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**Health Care & Wellness Committee**

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**SB 5320**

**Brief Description:** Modifying the name of and titles within the acupuncture profession.

**Sponsors:** Senators Murray, Kohl-Welles and Shin.

**Brief Summary of Bill**

- Re-names "acupuncture" and "acupuncturist" as "Oriental medicine" and "Oriental medicine practitioner."
- Eliminates the requirement that an acupuncturist/Oriental medicine practitioner develop a written plan for consultation, emergency transfer, and referral to other health care practitioners.
- Eliminates the prohibition against an acupuncturist/Oriental medicine practitioner treating a person with a serious disorder if the patient refuses a consultation/diagnosis with an allopathic or osteopathic physician.
- Replaces the authority of the Secretary of Health to appoint an ad hoc advisory committee for acupuncturists/Oriental medicine practitioners with the requirement that the Secretary establish the Oriental Medicine Advisory Committee.
- Allows an Oriental medicine practitioner licensed in another state to practice in Washington during an emergency/disaster under certain circumstances.

**Hearing Date:** 3/17/09

**Staff:** Jim Morishima (786-7191)

**Background:**

Acupuncturists.

No person may practice acupuncture in this state unless he or she is licensed by the Department of Health (DOH). Acupuncture is defined as a health care service based on an Oriental system of medical theory utilizing Oriental diagnosis and treatment to promote health and treat organic or

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functional disorders by treating specific acupuncture points or meridians. Acupuncture includes the following techniques: use of acupuncture needles to stimulate acupuncture points and meridians; use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians; moxibustion; acupressure; cupping; dermal friction technique; infra-red; sonopuncture; laserpuncture; point injection therapy; and dietary advice based on Oriental medical theory.

#### Consultation/Referral to Other Practitioners.

A licensed acupuncturist is required to develop a written plan for consultation, emergency transfer, and referral to other health care practitioners. The plan must be submitted to the DOH on an annual basis. The DOH may withhold an acupuncturist's license if the plan does not meet standards established by the DOH in rule.

When a licensed acupuncturist sees a patient with a potentially serious disorder (e.g., cardiac conditions, acute abdominal symptoms), the acupuncturist must immediately request a consultation or recent written diagnosis from an allopathic or osteopathic physician. If the patient refuses the consultation or diagnosis, the acupuncturist must discontinue treatment.

#### Advisory Committee.

The Secretary of Health (Secretary) is authorized to appoint acupuncturists to serve in an ad hoc advisory capacity to the Secretary in carrying out his or her duties relating to regulating acupuncturists. These acupuncturists must serve for designated times and provide advice on matters specifically identified and requested by the Secretary.

#### Emergency Relief.

Unlicensed practitioners are allowed to provide certain health care-related services in emergencies. For example, a person may furnish medical assistance in cases of emergency requiring immediate attention without being licensed as a physician. No similar provisions exist for acupuncturists.

#### **Summary of Bill:**

##### Acupuncturists.

Acupuncturists are re-named "Oriental medicine practitioners." The terms "acupuncture" and "acupuncturist" are replaced with "Oriental medicine" and "Oriental medicine practitioners." "Oriental medicine" is defined as a health care service based on an Oriental system of medical theory utilizing Oriental diagnosis and treatment to promote health and treat organic and functional disorders. Any person licensed as an acupuncturist prior to the effective date of the act will, at his or her next renewal date, be given the title of Oriental medicine practitioner.

#### Consultation/Referral to Other Practitioners.

The requirement that an acupuncturist/Oriental medicine practitioner develop a written plan for consultation, emergency transfer, and referral to other health care practitioners, is eliminated.

The requirement that an acupuncturist/Oriental medicine practitioner cease treatment if the patient refuses consultation or diagnosis from an allopathic or osteopathic physician is eliminated.

#### Advisory Committee.

The authority for the Secretary to establish an ad hoc advisory committee for acupuncturists/Oriental medicine practitioners is eliminated.

The Secretary must establish the Oriental Medicine Advisory Committee (Committee) to further the purposes of regulating Oriental medicine practitioners. The committee must consist of five members:

- four licensed Oriental medicine practitioners who:
  - are residents of the state;
  - have no less than five years' experience in Oriental medicine practice;
  - are actively engaged in the practice of Oriental medicine within two years of appointment; and
  - are not allopathic or osteopathic physicians, naturopaths, or occupational therapists; and
- one member of the public:
  - who is a consumer of Oriental medicine;
  - whose occupation does not include the administration of health activities or the providing of health services; and
  - who has no material financial interest in providing health care services.

The Committee may, at the request of the Secretary:

- provide advice to the Secretary on matters such as applications for licenses;
- recommend a licensing examination; and
- recommend administrative rules relating to standards for appropriateness of Oriental medicine.

The committee must meet at least once a year and may elect a chair and a vice-chair. A majority of the members currently serving constitutes a quorum. Each member of the Committee must be reimbursed for travel and other expenses.

#### Emergency Relief.

Any person credentialed to perform Oriental medicine in any other jurisdiction with standards equivalent to Washington may practice Oriental medicine if he or she is:

- in good standing in the other jurisdiction;
- practicing Oriental medicine during a declared state of emergency and a declared disaster;
- administering emergency relief; and
- supervised directly by a person licensed in Washington as an Oriental medicine practitioner.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.