

Newsletter

Summer 2007

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Individual Highlights:

Massage Boundaries

1

NPI/Cultural Competency

2

Disposable Needles/

Duplicate License

3

User fee/Verification/

Experts

4

Board member vacancy/

Supervisors

5

Name Change

6

MARYLAND ACUPUNCTURE BOARD

CODE OF ETHICS REVIEW

The Board believes that it is worthwhile to periodically review portions of its Code of Ethics as defined in the Code of Maryland Regulations, COMAR 10.26.03. The Code provides ethical standards to which the general public can hold Maryland acupuncturists accountable.

In every newsletter, the Board will post different articles discussing the Code to familiarize and concern licensees with the Standards of Practice pertaining to the practice of acupuncture. The Board believes that it has an obligation to articulate its basic values, ethical principles, and ethical standards.

The Board encourages licensees to review COMAR 10.26.03. The Code provides a set of rules that prescribe how acupuncturists should act in certain ethical situations. Feel free to visit the website or call the office for a copy of the Code.

Ethical decisions depend on the **informed judgment** of acupuncturist. This means that licensees should read the Code of Ethics and take into consideration all the values, principles, and standards in this *Code* that are relevant to any situation in which ethical judgment is warranted. Acupuncturists' decisions and actions should be consistent with the spirit as well as the letter of this *Code*.

ADVERTISING PROTOCOL

When advertising in a local newspaper, telephone directory, on radio or television, please remember that you must list the **current** address and telephone number of your office(s).

Also, you may not express statements that:

1. Contain misrepresentation of facts;
2. Are likely to mislead or deceive the public because you only make partial disclosure of relevant facts;
3. Intend to create false or unjustified expectations of favorable results;
4. Do not fully disclose all relevant variables relating to fees;
5. Convey the impression that you could influence a public body, official, corporation or person for your patient;
6. Represent that you are willing to perform any procedure that is illegal under the laws or regulations of Maryland or the United States; or
7. Contain representations that an ordinarily prudent person would misunderstand or be deceived.

If you are unsure about whether an advertisement you wish to publish is appropriate, please call the Board's office for more information.

REMINDER: The National Provider Identifier (NPI)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated that the Secretary of Health and Human Services adopt a standard unique health identifier for health care providers. On January 23, 2004, the Secretary published a Final Rule that adopted the National Provider Identifier (NPI) as this identifier.

All HIPAA covered healthcare providers, whether they are individuals or organizations, must obtain an NPI for use, to identify themselves in HIPAA standard transactions. Once enumerated, a provider's NPI will not change. The NPI remains with the provider regardless of job or location changes.

HIPAA covered entities, such as providers completing electronic transactions, healthcare clearinghouses, and large health plans, must use the NPI by May 23, 2007. Small health plans must use the NPI by May 23, 2008.

The Maryland Health Care Commission has prepared a number of educational materials to help you understand and make the necessary changes in your billing systems to implement NPI requirements successfully. You can download materials on the MHCC website at:
<http://mhcc.maryland.gov/npi/index.htm>.

AVOIDING PATIENT ABANDONMENT

The Board frequently receives telephone calls requesting guidance on the appropriate manner in which to dismiss a patient from their practice. Sometimes patients can be extremely rude, chronically miss appointments, avoid payment, or cause disruptive behavior that may negatively impact your staff or other patients.

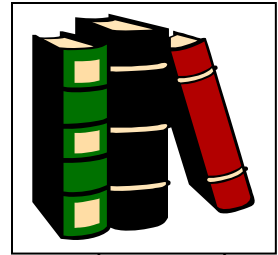
Once you have accepted to treat a patient, you are consequently obligated to treat or arrange treatment for your patient. A single visit or long period of time between patient contact does not minimize your responsibilities to that patient.

Either party can initiate a termination. If the patient refuses care and fails to return for completion of their treatment, this should be documented. You could send the patient a letter stressing the need for follow-up.

If you are the one that is initiating separation, you must provide adequate time to the patient to allow them to obtain a new practitioner. A letter with names of several acupuncturists as alternatives should be provided to the patient with an authorization for release of medical records. When the patient selects a new practitioner, you can send copies of the patient's medical records to the new practitioner. Charging a fee for the cost of copying is appropriate. You should always be available to the patient for any needs that arise during the transition period.

As you know, not every practitioner is "right" for every patient and vice versa. Strive to end your relationship with your patient on as positive a note as possible. Each practitioner-patient relationship is unique and should be dealt with individually. If you are uncertain in a particular situation, you should always consult your attorney before deciding whether and how to terminate a relationship with a patient.

CONTINUING EDUCATION INFORMATION



The Board frequently receives telephone calls concerning the amount of continuing education hours one needs for their licensure renewal. The Board's regulations require that you earn 40 hours of continuing education within the 2-year period of your renewal cycle.

The Board requires that you earn a minimum of 25 hours in formally organized programs that are relevant to the practice of acupuncture. These programs are usually offered by organizations such as NAOMA, AAAOM, CCAOM, and accredited schools.

You may earn a maximum of 15 hours of formally organized training programs in Western science and medical practices, medical ethics, medical research, or cardiopulmonary resuscitation that are relevant to the practice of acupuncture and are sponsored by organizations such as WHO, NIH, NIHOAM, AMA, or the Red Cross.

You may also earn a maximum of 15 hours of training in accredited programs that will assist a licensee to carry out the licensee's professional responsibilities, such as management courses for a school administrator, computer courses, foreign language training for translators of relevant texts, etc.

Finally, you may apply a maximum of 15 hours teaching acupuncture and related oriental medical therapies in an accredited school or in a program approved for acupuncture continuing education.

NOTICE REMOVAL OF NEEDLES

The Board considers the insertion and the removal of needles as part of the practice of acupuncture, for which a Maryland acupuncture license is required. Although some believe that the removal of needles by assistants in China and other countries or states may be common practice, the removal of needles by "an assistant" is not permitted in Maryland.

Delegation of the removal of needles may be probable cause for the Board to charge a licensee with violation of aiding and abetting the unlicensed practice of acupuncture.

VERIFICATION OF LICENSE REQUESTS

Verification of license to another state requires a written request to the board office. The fee is \$20.00, made payable to the Maryland Acupuncture Board. Please ensure that the following information is provided with your request:

- Licensee's name.
- The appropriate fee.
- License number.
- The appropriate state's mailing address.

Board Meeting Schedule

The Board of Acupuncture traditionally meets on the second Tuesday of every other month, starting at 1:00 p.m. Scheduled months are September, November, January, March, May, and July.

All meetings are held at 4201 Patterson Avenue in Baltimore, usually at 1 PM on the first floor.

BOARD COMPOSITION

BOARD MEMBERS

CHAIR:

David Paton, L.Ac.

PROFESSIONAL MEMBER

VICE CHAIR:

Tyme Gigliotti, L.Ac.

PROFESSIONAL MEMBER

SECRETARY:

Barbara Cronin

CONSUMER MEMBER

Haiyang Li, L.Ac.

PROFESSIONAL MEMBER

Steven Kaufman, L.Ac.

PROFESSIONAL MEMBER

David Mercier, L.Ac.

PROFESSIONAL MEMBER

Charles Griffin, Ed.D.

CONSUMER MEMBER

STAFF

EXECUTIVE DIRECTOR:

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ADMINISTRATIVE ASSISTANT

Cynthia Dobbins

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BOARD COUNSEL

Richard Bloom, AAG

IMPORTANT DUPLICATE LICENSES

At its meeting on January 9, 2007, the Maryland Board of Acupuncture voted to **require that a license be posted in every office, clinic, or practice setting in which a practitioner works.** It is no longer permissible to post a Xerox or scanned copy of your license in your office. The Board will furnish an official duplicate of your license to any licensed acupuncturist who currently resides in Maryland.

The duplicate license request must be made in writing and an address must be given for each duplicate license requested. Only one duplicate will be granted for each office. Duplicate licenses will be issued on a trial basis at no cost for one year.

If at anytime a license is lost or destroyed, you may request a duplicate, in writing, stating the circumstance under which the license was lost or destroyed.

SUPERVISORS FOR DISCIPLINARY CASES WANTED

The Board is looking for qualified Maryland acupuncture licensees to supervise licensees who have been disciplined and require supervision.

The Board is currently compiling a list of available supervisors from which it can draw names as needed. Licensees with knowledge in boundary issues, professional conduct, sexual misconduct, herbal medicine, western medicine, acupuncture, oriental body works, and other oriental therapies, may apply. Applicants must have been in practice for a minimum of five years and must fill out an application provided by the Board.

The licensee being supervised must compensate supervisors. Supervisors will be compensated at a rate of \$75.00 per hour.

Feel free to call the Board to request an application.

EXPERT WITNESSES WANTED

The Board is interested in recruiting licensed acupuncturists who would be willing to devote approximately 20 hours per disciplinary case as a paid expert witness. The Board will be compiling a list of experts from which it will pool names as needed. Expertise is needed in herbal medicine, oriental medicine, acupuncture, oriental body works and oriental therapies, and ethics and professional conduct. Applicants must have been in practice for a minimum of five years and must be willing to testify during a hearing.

Experts will be compensated \$75.00 per hour.

If interested in becoming an expert witness, please call or e-mail the Board at dobbinsc@dhmh.state.md.us to ask for an application.

LATE RENEWAL, INACTIVE, REINSTATEMENT

What is the difference between a late renewal, being on inactive status and reinstatement?

LATE RENEWAL: A late renewal means that you have sent in your renewal application within a 30-day grace period after the expiration date of your license. If you file a late renewal, you will be required to pay a **\$100 late fee**. Please remember that a late renewal only applies if you submit your application and fee within 30 days after the expiration date.

PLEASE NOTE THAT IF YOU FAIL TO RENEW YOUR LICENSE ON TIME YOU MAY BE CONSIDERED PRACTICING WITHOUT A LICENSE AND MAY BE CHARGED IN VIOLATION OF THE MARYLAND ACUPUNCTURE PRACTICE ACT.

REINSTATEMENT: If you submit your renewal application more than 30 days **after** the expiration date, you will be required to **reinstate** your license. This means that you failed to renew within the 30-day grace period and will have to pay the renewal fee and a reinstatement fee of \$325. You will also have to provide proof of 40 hours of CEU's.

INACTIVE: Recommended for licensees who will not be practicing acupuncture in Maryland for more than 2 years. If you know that you will be out of state for a period or want to go on maternity leave, you may think about placing your license on **inactive** status. This process avoids the high cost and CEU penalties of reinstatement. To become inactive you simply complete an inactive application, pay a \$100 fee and request that you be placed on an inactive list. Upon your return to your Maryland practice, you can easily fill out a renewal form, pay the renewal fee and provide documentation of CEU's for a 2-year period. Inactive status is limited to a 6 year time period.

IMPORTANT REMINDER

Maryland Health Care Commission User Fee

The Maryland Health Care Commission currently collects a user fee from eleven "health care practitioner" boards, insurance carriers and third party administrators. The Commission attaches their fee to Board renewal fees and collects the revenue at the end of the year in a lump sum. ***Please note that this extra money is realized by the Commission, not the Acupuncture Board.*** The Commission extracts this extra revenue directly from the Board's budget, in a lump sum, at the end of each fiscal year.

The Board of Acupuncture has incorporated this user fee in its renewal fee over the past 6 years, so you have probably not noticed that the extra fee was being accessed. However, due to budget constraints, the Board can no longer carry this fee separately and must tack on the additional \$ 29.50 to every renewal fee starting November 2007.

PROCEDURES FOR NAME CHANGE REQUESTS

At times, it is necessary for licensees to change their names on their licenses due to divorce, marriage or other reasons. When requesting a name change, the Board requires that you submit a certified copy of a marriage license, divorce decree, or court order indicating the name change, date and place of change. There is no charge for a name change request

If you have questions regarding these requirements, feel free to contact the Board's office for further assistance.


Language Access Services (LAS)

The Office of Minority Health at the U.S. Department of Health and Human Services is pleased to announce the release of the "Health Care Language Services Implementation Guide," an interactive Web-based learning tool designed to help health care professionals plan, implement, and evaluate language access services (LAS) within their organizations. The Guide is available at no cost to health care providers at www.thinkculturalhealth.org, or directly at <https://hclsig.thinkculturalhealth.org/user/home.rails>.

Developed with input from a panel of experts in the field of LAS and through rigorous field research, the Guide is patient-centered and family focused, and provides practical step-by-step advice on how to implement LAS to include translation and interpretation services. The Guide features an interactive content presentation, multimedia-based case studies that underscore the importance of LAS, and interactive worksheets to help with planning, implementation, and evaluation of LAS in your organization. The Guide is supported by a rich collection of resources, implementation tips, and examples of forms and documents.

We are confident that you and your colleagues will benefit from the Guide's recommendations and resources, and we are excited to offer another tool to assist you in your efforts to provide quality health care to limited English proficient populations. To receive more information, please email us at

HCLS-IG@thinkculturalhealth.org.



**MARYLAND
ACUPUNCTURE BOARD**
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