecting which issues it deems important while lacking in other critical functions?”

For example, the Board notes it is unable to purchase continuous query services from the National Practitioner Database, a service that is designed to help with enforcement. The Board indicates that this service is too expensive as it would cost the Board approximately \$70,000. However, the Board has expended resources on school site visits and has spent approximately \$571,000.00 per year on examination administration costs. Both of these tasks could be completed by national organizations more equipped to provide oversight and administration as has been recommended in *multiple* prior Sunset Review Reports of the Board.

Another example is the Board focusing too much time on practice-related issues e.g. at a recent committee meeting, a significant amount of time was spent on discussing the translations to the herb list study guide versus allowing the Board's subject matter experts to do this work. Similarly, during this same committee meeting, the committee members discussed how they might curtail the number of CE providers in California. These types of issues should not monopolize the Board's time.

The current Board should consider it a *priority* to direct its Executive Officer and staff to act on the following three recommendations prior to its next Sunset Review Hearing. These recommendations will put the Board back on track so that it might focus on *essential tasks* that it is lacking in such as enforcement, CE oversight and promulgating regulations:

- 1) Promulgate consumer protection and BPC § 138 regulations.
- 2) Conduct an occupational analysis of the acupuncture workforce, audit the NCCAOM examination(s) and pursue legislation that will provide students with the option to either take the CALE or the NCCAOM examination(s) until 2016, in preparation for the possible full adoption of the NCCAOM examination(s) thereafter.
- 3) Discontinue the Board's school approval process and instead pursue legislation to require that all schools be accredited by an accrediting agency approved by the U.S. Department of Education.

**Staff Recommendation:** *Recommend that the practice of acupuncture continue to be regulated by the current Board to protect the interests of the public. The Board should be reviewed by these Committees again in two years to specifically determine if the three identified issues have been addressed.*

# CALIFORNIA ACUPUNCTURE BOARD

## REVIEW OF THE NATIONAL CERTIFICATION COMMISSION FOR ACUPUNCTURE AND ORIENTAL MEDICINE EXAMINATIONS



OFFICE OF PROFESSIONAL EXAMINATION SERVICES



# CALIFORNIA ACUPUNCTURE BOARD

## REVIEW OF THE NATIONAL CERTIFICATION COMMISSION FOR ACUPUNCTURE AND ORIENTAL MEDICINE EXAMINATIONS

This report was prepared and written by the  
Office of Professional Examination Services  
California Department of Consumer Affairs

January 2016

Heidi Lincer-Hill, Ph.D., Chief

Raul Villanueva, M.A., Personnel Selection Consultant



## EXECUTIVE SUMMARY

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that examination programs being used in the California licensure process comply with psychometric and legal standards. The California Acupuncture Board (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the National Certification Commission for Acupuncture and Oriental Medicine's (NCCAOM) examination program. The NCCAOM examinations consist of four tests: Foundations of Oriental Medicine (FOM), Biomedicine (BIO), Acupuncture with Point Location (ACPL), and Chinese Herbology (CH). The purpose of the OPES review was to evaluate the suitability of the NCCAOM examinations as part of the requirements for licensure as an acupuncturist in California. This review was conducted jointly by OPES staff and two psychometric experts working as independent consultants (OPES Team).

OPES and its consultants reviewed documents provided by NCCAOM. Follow-up communications were held to clarify the procedures and practices used to validate and develop the NCCAOM examinations. A comprehensive evaluation of the documents was made to determine whether (a) occupational analysis, (b) examination development, (c) passing scores, (d) test administration, (e) examination performance, and (f) test security procedures met professional guidelines and technical standards. The OPES Team found that the procedures used to establish and support the validity and defensibility of the NCCAOM examination program components listed above meet professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing (Standards)* and the California Business and Professions Code section 139.

OPES convened a panel of licensed California acupuncturists to serve as subject matter experts (SMEs) to review the content of each of the four NCCAOM examinations and to compare this content with the test plan for the California Acupuncture Licensure Examination (CALE), as based on the 2015 California Acupuncture Occupational Analysis (OA) performed by OPES. The SMEs were selected by OPES based on their experience, practice specialty, and geographic location of their practice

The SMEs reviewed the test plans and 60-70 sample items from each of the NCCAOM examinations to become familiar with the content of each exam. Once familiar with the content, the SMEs performed a comparison between the content of each of the four NCCAOM examinations and the job task and knowledge statements that make up the test plan for the CALE.

The results of the review by the SMEs indicate that:

1. The NCCAOM examinations are congruent with assessing many of the general areas of entry-level California acupuncture practice, e.g., acupuncture treatment, herbal therapy, diagnostic impressions, etc.
2. The NCCAOM examinations do not assess 100% of the general areas of entry-level California acupuncture practice identified in the 2015 California Acupuncture OA.

3. The NCCAOM examinations do not assess California-specific areas of entry-level acupuncture practice, including content related to the laws, regulations, and practice requirements specific to California.

Table 5 summarizes the results of the linkage study. The listed percentages describe the percent of content overlap between the NCCAOM exam content and the content of the CALE.

The content areas for each of the four NCCAOM examinations are provided in Appendices A through F, respectively. The CALE test plan (Table 6) specifies the job tasks and related knowledge tested by the CALE which a California acupuncturist is expected to have mastered at the time of licensure.





BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

**CALIFORNIA ACUPUNCTURE BOARD**  
1747 North Market Boulevard, Suite 180, Sacramento, CA 95834  
(916) 515-5200 FAX (916) 928-2204 [www.acupuncture.ca.gov](http://www.acupuncture.ca.gov)



July 8, 2016

Dr. LeOndra Clark-Harvey, Chief Consultant  
Assembly Business and Professions Committee  
1020 N Street, Room 383  
Sacramento, CA 95814

RE: Acupuncture Board adoption of NCCAOM licensing exam with a California-specific supplemental exam

Dear Dr. Clark-Harvey,

This letter is to inform you of recent action taken by the California Acupuncture Board (Board) at our most recent public meeting, held on June 10, 2016 in Los Angeles. The motion put forward by Vice-President Jamie Zamora and seconded by Dr. Michael Corradino, and passed by the Board with a vote of 6-0-0 in favor, is as follows:

"I motion that the Acupuncture Board direct our EO to draft a letter informing the Assembly Business and Professions Committee, that the Board recommends the introduction of legislation mandating for Acupuncture licensure in California, that applicants now be required to take the NCCAOM exam with a California supplemental exam, to be implemented not before January 1, 2019."

This motion is consistent with the California Office of Professional Examination Service's (OPES) recommendation of option four (page 53 of the conclusion) of the "Review of the National Certification Commission for Acupuncture and Oriental Medicine Examinations (January 2016)", as presented to the Board at the February 26, 2016 public meeting. A copy of the review is enclosed.

After presentations from OPES and NCCAOM, receiving input from the stakeholders present at both Board meetings, and careful deliberation, the Board decided option four to be the best fit, as the addition of a California supplemental examination to the NCCAOM examination(s) would ensure that the laws, regulations, and ethics unique to California practitioners were examined.

The Board stands ready to work collaboratively with the Legislature, OPES and NCCAOM to implement the necessary changes to ensure public protection and maintain California's high standards for Acupuncture licensure and practice.

Sincerely,

  
Hildegard Aguinaldo, President  
California Acupuncture Board

CC: Bill Gage, Chief Consultant, Senate Business, Professions and Economic Development Committee  
California Office of Professional Examination Services (OPES)  
California Bureau of Private Post-Secondary Education (BPPE)  
National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)

Enclosure

## Attachment #4

### A. 4. Select 2017 CAB Sunset Review issues and prior CAB responses

#### **ISSUE #5: Should the Board take steps towards adopting a national examination?**

**Background:** The Board develops and administers its own licensing examination, the CALE. The CALE is offered twice a year – once in northern California and once in southern California. The Board spent approximately \$571,000 on administering the CALE in 2013/14.

Most states accept applicants who have passed a national examination administered by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). The NCCAOM examinations are offered in English, Chinese and Korean, they are computerized, and are offered at multiple locations in states in which it is provided. California is the only state that licenses acupuncturists that does not utilize the NCCAOM's examination. Additionally, though California only accepts the CALE, approximately 300 students who receive education in California take both the CALE and the NCCAOM in order to ensure they will be able to practice in other states.

In 2007, the Board contracted with the DCA's OPES to conduct an in-depth study in order to define the practice of acupuncturists – referred to as an OA. The OA process includes surveying licensees to determine actual job tasks that new licensees must be able to perform safely and competently, and the knowledge required to perform those tasks. The *Validation Report of the Occupational Analysis* of the acupuncture profession and the *Test Plan* was adopted by the Board on February 19, 2009. The report served as the blueprint for the ongoing development of the CALE. A new examination was administered for the first time in February 2011.

There were notable problems with the February 2011 examination. One problem occurred with the translation of the examination to Chinese and Korean. When the new examination was provided, applicants for licensure, who registered to take the examination in Korean, were given a test that contained many questions in Chinese. In response to an outcry from Korean language applicants, the Board permitted the applicants to retake the test after it had been properly translated at no additional cost to the applicants.

In the Board's *2012 Sunset Review Report*, it noted that adapting the English examination into Chinese and Korean created an, "...unstandardized examination and are not equivalent measures of minimum competency." The Board reported that the tests vary in terms of difficulty and equivalency when translated. To address this and other issues with the examination, the Board considered a regulatory change to only administer the examination in English. However, after considerable public outcry against this change and a cease and desist memorandum from then Senator Curren D. Price and Senate pro Tempore Darryl Steinberg, the Board stopped efforts to move to an English only examination. In contrast, the NCCAOM examination continues to be administered in English, Chinese and Korean.

In May of 2011, OPES found that the integrity of the CALE had been compromised. The Board found that students could purchase "study guides" containing many of the answers from previously administered licensing examinations. In response, OPES removed several items from the testing bank.

#### **Attachment #4**

##### **A. 4. Select 2017 CAB Sunset Review issues and prior CAB responses**

In August of 2012, the pass rates for the CALE test takers was abnormally low (39%). In response to another outcry of stakeholders, the Board hired an outside reviewer to audit the examination. The results of the investigation showed that the examination was valid.

During the 2013/14 sunset review of the Board, hundreds of students and schools lobbied the Legislature to require the Board to cease offering the CALE and instead move towards offering the NCCAOM examinations. These stakeholders organized a movement, *CALE Takers United Front*. Since then, there have been complaints of problems with the conditions at the Board's examination testing sites.

As outlined above, there have been various issues with the CALE resulting in the Committees and stakeholders requesting the Board to seriously consider utilizing the NCCAOM examinations. During the 1999 Sunset Review Hearings, the Committee asked the Board to evaluate the NCCAOM examinations and compare it to the CALE. This request was echoed again during the 2002, 2005, 2012, and 2014 Sunset Review Hearings of the Board.

Since its 2013/14 sunset review, the Board contracted with the OPES to conduct another OA of the CALE. The OA was completed in February 2015. The Board contracted with the OPES and completed an audit of the NCCAOM examinations which was presented at the February Board meeting. The OPES found that the NCCAOM examinations were comparable to the CALE in most did not include California specific information on its examinations. However, as pointed out during the Board meeting, this is typical of national licensing examinations. Most regulatory entities require a national examination and a supplemental ethics or jurisprudence examination that tests for state specific laws. During the meeting, Board members requested additional information on the NCCAOM examinations as compared to the CALE and asked OPES to consult with the NCCAOM and provide this additional information to the Board at a future meeting.

The historical request to compare the examinations stems from the aforementioned illustrated problems with examination administration, translation, workload impact, and the fact that the examination is quite costly to the Board. In addition, because California is the only state that does not accept the NCCAOM examinations, reciprocity is hampered for acupuncturists who desire to practice across state lines, e.g. approximately 300 California based students end up taking both examinations annually which is quite costly to students.

**Staff Recommendation:** *Because of the problems the Board has encountered with providing the CALE, the associated costs of this examination, and the existence of a national examination, which appears to be adequate to test entry-level practitioners, the Board should seriously consider moving towards utilizing a national examination(s). The Board should provide the Committee staff a copy of the audit of the NCCAOM which was completed in the fall of 2015. If, after the NCCAOM and the OPES have consulted and provided additional information to the Board, and if the NCCAOM examinations are found to be valid and reliable, the Board should consider pursuing legislative changes to require the use of the NCCAOM examinations for licensure instead of the CALE, and, consistent with the practice of various licensing entities that accept the passage of a national examination towards licensure, the Board should require a supplemental examination which would*

#### **Attachment #4**

##### **A. 4. Select 2017 CAB Sunset Review issues and prior CAB responses**

*cover California specific laws and information.*

#### **Board's April 12, 2016 Response to Staff Recommendation:**

The Acupuncture Board contracted with the Office of Professional Examination Services (OPES) to conduct an audit of the NCCAOM Acupuncture Exams. OPES presented the findings of the audit at the February 26, 2016, Acupuncture Board Meeting. OPES and representatives from NCCAOM responded to Board member questions. Due to the NCCAOM Non-Disclosure Agreement, additional information was presented by OPES and discussed during closed session. After a lengthy discussion and public comment, the Board directed staff to work with the OPES and NCCAOM to address outstanding questions about NCCAOM's examination. It is common practice for follow up to occur once the report has been presented in a public forum. OPES and representatives from NCCAOM agreed to continue working together with the expectation to provide additional information for Board consideration at the June 10, 2016 Board meeting.

The Board is committed to working expeditiously to ensure that it has all the information necessary to make a timely and thoughtful decision in selecting one of the following four options included in the audit report:

- (1) Require the California Acupuncture Licensing Examination (CALE) only,
- (2) Require NCCAOM exam(s) only,
- (3) Require either the CALE or the NCCAOM exam(s), or,
- (4) Require NCCAOM exam(s) and a California supplement.

The Board is committed to determining a fair, valid and legally defensible licensing examination or alternate licensing examination options which meet the mandates established in BPC § 139, which prohibits artificial barriers to licensure. The Board understands this is a very important issue and is committed to working with the Legislature to pursue all necessary legislative changes to implement Board action, as needed.

#### **Board's 2017 Sunset Review Update to Issue #5:**

The Little Hoover Commission Report, "Regulation of Acupuncture: A Complementary Framework" (September 2004) concluded that "the State needs a rigorous, accurate, fair, and secure means of examining candidates for licensure" (p. iii). Although the NCCAOM was found to have potential to help the state to test new applicants, the CALE was found to be the "stronger tool" and was recommended for continued use. The investigation into examination issues in 2011 revealed subversion issues which led the Board to reevaluate its examination requirements. These concerns were investigated and addressed by August 2011. As shown in Table 8, examination pass rates stabilized for all language groups, and have remained consistently stable. Given the challenges associated with adaptation (translation) and security, as well as reciprocity, the Board and OPES have continued to work with the providers of the NCCAOM to increase the feasibility of utilizing the national examination for California.

Board Members discussed the adoption of the NCCAOM for use in California at the June 10, 2016 public meeting. After extensive Board discussion and consideration of

**Attachment #4****A. 4. Select 2017 CAB Sunset Review issues and prior CAB responses**

public comment, the Board voted unanimously to recommend to the Legislature that legislation be introduced mandating that for acupuncture licensure in California an applicant be required to take the NCCAOM exam with a California supplement, to be implemented no earlier than January 1, 2019. The Board informed the Legislature of this recommendation in a letter dated July 8, 2016, and final action will be determined by the Legislature.

The OPES audit of the NCCAOM examination indicated several areas within the scope and practice of acupuncture in California, as well as laws and regulations, that are not covered in NCCAOM's examination modules. The NCCAOM is currently conducting an updated occupational analysis that will result in a revised examination plan. OPES will review the new examination plan to determine the extent of overlap with California practice. This analysis will determine the test content necessary for the California supplemental examination.

The Board's historical cost for exam personnel, exam development and exam administration are listed in the table below.

Expenditures for Exam Personnel, Development, and Administration (list dollars in thousands)								
	FY 2013/14		FY 2014/15		FY 2015/16		FY 2016/17	
	Personnel Services	OE&E*	Personnel Services	OE&E*	Personnel Services	OE&E*	Personnel Services	OE&E*
Examination	\$141	\$518	\$132	\$485	\$159	\$479	\$153	\$516
Total costs (combining Personnel and OE&E)	\$659		\$617		\$638		\$669	
* OE&E – Operational Expenses and Equipment								

<b>Examination Revenue – Totals of Examination fees collected</b> (list dollars in thousands)				
	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17
Total Fees Collected	<b>\$670</b>	<b>\$575</b>	<b>\$641</b>	<b>\$548</b>



## **National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®) Fact Sheet:**

### ***Information for California Licensed Acupuncturists and Other Interested Stakeholders about the NCCAOM Testing and Certification Program***

**Updated 1/8/18**

#### **Introduction:**

As a result of the interest by various California stakeholder groups and the decision of the California Acupuncture Board (CAB), in June of 2016, to use the NCCAOM entry-level certification examinations as one of the entry-level requirements for licensure in California as early as 2019, the NCCAOM has prepared this fact sheet to familiarize California stakeholders with the development, administration, reliability and validity of the NCCAOM examinations, and to provide updated information about the next steps for the CAB to begin utilizing the NCCAOM exams for licensure in CA. This fact sheet also describes the Commission's longstanding partnership with state regulatory boards and agencies responsible for licensing acupuncturists throughout the United States.

*The NCCAOM examinations and certification programs are based on best practices in the certification industry and meet the testing and certification program standards of the [National Commission on Certifying Agencies \(NCCA\)](#), an independent accreditation commission of [the Institute for Credentialing Excellence](#).*

Questions or comments related to this fact sheet should be directed to Dr. Kory Ward-Cook, Chief Executive Officer, at [kwardcook@thenccaom.org](mailto:kwardcook@thenccaom.org).





***Q. (1) How have the NCCAOM examinations changed since 2003 when the exams were first evaluated by the California Little Hoover Commission?***

**A. (1)** Since 2003, based on data obtained from the [2003](#), [2008](#), and [2013 Job Task Analyses](#) (also known as an occupational analysis (OA) or practice analysis), the NCCAOM has made extensive changes and significant improvements to its examination and certification processes, including:

- Created a modular examination system consisting of four modules (***Foundations of Oriental Medicine (FOM)***), ***Acupuncture with Point Location (ACPL)***, ***Chinese Herbology (CH)***, and ***Biomedicine (BIO)***) at the request of states, because of varying scope of practice laws, ensuring that candidates have successfully passed each module before achieving licensure and/or certification. These examinations have been in place since 2004.
- Introduced the Oriental Medicine Certification program in 2004, which requires passing all four exams.
- Created and implemented the BIO examination in June 2004 and required all candidates to pass this examination as a requirement for certification. In 2010, as a result of the [2008 Job Analysis Survey](#), the NCCAOM increased the length of the Biomedicine exam from 50 to 100 items.
- Validated Knowledge, Skills, and Abilities statements (KSAs) and subsequently added competency statements. These are reflected in the development and publication of all examination content outlines since 2008. The [2013 Job Task Analysis](#) and the [2017 Exam Content Outlines](#) are available on the NCCAOM website. Note: The NCCAOM will publishing the next set of examination content outlines, for use in 2019, by July 1, 2018.

***Q. (2) What changes have occurred regarding the administration of the NCCAOM examinations since 2003?***

**A. (2)** In 2007, the NCCAOM changed exam administration format to computer adaptive testing (CAT), which not only improves examination reliability, but also reduces the potential for cheating



by minimizing test question exposure, because every examinee receives a unique set of test questions based on the examinee's responses and the test specifications. CAT allows every examination to be scored in real time, and thus a preliminary "pass" or "fail" screen is generated once the test taker completes the examination. NCCAOM examinations are now administered year-round in highly secure professional test centers throughout the U.S. and around the world. Year-round testing enables candidates that are approved to test by the NCCAOM to register for the NCCAOM examination(s) throughout the year, pending availability at their desired [Pearson VUE Professional Test Center](#) location. Almost all examinees have a Pearson VUE Professional Test Center within 50 miles of their home or work. These professional test centers hire only Pearson VUE employees and construct each center with identical specifications to ensure the highest security and a standardized testing experience for all candidates. Candidate identity is confirmed by means of palm vein readings and photo identification. Tight internal test administration processes, which include camera surveillance of each test taker, prevent cheating during the examination process. The NCCAOM follows up with an internal quality control procedure, and the final test results are typically sent to the examinee within ten business days. The NCCAOM generates official exam results reports, which are sent directly the state regulatory boards upon the examinee's request. The [2017 NCCAOM® Certification Handbook](#) and the [2017 NCCAOM® Examination Study Guides](#) provide more detailed information about the examination development and administration processes. Please note that on occasion the NCCAOM must administer linear examinations, during certain designated time periods of the year. Foreign language examinations are always administered in linear format.

The NCCAOM is also assisted by [Schroeder Measurement Technologies \(SMT®\)](#), a national research and psychometric services corporation that conducts professional competency assessment research, and provides examination development services and scoring of examinations for a number of credentialing programs nationwide. The NCCAOM has demonstrated over the last 30 years, with its issuance of over 28,000 certificates of certification, that it is well equipped to handle the challenges associated with the development and administration of a credible, valid, and legally defensible examination system for the acupuncture and Oriental medicine profession.





***Q. (3) Once the NCCAOM exams becomes a requirement for state licensure, will current California Licensed Acupuncturists then be required to take the NCCAOM exams?***

**A. (3)** No. Adding the option or requirement of NCCAOM exams will allow **new** candidates who are *applying* for licensure in California the opportunity to take the NCCAOM exams as a route for California licensure. It will have **no** impact on currently licensed California acupuncturists.

***Q. (4). Once the NCCAOM exams becomes a requirement for state licensure, would current California Licensed Acupuncturists who are not certified with the NCCAOM then become NCCAOM Diplomates?***

**A. (4)** Not automatically, but the NCCAOM is actively working on setting up a route to certification for currently Licensed Acupuncturists in California. The NCCAOM must abide by the requirements of the [National Commission on Certifying Agencies \(NCCA\)](#) in order to maintain accreditation of its certification programs. The NCCA requires that all NCCAOM certified practitioners meet the same level of competence which is demonstrated by meeting eligibility requirements and passing a valid and reliable examination(s). The 2016 audit of the NCCAOM Exam Development, Administration and Linkage Study will provide some of the data needed for the NCCAOM to request for the NCCA Board to determine if the California Acupuncture Licensing Exam (CALE) is a substantially equivalent measure of the combined knowledge on the Foundations, Biomedicine, Acupuncture with Point Location, and the Chinese Herbology examinations. The psychometric data (to determine reliability and validity) will most likely need to be obtained from the Department of Consumer Affairs (DCA) Office of Professional Examinations Services (OPES) for the CALE administrations during the last few years. Because California Licensed Acupuncturists have met educational and training requirements and have successfully passed an examination as a requirement for licensure, the NCCAOM would have to demonstrate that California's and NCCAOM's eligibility requirements are equivalent, and that the CALE is equivalent to the NCCAOM exams, based on a review and analysis by an independent psychometrician and designated subject matter experts. If this demonstration were met, then the NCCAOM could proceed with developing a pathway for active California Licensed Acupuncturists to become NCCAOM certified, by a "reciprocal certification" route. The NCCAOM is hoping to have this process completed by mid-2018.

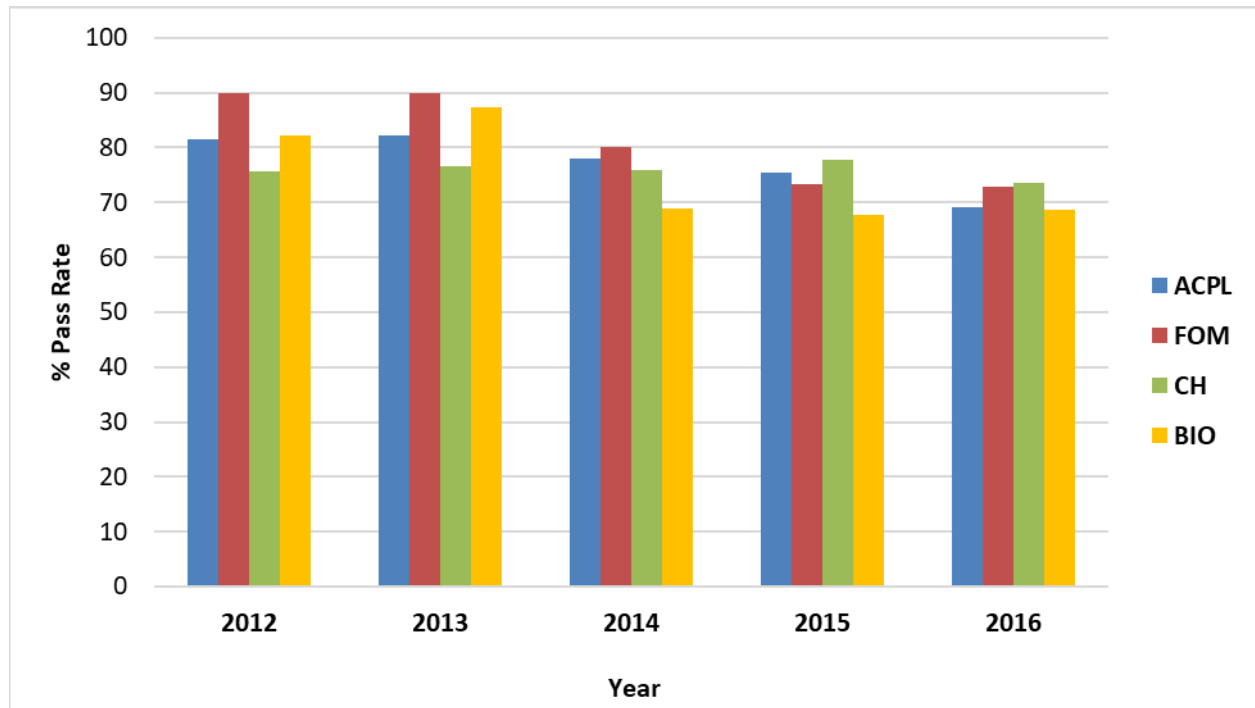


***Q. (5). Aren't the NCCAOM exams "too easy"?***

**A. (5)** Not at all. Over the past seven years, the NCCAOM has continued to build a very robust set of item banks for all its examinations, including a significant increase in the number of items that measure higher Bloom's Taxonomy levels and require more clinical judgement. The NCCAOM also modified the content of the exams based on the 2008 Job Task Analysis (please see the [NCCAOM® 2008 Job Task Analysis Study: A Report to the Acupuncture and Oriental Medicine Community](#)), which has resulted in the modular examinations with more breadth and depth of content. As a result of these examination development activities, the amount of content tested is now 400 exam items (each 100-multiple choice exam module must be independently passed to receive certification as a Diplomate of Oriental Medicine). The CALE covers similar content in a single comprehensive examination of 250 items. In June 2016 a motion by the California Acupuncture Board (CAB) recommended that candidates for licensure in CA take all four of the NCCAOM examinations, plus a separate state specific exam covering additional content deemed essential for candidates for licensure as acupuncturists in CA, no earlier than January 1, 2019.

The current NCCAOM examination content outlines, which are based on the 2013 Job Task Analysis, are available on the [NCCAOM website](#). The new content outlines which will take effect in 2019 will be published before July 1, 2018, based on the results of the NCCAOM's 2017 JA Survey in which over 3,200 acupuncturists participated.

The graph on the next page shows the 2012 - 2016 annual pass rates for all candidates by NCCAOM examination: Foundations of Oriental Medicine (FOM), Acupuncture with Point Location (ACPL), Chinese Herbology (CH), and Biomedicine (BIO).



The exam pass rates for the individual examinations, broken down by the type of test takers, for the past three years, can be accessed via the [NCCAOM website](#) under Resources titled [“NCCAOM Examination Statistics Report”](#). In the case of the Biomedicine exam, the breadth and depth of the content has significantly increased since 2004. Since 2010 the Biomedicine examination module has been administered as a 100-item test (from 2004 through 2009 it was administered as a 50-item test).

***Q. (6). Are there national standards for verification of entry-level competencies for licensed acupuncturists?***

**A. (6)** Yes. Since 1982 the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) and the NCCAOM have established national standards leading to programmatic accreditation and certification, respectively. There are over 60 ACAOM accredited programs for acupuncture and Oriental medicine (AOM) in the U.S., and the NCCAOM currently provides examinations for licensure as an acupuncturist in 46 states, plus the District of Columbia. Every acupuncture regulatory board in the U.S. except California accepts the NCCAOM certification examinations as a measure of entry-level competency for an acupuncturist to legally practice in



their state. Adherence to these standards ensures the safe and effective practice of AOM in these states. More information about national standards of competency of acupuncturists can be found via [the National Certification Commission for Acupuncture and Oriental Medicine \(NCCAOM®\) Fact Sheet: Meeting National Standards through its Examinations and Certification Process](#). For more information regarding the NCCAOM testing and certification process, please see the [National Certification Commission for Acupuncture and Oriental Medicine \(NCCAOM®\) Fact Sheet: NCCAOM Certification and Testing Program](#). More information on NCCAOM policy and procedures can be found in the [2016 NCCAOM® Certification Handbook](#).

***Q. (7). How many states that regulate acupuncture use the NCCAOM exams?***

**A. (7)** There are 46 states plus the District of Columbia (i.e. ninety-eight percent of the states that regulate acupuncturists) that recognize NCCAOM examinations or full certification as a prerequisite for licensure. The AOM regulatory boards of these states typically require passing of two to four NCCAOM exams, or require full NCCAOM Certification in Acupuncture or Oriental Medicine. Three states (Alabama, Oklahoma, and South Dakota) currently do not have an AOM practice act. Please see the map titled [States Using NCCAOM Certification or Exams for Acupuncture Licensure](#). California is the only state that administers its own licensure examination. This means that AOM practitioners who pass the required NCCAOM examinations and/or become NCCAOM certified in Acupuncture or Oriental Medicine (and who have met state-specific requirements\*) can enjoy greater portability to all states that regulate acupuncture, except for California. In 2012, an estimated 40% of newly licensed California acupuncturists took the NCCAOM exams in addition to the CALE. In 2015, NCCAOM received 311 applications for certification from individuals enrolled in a California ACAOM accredited or candidate program. According to the Examination Statistics on the CAB website there were 598 candidates who took the CALE In 2015. It appears that currently approximately 50% of the CALE candidates for licensure also applied for the NCCAOM examinations, a 10% increase compared to 2012. This demonstrates that there is a significant interest in graduates from CA accredited/candidate programs desiring to take the NCCAOM examinations and become certified.



*\*Please note: Applicants for licensure may have to complete additional requirements in some states in addition to achieving NCCAOM certification or passing NCCAOM examinations. Applicants for licensure are advised to check with the state agency that regulates acupuncture in the state in which they wish to practice to ensure that they have met all state designated requirements. For more information, please visit the [NCCAOM website](#) for a listing of state exam requirements and state regulatory contact information.)*

State regulatory boards requiring a state specific licensing exam in addition to using the NCCAOM national exams are:

- **Texas** – State Jurisprudence Exam
- **Nevada** – State Practical Exam
- **New Mexico** – State Jurisprudence or Legal Exam
- **New Jersey** – Acupuncture Safety and Jurisprudence Exam
- **Idaho** – Blood Borne Pathogen course and comprehensive examination that incorporates clean needle techniques and OSHA procedures and requirements
- **California** – *NOTE:* It is anticipated that a CA-specific supplemental examination will be administered once the CAB begins requiring the NCCAOM exams for licensure.

***Q. (8). Has the NCCAOM national examination system ever been legally challenged?***

**A. (8)** No. No legal action has ever been brought against the NCCAOM examinations. The NCCAOM has developed a very fair and legally-defensible examination program that tests for competency of entry-level skills and knowledge. States can rely on the NCCAOM for legal defensibility of the exams. The assurance of longstanding defensibility is one of multiple reasons why 98% of the states in the U.S. that regulate acupuncturists use the NCCAOM exams as a prerequisite for licensure. All NCCAOM certification programs are accredited by the [Institute for Credentialing Excellence's \(ICE\) National Commission for Certifying Agencies \(NCCA\)](#). The NCCAOM examination development and certification processes for each of its certification programs have met all the essential elements of a nationally accredited certification program.



**Q. (9). What about candidates who wish to take the exams in another language?**

**A. (9)** The NCCAOM certification examinations are available in three languages: English, Chinese, and Korean. There have been no challenges to the translation of the NCCAOM foreign language examinations. The NCCAOM takes great pride in the proper translation of its examinations. All examination questions used for foreign language examinations are first translated from English to Chinese or Korean by an independent, third-party-accredited, translation company. Next, the NCCAOM Translation Exam Development Committee, consisting of subject-matter experts (SMEs) who have as their first language Chinese or Korean, provide quality control checks (i.e., back translation of each exam question). Finally, once the foreign language exams are administered, and before they are scored, the NCCAOM psychometrician conducts a fit analysis to ensure that each exam item is functioning like the English version; otherwise it will not be used for scoring the exam. Although the number of candidates registering to take the NCCAOM exams in Chinese and Korean has significantly diminished in the last few years, the NCCAOM always has the capacity to administer foreign language examinations any time there is sufficient demand. *Please note: The NCCAOM foreign language exams are administered as computer-based linear exams, not computer adaptive tests.*

**Q. (10). Will requiring the NCCAOM exams lower California licensure standards?**

**A. (10)** The requirement of NCCAOM exams has no bearing on other existing licensure standards in California. The NCCAOM partners with 46 state regulatory boards which have various additional standards, to include different educational requirements, or additional state-specific competency examinations so that each state ensures that each of their licensees have met entry-level competency standards to practice acupuncture and Oriental medicine safely. The NCCAOM's main role with state regulatory agencies is to administer a psychometrically defensible, valid and reliable assessment tool that effectively measures the knowledge, skills, and abilities (KSAs) required for safe and effective AOM practice. Each state regulatory body remains responsible for setting and enforcing its own state licensure standards.

**The California Acupuncture Board would continue to set their unique standards (including educational and additional competency requirements) for licensure of California**





**acupuncturists.** NCCAOM Diplomates who have never received a license to practice as acupuncturists in CA, would still have to meet the CAB educational standards and pass any additional competency examination required by the CAB. The CAB is recommending to the legislature that an additional state-specific exam (content not covered on the national entry-level certification exams, such as a CA laws or jurisprudence examination) be additionally passed for any candidate for licensure as an acupuncturist in CA.

Each of the 46 states plus the District of Columbia that utilize the [NCCAOM examinations](#) recognize the financial and administrative benefits of requiring NCCAOM certification or passing of the NCCAOM examinations as **a prerequisite for licensure** of acupuncturists. All examination development and administration costs, as well as legal defensibility, are assumed by the NCCAOM.

***Q. (11). How can a national examination system such as the NCCAOM satisfy the variety of practice acts and scopes of practice for each state that regulates AOM?***

**A. (11)** NCCAOM's modular examination system allows each state to adopt the exams that are tailored to its AOM practice act requirements, statutes, rules, and regulations. NCCAOM offers four exams for the AOM profession: Foundations of Oriental Medicine, Acupuncture with Point Location, Chinese Herbology, and Biomedicine. State regulatory agencies require either all or a portion of these examinations, depending on their practice act and whether their state regulates the practice of Chinese herbal medicine. Candidates who successfully pass each of the required exams have demonstrated competency in each of the core areas of AOM. The candidates are responsible for completing any additional licensing requirements of their state.

***Q. (12). Why is the NCCAOM exam more costly than the CALE?***

**A. (12)** The NCCAOM administers a modular examination format, in which *four* exams (Foundations of Oriental Medicine, Acupuncture with Point Location, Chinese Herbology, and Biomedicine), *each* containing 100 items (for a total of 400 items), must be passed in order to achieve certification in Oriental Medicine. This format ensures that the candidate has passed each of the required content areas for Oriental Medicine. Computer based administration allows the NCCAOM to administer its exams year-round, which requires a larger number of exam items in the test banks. Candidates can schedule the exams any time after they are deemed eligible, at



any of more than 200 Pearson VUE secure test centers throughout the world (see question 2 for additional details about NCCAOM exam administration).

**Note:** the NCCAOM is currently planning to merge the Foundations of Oriental Medicine exam content into both the Acupuncture with Point Location Exam and the Chinese Herbology exams for 2019, which will lessen the total exam costs and effectively streamline the examination process. This will be reflected in the 2019 NCCAOM Exam Content Outlines.

The NCCAOM is continually updating and improving examination content by partnering with experienced subject matter experts (SMEs), exam administration and psychometric vendors. SMEs serve as item writers and additional SMEs serve as Exam Development Committee (EDC) reviewers for each NCCAOM exam. Each EDC SME is trained and then serves as a guest on an EDC, and must demonstrate competency in examination item writing and reviewing before he or she can become an EDC member. The NCCAOM makes a major investment in training competent item writers and reviewers. Another cost factor is the growth and maintenance of sizable item “banks.” Computer adaptive testing necessitates having a “bank” of hundreds of items for each exam module. Every item that is used for scoring is statistically validated. Many of the proceeds from NCCAOM examination fees go toward examination development to ensure that each examination is a valid and reliable measure of competency. See the [NCCAOM® Examination Study Guides](#) for detailed information on development and administration of the NCCAOM exams. All policies and procedures for the NCCAOM certification programs must be reviewed a minimum of every five years so that these programs can be reaccredited by the NCCA.

***Q. (13). When will the NCCAOM exams be required in California?***

**A. (13)** The CAB voted to recommend to the legislature requiring the NCCAOM exams no earlier than January 1, 2019; however, as this process is statutory, a bill must be introduced and passed by the CA State Legislature and signed by Governor Brown for it to become effective and the exams required by the state licensure.





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Resolution on adopting the NCCAOM exams for CA licensure to replace CALE:

January 25, 2018

WHEREAS the California Acupuncture Board (CAB) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the National Certification Commission for Acupuncture and Oriental Medicine's (NCCAOM) examination program. The NCCAOM examinations consist of four exam modules: Foundations of Oriental Medicine (FOM), Biomedicine (BIO), Acupuncture with Point Location (ACPL), and Chinese Herbology (CH);

WHEREAS the purpose of the OPES review was to evaluate the suitability of the NCCAOM examinations as part of the requirements for licensure as an acupuncturist in California. OPES convened a panel of licensed California acupuncturists to serve as subject matter experts (SMEs) to review the content of each of the four NCCAOM examinations and to compare this content with the test plan for the California Acupuncture Licensure Examination (CALE), as based on the 2015 California Acupuncture Occupational Analysis (CAOA) performed by OPES;

WHEREAS the OPES audit found that the NCCAOM examinations adequately assess most, but not all, of the general areas of entry-level California acupuncture practice (e.g., acupuncture treatment, herbal therapy, diagnostic impressions, etc) identified in the 2015 CAOA;

WHEREAS the OPES audit found that the NCCAOM examinations do not assess California-specific areas of entry level acupuncture practice, including content related to the laws, regulations, and practice requirements specific to California.

THEREFORE BE IT RESOLVED, that CSOMA supports the adoption of the NCCAOM exam modules in conjunction with a California-specific supplemental exam provided that:

1. The NCCAOM modules in combination with, as appropriate, a California-specific supplemental exam that adequately covers all tasks and knowledge relevant to entry-level practice in California;
2. The NCCAOM modules in combination with, as appropriate, a California-specific supplemental exam that adequately covers task and knowledge related to the laws, regulations, and practice requirements specific to California; and
3. The adequacy of covered tasks and knowledge is confirmed by qualified, third-party psychometricians.





California  
State  
Oriental  
Medical  
Association

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### Additional Information Resources

1. National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®) Fact Sheet: Information for California Licensed Acupuncturists and Other Interested Stakeholders about the NCCAOM Testing and Certification Program - January 8, 2018  
<http://www.nccaom.org/wp-content/uploads/pdf/NCCAOM%20Fact%20Sheet%20CA%20Updated.pdf>
2. Review of the National Certification Commission for Acupuncture and Oriental Medicine Examinations by the California Acupuncture Board - January 2016  
[http://www.acupuncture.ca.gov/pubs\\_forms/nccaom\\_audit.pdf](http://www.acupuncture.ca.gov/pubs_forms/nccaom_audit.pdf)
3. Q & A on Follow-Up Questions Submitted to the NCCAOM Based on the Audit, and How the NCCAOM Can Provide Exam Development and Administrative Services to the CAB for Purposes of Licensure: A Presentation to the CAB - June 11, 2016  
<http://www.nccaom.org/wp-content/uploads/pdf/NCCAOM%20QA%20for%20CAB%20Meeting%20June%2011%202016.pdf>

Sincerely,

Tiffany Tuftee  
CSOMA President  
[president@csomaonline.org](mailto:president@csomaonline.org)

Ra Adcock  
CSOMA Executive Director  
[ra@csomaonline.org](mailto:ra@csomaonline.org)



A. 7. Memo from Stephen Stumpf, Ed.D

2-3-2018

ACUPUNCTURE MEETING FEB 2 2018: NOTES PREPARED BY STEVEN H. STUMPF, ED.D

Assemblymember Evan Low has called for a meeting of organizations, agents and persons professing interest in the acupuncture profession in California. Since ~35% of licensed acupuncturists work and live in California this is a *de facto* national meeting which will be important to those in the profession who take an interest in legislative and regulatory matters. It is prudent to recognize that a very small percentage of LAcS have interest in such matters. Even fewer participate in “representative” professional groups.

The California Acupuncture Board (CAB) has often become a stage for competing professional “representative” groups to play out their differences. There is a legislative dividing line that should guide stakeholders to understand which matters belong before the CAB and which do not. The CAB has two missions by law. To protect the public and to regulate schools. The CAB’s consumer protection authority is clear. The CAB’s educational authority has been considerably diluted.

Section 49281: ***Protection of the public shall be the highest priority for the Acupuncture Board in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.***

The acupuncture profession has been in decline since 2009. School enrollment has dropped as much as 50%. The workforce is in decline. Workforce research suggests a large proportion of LAcS drop out of the profession between five and ten years. Professional orgs are loath to act with transparency and share these data. A single broker controls 90% of all insurance policies. It appears fewer than half of LAcS purchase insurance coverage. Ninety percent of LAcS work in private practice. LAcS are ill prepared to work in the medical mainstream.

Which of these issues belongs before the CAB is indicated in red. The other issues that belong to the profession are highlighted in yellow. Professional issues are certainly important however they are not under CAB purview. It is up to the stakeholders within acupuncture to work out their differences without involving the CAB.

**1. CALIFORNIA LICENSING EXAM: CALE vs NCCAOM**

- 1.1. These two exams are equivalent in terms of psychometric qualities. This means they are equally test-worthy. Both are acceptable as reliable and valid instruments for testing knowledge.
- 1.2. The CAB voted in 2016 to begin using the NCCAOM exam no earlier than 2019.
- 1.3. COST TO CAB (production and administration of CALE)
  - 1.3.1. There is no cost to the CAB if the NCCAOM exams are used instead of the CALE. In fact, significant annual costs – approximately \$500,000 - will be eliminated.
  - 1.3.2. The CALE is administered twice a year.<sup>1</sup>
- 1.4. COST TO GRADUATES
  - 1.4.1. Cost to take the CALE is \$625.
  - 1.4.2. Cost to take the TWO NCCAOM exams required to meet CA standards is \$1270 (\$695 plus \$575) combined.<sup>2</sup>
  - 1.4.3. The costs to take the NCCAOM exams will double. Note NCCAOM has a recertification provision which will further increase costs. California does not require recertification. CA requires license renewal every two years at a cost of \$325. If the NCCAOM is added as a requirement that cost would add considerable cost burden to CA LAcS.

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<sup>1</sup> 2016-2017 CAB annual budget [http://www.acupuncture.ca.gov/about\\_us/materials/20170224.pdf](http://www.acupuncture.ca.gov/about_us/materials/20170224.pdf)

<sup>2</sup> NCCAOM website <http://www.nccaom.org/applicant-fees/>

### 1.5. Other factors

1.5.1. Convenience: CALE is administered twice a year in CA; costs to graduates include travel and possibly lodging. NCCAOM can be taken online on demand. There are no additional costs.

1.6. CONCLUSION: The two exams are equivalent. The main issues are cost to the examinee and cost for CAB.

1.7. COMMENT: Staff consultants for the combined CA committees that oversee the CAB forced the move to replace the CAB with the NCCAOM in 2015. It is likely the motivation was to eliminate the cost to the state of exam production and administration.

## 2. SCHOOLS AND TRAINING

2.1. The profession lacks KSAs. Such is a glaring omission among healthcare training professions. A consequence is the identification of acupuncture as a “lesser” profession.

2.2. The Bureau of Labor and Statistics is preparing to recognize acupuncture with a unique SOC (standard occupation classification). This prospect is widely misunderstood within the profession. BLS requirements include the ability to identify total licensees, documentable earnings, work sites, and scopes of practice. Each item varies widely and represents a stumbling block for winning the SOC recognition.

2.3. There are ~60 acupuncture schools in the nation; one third are in CA. Nearly 100% of acupuncture schools are for profit. The gainful employment initiative of the past five years has placed many schools under significant financial pressure.

2.4. The number of schools relative to the number of total licensees and annual graduates is highly disproportionate, especially when considering the same ratios for nearly any other health profession.

2.5. Graduates are ill prepared to work in the medical mainstream.

2.6. Many acupuncture schools are little more than diploma mills and, in some cases, visa mills. Long as these schools are approved to operate the profession will suffer in the eyes of the mainstream.

2.7. Very few if any schools provide appropriate and sufficient training for students to work in mainstream medicine settings. Every school uses students to provide free labor in the school acupuncture clinic. Supervision by and interaction with mainstream providers, i.e., nurses, PAs, MDs, PTs, is rarely provided. Very few students receive any meaningful exposure to working with mainstream medicine providers.

## 3. WORKFORCE

3.1. Approximately 35% of all acupuncturists in the nation are in California which is the only state with its own licensing exam.<sup>3</sup> The best data available show LAc's median annual income is \$40,000 to \$45,000. Fewer than 10% of LAc's work in the medical mainstream. There are extremely few opportunities for LAc's to work as a salaried provider, especially in the medical mainstream.

3.2. As many as half of all LAc's prefer to work in a cash practice. It is commonplace for these “cottage” practitioners to not carry malpractice insurance. Such presents a danger to consumers and licensees.

## 4. REGULATORY ENVIRONMENT

4.1. California has nearly 40% of all LAc's in the nation (2013 data). There are ten other states with at least 500 LAc's. Counting LAc's is always a best guess.

4.1.1. CA 6483

4.1.2. NY 1865

4.1.3. FL 1647

4.1.4. CO 867

4.1.5. OR 814

4.1.6. MA 761

4.1.7. TX 760

4.1.8. WA 734

4.1.9. MD 646

4.1.10. IL 570

4.1.11. NJ 554

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<sup>3</sup> Stumpf SH, Ward-Cook K, Carr CR. “Comparing Outcomes from the Two Most Recognized Acupuncturist Workforce Surveys.” *Journal of Chinese Integrative Medicine*. January 2017.

- 4.2. There was a ~23% drop in total licensed acupuncturists between 2009 and 2013.<sup>4</sup>
- 4.3. NCCAOM data show a 15% drop in total test takers from 2015 (~1700) to 2016 (~1450).<sup>5</sup>
- 4.4. CALE examinees: in 2014 there were ~1100 test takers. In 2017 total CALE examinees was ~900.<sup>6</sup>
- 5. RECOMMENDATIONS FOR THIS MEETING
  - 5.1. SUPPORT ADOPTION OF THE NCCAOM EXAM IN CALIFORNIA IN PRINCIPLE. EXAM AND RECERT COSTS MUST BE LOWERED. Bickering over which exam should be used in CA is a small corner of the problem in the acupuncture profession. Let's stop using it as a wedge for other professional struggles. The BP&E committee consultants will fight to eliminate the costs of production and administration of the CALE under the CAB. However, the NCCAOM exam costs must come down to CALE levels. It would be beneficial if the NCCAOM exam was one instead of two exams.
  - 5.2. REFORM DIDACTIC TRAINING. DEVELOP PROFESSIONAL KSAs. SCHOOLS MUST REFLECT KSAs IN CURRICULA. The endorsement of KSAs by ACAOM and NCCAOM would be useful. KSAs is NOT a CAB issue. It is important but not essential that LAc professional groups participate in the process of establishing KSAs.
  - 5.3. REFORM CLINICAL TRAINING TO INCLUDE SIGNIFICANT HOURS IN MAINSTREAM SITES.
  - 5.4. REDUCE THE NUMBER OF SCHOOLS TO LEVELS EQUAL AND PROPORTIONATE TO OTHER HEALTH PROFESSIONS. STOP APPROVING DIPLOMA AND VISA MILLS.
  - 5.5. REVIEW ISSUES RELATED TO INSURANCE PRACTICES. Endorse malpractice mandate, support competition among insurers and brokers, and explore risk-based premiums.

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<sup>4</sup> Stumpf S., Hardy, M.L., Kendall, D., Carr, C.R. "Unveiling the United States Acupuncture Workforce". *Complementary Health Practice Review* 15(1) 31-39

<sup>5</sup> NCCAOM 2016 Annual Report [http://www.nccaom.org/wp-content/uploads/pdf/NCCAOM\\_2016\\_Annual\\_Report.pdf](http://www.nccaom.org/wp-content/uploads/pdf/NCCAOM_2016_Annual_Report.pdf)

<sup>6</sup> CAB exam statistics [http://www.acupuncture.ca.gov/students/exam\\_statistics.shtml](http://www.acupuncture.ca.gov/students/exam_statistics.shtml)

## Attachment #4

## B. Select presentation slides regarding doctoral-license

UCLA Center for East-West Medicine

## SELECT SLIDES FROM

Symposium on the  
Potential of Chinese Medicine in the U.S.Professional Training:  
Educational Programs for  
Future Practitioners of Chinese medicine

July 16, 2017

US Professional Doctorates  
in Health Care

A doctor's degree that is conferred upon completion of a program providing the knowledge and skills for the recognition, credential, or license required for professional practice. The degree is awarded after a period of study such that the total time to the degree, including both pre-professional and professional preparation, equals at **least six full-time equivalent academic years**. Some of these degrees were formerly classified as first-professional and do not have the advanced work beyond the master's level.

## Professional Doctorates in US Health Care

Professional Service	Doctoral Degree	Abbr	1st Year
Audiology	Doctor of Audiology	D.Au.	1996
Behavioral Health	Doctor of Behavioral Health	D.B.H.	2010
Chiropractor	Doctor of Chiropractic Medicine	D.C.	1927
Counseling	Doctor of Professional Studies/Counseling	D.P.S.	1972
Dentistry	Doctor of Dental Surgery	D.D.S.	1841
	Doctor of Medical Dentistry	D.M.D.	1869
Medicine	Doctor of Medicine	M.D.	1770
Naturopathy	Doctor of Naturopathic Medicine	N.D. or N.M.D.	1901
Nursing	Doctor of Nursing Practice	D.N.P.	2005
Occupational Therapy	Doctor of Occupational Therapy	D.O.T.	2014
Optometry	Doctor of Optometry	O.D.	1889
Osteopathic Medicine	Doctor of Osteopathic Medicine	D.O.	1892
Pharmacy	Doctor of Pharmacy	Pharm.D	1950
Physical Therapy	Doctor of Physical Therapy	D.P.T.	1992
Podiatry	Doctor of Podiatric Medicine	D.P.M.	1915
Psychology	Doctor of Psychology	D.Psy/Psy.D	1973
Social Worker	Doctor of Social Work	D.S.W.	
Speech-Language Pathology	Doctor of Speech-Language Pathology	D.S.L.P.	

## US Professional Doctorates in Traditional Chinese Medicine (2017)

Doctor of Acupuncture (D.Ac.)  
 Doctor of Acupuncture and Chinese Medicine (DACM)  
 Doctor of Oriental Medicine (D.O.M.)  
 Doctor of Science in Oriental Medicine (DSOM)  
 Doctor of Traditional Chinese Medicine (D-TCM)  
 Doctoral in Acupuncture and Herbal Medicine (D.A.H.M.).  
 Doctorate in Acupuncture Medicine (DAcM)  
 First Professional Doctorate of Acupuncture and Chinese Medicine (DACM)  
 First Professional Doctorate of Acupuncture and Oriental Medicine (DAcOM)

## Doctor of Acupuncture and Oriental Medicine (DAOM)

4

## Treatment Modalities vs. Profession

## Research Report

Complementary and Alternative  
Medicine: Professions or Modalities?

Policy Implications for Coverage, Licensure, Scope of Practice,  
Institutional Privileges, and Research  
 Patricia M. Herman, Ian D. Coulter

[Summary](#)

5

## Treatment Modalities vs. Profession

This RAND report discusses the issues related to complementary and alternative medicine (CAM) professions being politically defined by its **treatment modalities rather than as a profession**. Policies that define a profession only in terms of its therapeutic modalities have significant political consequences to obtain full legal and social legitimization. Types of health-related policies where **designation as a profession versus as a procedure or modality** has an impact.

- licensure
- research funding
- treatment guidelines
- health plan coverage and
- workforce issues.

[Summary](#)

6



## Treatment Modalities vs. **Profession**

**Professionalization as a Political Process.** professions were given extensive powers and privileges:

- to set standards,
- to accredit the institutions of education and training,
- power to control entry to the profession,
- to discipline members or disbar members,
- to claim exclusivity for practices/modalities,
- to prosecute any others who might trespass on their scope of practice,
- and to define what constitutes health, acceptable health care, and healing.

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[Summary](#)

7

## Treatment Modalities vs. **Profession**

### Variations in Licensure and Scope of Practice

#### Resistance to Increased Licensure and Scope of Practice

When the various CAM professions approach each state's legislators to institute licensure or an increase in scope of practice, they often face strong resistance from conventional medical practitioners and/or other CAM professions. In both cases, the opposing groups see any increase in privileges given to the CAM profession in question as an erosion of their rights, privileges, scope of practice, and patient base.

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## Treatment Modalities vs. **Profession**

### Treatment Guidelines

Treatment guidelines are written by various groups within the health care system and indicate, for a particular condition, the therapies recommended for treatment. These recommendations are generally based on the therapies for which the research shows the most evidence of efficacy or effectiveness.

Mainly reviewed U.S. guidelines for conditions for which CAM is most used, according to the 2007 National Health Interview Survey. **In all cases the US-based guidelines refer to procedures, not to professions.**

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[Summary](#)

9

# Complementary and Alternative Medicine: Professions or Modalities?

Policy Implications for Coverage, Licensure, Scope  
of Practice, Institutional Privileges, and Research

Patricia M. Herman, Ian D. Coulter

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## Preface

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The purpose of this project is to produce a RAND report/white paper on a problem that confronts the complementary and alternative medicine (CAM) professions whereby a profession is defined politically not by its full professional scope but by its treatment modalities. Even when CAM disciplines are defined by legal statutes as broad-based professions, this designation is not honored by such codes as the policies of insurance coverage. This project consisted of three parts: development of a background paper on the policy issues associated with the scope of practice and utilization of CAM practitioners in the health care system, input from a panel of CAM experts, and input from a panel of health care policy decisionmakers. The RAND report arising from this project will be available in the public domain and, therefore, be accessible to all persons with an interest in this issue. With the increasing utilization of CAM by the public and the increasing consideration of CAM in all aspects of health policy, this report will serve as a valuable reference document to aid in policymaking in terms of the challenges associated with coverage, licensure, scope of practice, institutional privileges, and research.

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## Abbreviations

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ACA	Patient Protection and Affordable Care Act
ACCAHC	Academic Consortium for Complementary and Alternative Health Care
ADSM	active-duty service member
AOM	acupuncture and Oriental medicine
CAM	complementary and alternative medicine
CBO	Congressional Budget Office
CPOM	Corporate Practice of Medicine
CPT	current procedural terminology
DoD	U.S. Department of Defense
DoL	U.S. Department of Labor
E&M	evaluation and management
ICD-9	International Classification of Diseases, 9 <sup>th</sup> Revision
MEPRS	Medical Expense and Performance Reporting System
MTF	military treatment facility
OPM	Office of Personnel Management
RVU	relative value unit
SSA	Social Security Act
TMD	temporomandibular disorder
VA	U.S. Department of Veterans Affairs
VHA	Veterans Health Administration

# 1. Introduction

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One of the hallmarks of complementary and alternative medicine (CAM) is treatment of the whole person. The practitioner often evidences this approach by addressing more than the symptom(s) (and body system[s]) of a patient's chief complaint. This broader treatment approach can involve the inclusion of patient education (e.g., on stress reduction, lifestyle improvements); monitoring of general health indicators; support, such as through a trusting patient-practitioner relationship; and the application of therapies beyond that practitioner's profession's "signature" modality—e.g., beyond spinal manipulation for chiropractors, beyond acupuncture for practitioners of Oriental medicine, beyond herbs for naturopaths. In addition, the training in some of the CAM professions includes diagnosis, appropriate referral, and other traits of primary care. These involve the provision of services (e.g., lab diagnostics, imaging, physical exams, patient counseling) also beyond the signature modality. So, for example, while traditional Chinese medicine, naturopathic medicine, and chiropractic medicine all have a modality that is a core part of their scope (i.e., acupuncture, natural herbs, and manipulation, respectively) and by which they are strongly identified, that modality is delivered within a broad paradigm that will include a range of wellness interventions such as stress management, exercise, nutrition, weight management, posture, and preventive care.

Although CAM has this whole person approach, and even when the CAM profession has broad primary care training, CAM is generally addressed in terms of procedures (modalities or therapies) in research and policy. Although this problem is described as one of terminology, even a problem of semantics, it is not just a problem of definition/perception. Policies that define a profession only in terms of its therapeutic modalities, or reduce a profession's scope to only some of these modalities, have direct impacts on patient access and care. Last, but not least, these policies have significant political consequences as these groups strive to obtain full legal and social legitimization. Where the profession does have full legislative recognition as a profession but is prevented from exercising the privileges associated with that recognition, a case could be made that the legislative intent is being thwarted—e.g., Medicare covering chiropractors only for certain licensed services and not for others, even though these other services are covered when offered by other providers.

Broadly speaking, there are at least two perspectives that dominate this issue. On the one hand is the perspective of the CAM professions, both those fully recognized and those still struggling to obtain legislative recognition. On the other hand is the perspective of those who must formulate policy around the inclusion of CAM in health services. In this report we will examine the way in which both groups view the issues.



## **Attachment #4**

### **D. 2018 CAB dry needling fact sheet**

#### **Summary of Dry Needling**

##### Issue:

Concern within the Acupuncture Profession of other allied health practitioners performing “dry needling”.

##### What is “dry needling”?

There are multiple interpretations of the actual term ‘dry needling’. Presently, there is no defined medical procedure with this name and it has no standardized form. In the simplest terms, it is the insertion of thin needles in the body to relieve pain or effect muscle relaxation. This practice is often referred to as trigger-point therapy by practitioners who use dry needling, whereas in acupuncture, it would be similar to the use of Ah-shi, Back Shu, or Front Mu points.

##### Summary of Acupuncturist Concerns

In the last three years, there has been increasing alarm from Acupuncturists that other allied health practitioners (such as physical therapists, chiropractors and naturopathic doctors) are performing dry needling. Acupuncturists, via public comments made at Board meetings, most commonly raise these concerns:

1. That unlicensed and untrained practitioners are performing dry needling, and this could potentially lead to greater patient injury, or more precisely, that there is a lack of adequate training in other licensed health care professions that are using needling procedures. California acupuncturists are required to complete a minimum of 3000 curriculum hours to qualify for licensure.
2. Dry needling is being performed in California at federal facilities, such as Veterans Clinics, although the Board has no jurisdiction at those facilities.

##### Board Discussion and Responses

The Board’s Executive Officer has been in regular contact with other similar healing arts Boards on the issue, and Board enforcement staff has investigated several complaints regarding unlicensed practice and use of needles. Additionally, the Board agendaized two discussions about dry needling during several Board Research Committee public meetings (September 21, 2016 and December 14, 2016) but the items were not taken up due to time constraints. However, at the February 24, 2017 public meeting the Board discussed the issue (see the attached “Approved February 24, 2017 Board Meeting Minutes – Agenda Item #8”) as an agenda item. At the meeting, several Board members noted that the Board’s role is not to limit other professions’ scope of practice as established by the Legislature, that the lack of comparable education is a public protection concern and that professional associations and stakeholders should continue research on the issue. Additionally, the Physical Therapy (PT) Board’s Executive Officer spoke

**Attachment #4****D. 2018 CAB dry needling fact sheet**

at the meeting and noted that in California tissue penetration by needles is prohibited under the PT scope of practice, except for procedures requiring electromyography. This procedure requires additional education and certification by the PT Board and only a small number of California licensees possess this certification.

A common request made during public comment is to have the Board make a statement on dry needling, or to take positions on various studies on the subject. To date, the Board has opted not to do so. The Board's Legal Counsel, at the end of the February meeting, was asked to research the issue further, but due to a change in Counsel, this request has not been completed.