

WINTER

2008

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MARYLAND ACUPUNCTURE BOARD

Newsletter

FAREWELL TO BOARD MEMBERS

David Paton and Haiyang Li

At this time, the Board must bid farewell and provide many thanks to longtime board members, David Paton and Haiyang Li.

During their tenor, Mr. Paton served as Chair of the Maryland Acupuncture Board as well as the Federation of Acupuncture and Oriental Medicine Regulatory Agencies. Mr. Li served as Chair of the Foreign Application Review Committee.

Both Mr. Paton and Mr. Li served steadfast to safeguard the interests of Maryland citizens as well as the acupuncture profession during their 2 respective terms. The Board would like to thank both David and Haiyang for all of their hard work, expertise and diligence serving on the Board. Their ingenuity and resolution will be missed. The Board wishes both practitioners well in their practices and future endeavors.

WELCOME NEW BOARD MEMBERS

Grant Zhang and David Cai

The Board of Acupuncture would like to welcome 2 new Board members, Grant Zhang and David Cai.

Dr. Zhang received a BM and MS at the Shanghai University of Traditional Chinese Medicine in Shanghai, China and received a PhD in Molecular Biology at the West Virginia School of Medicine. He was Dean of Admissions and Student Affairs and Academic Dean at MITCM and is currently Assistant Professor of Center for Integrative Medicine at the University of Maryland School of Medicine. Dr. Zhang has a private practice in Ellicott City.

Dr. Cai holds both an MD in Acupuncture and Herbal Medicine and General Medicine from the Beijing University of Chinese Medicine. He was Vice President of Beijing Taiyanggong Hospital and an Officer and clinician of the National Bureau of Regulation of Chinese Medicine. He is currently a practitioner and Clinic Director at the Chevy Chase Wellness Center.

The Board has completed a thorough review of its regulations, and has voted to change its regulations as follows:

1. Under COMAR 10.26.02, Continuing Education, the Board voted to reflect the merge of the AAOM and Alliance and change/delete the names accordingly. The Board also voted to require that at least 3 hours of ethics training be earned every 4 years as a basis for licensure and to clarify that auricular detoxification specialists must work directly in chemical dependency programs.

~~.05 Term, Renewal, Reinstatement, and Inactive Status.~~

~~F. Continuing Education.~~

~~(a) At least 25 hours in formally organized programs which are relevant to the practice of acupuncture and are approved by the Board or sponsored by, but not limited to, the following organizations and their member organizations:~~

~~(i) Acupuncture and Oriental Medicine Alliance (AOM Alliance) **The American Academy of Medical Acupuncturists**;~~

~~(ii) The American Association of **Acupuncture and** Oriental Medicine (AAAOM);~~

~~(xi) The American Academy of Medical Acupuncturists;~~

~~(d) Not more than 15 hours teaching acupuncture and related oriental medical therapies in an accredited school or in a program approved for acupuncture continuing education— ;or~~

~~(c) Not more than 15 hours of training in accredited programs which will assist a licensee to carry out the licensee's professional responsibilities, including, but not limited to:~~

~~(i) Management courses for a school administrator;~~

~~(ii) Foreign language training for translators of relevant texts;~~

~~(iii) Educational methodology for teachers of acupuncture; [e]]~~

At least 3 hours in ethics or professional boundary training every 4 years.

~~.09- .07 Auricular Detoxification Specialist.~~

~~A. Qualification. To qualify as an auricular detoxification aide, an applicant shall be certified or licensed as one of the following health care professionals **who works directly with chemically dependent clients of a chemical dependency program in the counseling or treatment of those clients**:~~

2. In June 1998, the Board created 2 regulations that allowed students that did not have clinical training available in their school, to complete clinical hours in Maryland under the supervision of a licensed acupuncturist. Because ACAOM would never allow this type of practice today, the Board no longer sees the need for the regulation and voted to delete these sections.

~~.07 Supervision of Students.~~

~~.08 Registration of Licensed Acupuncturists as Supervisors.~~

3. The Board voted to include auricular detoxification specialists in the fee schedule since they pay an initial registration and renewal fee and also voted to delete the clause that separated acupuncturists from the physicians board in 1994. The Board also voted to delete fees that allowed course equivalency review and application for professional corporate name since these fees were never enforced or collected since their inception and to reduce the reinstatement fee to \$200.

~~.01 Scope.~~

~~The fee schedule applies to all acupuncturists **and auricular detoxification specialists** who apply for licensure or license renewal. [These acupuncturists who held valid registration certificates issued by the Board of Physicians and transferred that registration to licensure by the Board of Acupuncture, by paying the transfer fee by February 21, 1995, may pay a reduced renewal fee in December 1995 as set forth in Regulation .03 of this chapter.]~~

~~03 Fees.~~

~~The following fees are established by the Board:~~

~~E. Reinstatement— \$325 **\$200** ;~~

~~[G. Course equivalency review—\$500, plus all necessary travel, accommodations, and translation or other expenses related to determine equivalency;]~~

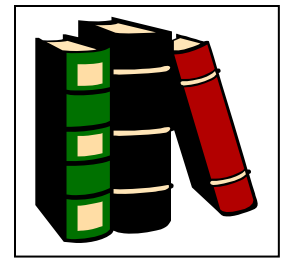
~~[H] G. Examination equivalency review—\$500, plus all necessary travel, accommodations, and translation or other expenses;~~

~~[I. Application for professional corporate name—\$20;]~~

~~[M] **K. License** Verification—\$20; and~~

~~[N] **L. Roster**—\$25.~~

The Board welcomes any public comment, in writing, regarding the regulation changes.



MEDICAL RECORD RETENTION

FREQUENTLY ASKED QUESTIONS:

Question: *May I charge patients when they request a copy of their medical records?*

Answer: Yes, you may charge for the copying of a medical record. A health care provider may require a person in interest or any other authorized person who requests a copy of a medical record to pay the cost of copying and postage for mailing.

Question: *How long do I have to retain a patient medical record after the patient has died or ceased coming to my practice?*

Answer: If the patient is an adult, you must retain the medical record for 5 years from the date the record was created. For a record created about a minor patient, the record must be maintained until the patient reaches the age of majority plus three years (i.e., $18 + 3 = 21$ years of age) or 5 years after the record was created, whichever is later.

Question: *May I refuse to disclose a medical record to a patient, if the patient fails to pay for health care rendered by me?*

Answer: No, you may not refuse to disclose a medical record because of the patient's failure to pay a medical bill from you. In addition, if you do not disclose the medical record for this reason, you could be found guilty of a misdemeanor and on conviction could be subject to a fine not exceeding \$1,000 for the first offense and not exceeding \$5,000 for each subsequent conviction for this violation [Health General Article Section 4-309(d)].

Question: *What is considered a "timely response" to a request for medical records?*

Answer: An acupuncturist should mail a copy of the medical record within 21 business days. Maryland Code Annotated, Health General Article Section 4-309(a) states "a reasonable time but no more than 21 working days after the date a person in interest requests the disclosure."

Question: *When a treating acupuncturist leaves an office/facility where she/he has treated patients and where the records are maintained, who keeps patient records-the acupuncturist or the office/facility?*

Answer: Simply stated, it is the Board's position that original records remain with the office/facility. A patient certainly may authorize release of copies of the records to the treating acupuncturist, in which case a copy would be sent and the originals remain with the office.

Disciplinary Cases

The following are formal orders executed since the last newsletter:

Albert Liao, L. Ac. (U-00390) Formally Reprimanded.

1A-309 (8) Practices acupuncture with an unauthorized person or assists the unauthorized person in the practice of acupuncture.

SEXUAL MISCONDUCT

At no time would the Board consider it appropriate for a practitioner to establish an intimate relationship with a patient. An acupuncturist must maintain professional boundaries, even when the patient initiates crossing the boundaries during your professional relationship.

If a licensed acupuncturist and his/her patient mutually desire a personal relationship, the professional relationship must be terminated and the acupuncturist must refer the patient to another health care practitioner. Both parties must wait before engaging in an intimate relationship for a time when it is reasonably certain that the professional relationship will have no further influence on the personal relationship.

It is important to remember that a licensed acupuncturist should never exploit a relationship with a patient for his/her advantage, including a personal, sexual, romantic, or financial relationship. It is also unacceptable to engage in a sexually intimate act with a patient – at any time!

Warning signs of sexual misconduct may include:

- Excessive sharing of personal information
- Change of appointments to a social location
- Use of alcohol or drugs during treatment
- Constant questioning about sexual issues that are not related to treatment
- Requests for secrecy
- Physical contact or bodily exposure that is not part of acupuncture treatment
- Touching in a sexual manner

Always respect and maintain professional boundaries with your patients. Ensure that your patient is reasonably informed about treatments before they are rendered. Make sure that your patients are comfortable with the treatments and that you cause them no embarrassment.

ACUCODE 2007

A GUIDE TO CODING: DIAGNOSIS AND PROCEDURE

Many times the Board receives phone calls regarding which diagnosis/procedure code to use for billing purposes. The American Acupuncture Council has published a code book, **ACUCODE 2007**, to provide you with available coding for the profession.

The Book is available by calling the American Acupuncture Council Network directly at 1-800-562-3335. The cost of the book is \$49.99.

BOARD COMPOSITION

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vacant

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Charles Griffin, Ed.D.

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Grant Zhang, L.Ac.

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Cultural Competence in Complementary and Alternative Medicine (CAM)

DHMH – Office of Minority Health and Health Disparities

Taking in more immigrants and refugees than all other nations combined, the U.S. is home to many cultures, ethnicities and dialects, which make our nation great. Because perception of illness is culturally based, culture affects health seeking behaviors, and perceived effectiveness of both conventional and alternative therapies. Cross-cultural communication is especially relevant to Acupuncturists and other CAM providers, as these providers may be more likely to treat ethnic and racial sub-groups seeking ethnic-specific measures, and are always in a position of offering non-traditional care to consumers who may not be familiar with these measures.

Being aware of one’s biases and perceptions related to others, and developing a sense of cultural sensitivity and responsiveness are all parts of achieving cultural humility and competence. These attributes are paramount in the provision of respectful and efficient health care.

Recognizing the pivotal role of culturally responsive care in reducing health disparities, the Health Resources and Services Administration developed a comprehensive website listing all national guidelines and resources related to cultural competency in health care (<http://www.hrsa.gov/culturalcompetence/>)

Additionally, the US Department of Health and Human Services developed a website for health care providers which offers didactic, and interactive on-line cultural competency training (http://www.thinkculturalhealth.org/whats_new.asp). The site provides a three segment (2-3 hours each) training module which awards providers 9 free CMEs.

**SUPERVISORS/EXPERT WITNESSES FOR DISCIPLINARY CASES
WANTED**

The Board is looking for qualified Maryland acupuncture licensees to provide expertise in disciplinary cases, or to supervise licensees who have been disciplined and require supervision.

The Board is currently compiling a list of available supervisors/experts 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.

Volunteers will be compensated at the rate of \$75 per hour. Supervisors will be compensated by the practitioner.

Feel free to call the Board to request an application for either placement.

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.

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,

RESEARCH STANDARDS AND INFORMED CONSENT

Informed consent is needed before you may begin clinical research trials on patients. The purpose of informed consent is to allow patients to learn enough about the study to decide whether or not to participate. Informed consent for a research study should include the following information:

- Why the research is being done
- What the research hopes to accomplish
- A description of what will be done during the study and how long the patient is expected to participate
- The risks/adverse reactions the patient may encounter from participation in the study
- The benefits that the patient may expect from participation in the study
- Other treatments that are available if the patient decides not to participate in the study
- Verification that the patient has the right to leave the study at any time, and that standard treatment will be provided without penalty
- The possibility that the patient may be photographed, if appropriate;
- The possibility that data from the research study may be shared and provide a list possible recipients

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