



COLORADO

**Department of
Regulatory Agencies**

Colorado Office of Policy, Research &
Regulatory Reform

2021 Sunset Review

Acupuncture Licensing Program



October 15, 2021

(Revised October 21, 2021)



COLORADO

Department of
Regulatory Agencies

Executive Director's Office

October 15, 2021

Members of the Colorado General Assembly
c/o the Office of Legislative Legal Services
State Capitol Building
Denver, Colorado 80203

Dear Members of the General Assembly:

The Colorado General Assembly established the sunset review process in 1976 as a way to analyze and evaluate regulatory programs and determine the least restrictive regulation consistent with the public interest. Pursuant to section 24-34-104(5)(a), Colorado Revised Statutes (C.R.S.), the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) at the Department of Regulatory Agencies (DORA) undertakes a robust review process culminating in the release of multiple reports each year on October 15.

A national leader in regulatory reform, COPRRR takes the vision of their office, DORA and more broadly of our state government seriously. Specifically, COPRRR contributes to the strong economic landscape in Colorado by ensuring that we have thoughtful, efficient and inclusive regulations that reduce barriers to entry into various professions and that open doors of opportunity for all Coloradans.

As part of this year's review, COPRRR has completed an evaluation of the acupuncture licensing program. I am pleased to submit this written report, which will be the basis for COPRRR's oral testimony before the 2022 legislative committee of reference.

The report discusses the question of whether there is a need for the regulation provided under Article 200 of Title 12, C.R.S. The report also discusses the effectiveness of the Director of the Division of Professions and Occupations in carrying out the intent of the statutes and makes recommendations for statutory changes for the review and discussion of the General Assembly.

To learn more about the sunset review process, among COPRRR's other functions, visit coprrr.colorado.gov.

Sincerely,

Patty Salazar
Executive Director



FACT SHEET

Sunset Review: Acupuncture Licensing Program

Background

What is regulated?

Acupuncture is a system of healing based on the idea that energy in the human body flows along interconnected pathways, or meridians, and that blocked energy along these meridians causes pain or illness. One way that acupuncturists treat patients is through stimulating precise points on the body using needles in order to restore the body's flow of energy.

Why is it regulated?

Regulation of acupuncture is necessary to protect the public against unqualified or unskilled practitioners. Acupuncturists insert needles all over the body, so they must have a thorough understanding of human anatomy and how to locate acupuncture points.

Who is regulated?

At the end of fiscal year 19-20, there were 1,507 acupuncturists licensed by the Director of the Division of Professions and Occupations (Director) in the Department of Regulatory Agencies.

How is it regulated?

The Director enforces the Acupuncture Practice Act (Act). Anyone who engages in the practice of acupuncture, as it is defined under the Act, must be licensed by the Director. The qualifications required for a license include graduation from an accredited acupuncture program and passage of either a national board examination or the California Acupuncture Licensing Examination.

What does it cost?

In fiscal year 19-20, the Director expended \$65,470 and dedicated 0.56 full-time equivalent employees to the Acupuncture Licensing Program.

What disciplinary activity is there?

Over a five-year period, from fiscal year 15-16 to 19-20, 99 complaints were filed, 23 violations were established, and 20 disciplinary actions were taken against acupuncturists.

Key Recommendations

- Continue the regulation of acupuncturists for 11 years, until 2033.
- Codify the Director's authority to require acupuncturists to pass an examination approved by the Director in order to obtain a license.
- Authorize the use of acupuncture assistants.
- Authorize the use of telehealth.
- Require a written plan for the storage, security and disposal of patient records.
- Grant the Director fining authority.

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Background

Enacted in 1976, Colorado's sunset law was the first of its kind in the United States. A sunset provision repeals all or part of a law after a specific date, unless the legislature affirmatively acts to extend it. During the sunset review process, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) within the Department of Regulatory Agencies (DORA) conducts a thorough evaluation of such programs based upon specific statutory criteria¹ and solicits diverse input from a broad spectrum of stakeholders including consumers, government agencies, public advocacy groups, and professional associations.

Sunset reviews are guided by statutory criteria and sunset reports are organized so that a reader may consider these criteria while reading. While not all criteria are applicable to all sunset reviews, the various sections of a sunset report generally call attention to the relevant criteria. For example,

- In order to address the first criterion and determine whether a particular regulatory program is necessary to protect the public, it is necessary to understand the details of the profession or industry at issue. The Profile section of a sunset report typically describes the profession or industry at issue and addresses the current environment, which may include economic data, to aid in this analysis.
- To ascertain a second aspect of the first sunset criterion--whether conditions that led to initial regulation have changed--the History of Regulation section of a sunset report explores any relevant changes that have occurred over time in the regulatory environment. The remainder of the Legal Framework section addresses the third sunset criterion by summarizing the organic statute and rules of the program, as well as relevant federal, state and local laws to aid in the exploration of whether the program's operations are impeded or enhanced by existing statutes or rules.
- The Program Description section of a sunset report addresses several of the sunset criteria, including those inquiring whether the agency operates in the public interest and whether its operations are impeded or enhanced by existing statutes, rules, procedures and practices; whether the agency performs efficiently and effectively and whether the board, if applicable, represents the public interest.
- The Analysis and Recommendations section of a sunset report, while generally applying multiple criteria, is specifically designed in response to the tenth criterion, which asks whether administrative or statutory changes are necessary to improve agency operations to enhance the public interest.

These are but a few examples of how the various sections of a sunset report provide the information and, where appropriate, analysis required by the sunset criteria. Just

¹ Criteria may be found at § 24-34-104, C.R.S.

as not all criteria are applicable to every sunset review, not all criteria are specifically highlighted as they are applied throughout a sunset review. While not necessarily exhaustive, the table below indicates where these criteria are applied in this sunset report.

Sunset Criteria	Where Applied
(I) Whether regulation by the agency is necessary to protect the public health, safety, and welfare; whether the conditions that led to the initial regulation have changed; and whether other conditions have arisen that would warrant more, less, or the same degree of regulation;	<ul style="list-style-type: none"> • Profile. • Legal Framework. • Recommendations 1- 6.
(II) If regulation is necessary, whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest, considering other available regulatory mechanisms, and whether agency rules enhance the public interest and are within the scope of legislative intent;	<ul style="list-style-type: none"> • Legal Framework. • Recommendations 3, 6 and 11.
(III) Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures, and practices and any other circumstances, including budgetary, resource, and personnel matters;	<ul style="list-style-type: none"> • Legal Framework. • Program Description. • Recommendations 7 - 10.
(IV) Whether an analysis of agency operations indicates that the agency performs its statutory duties efficiently and effectively;	<ul style="list-style-type: none"> • Program Description. • Recommendation 7, 9 and 10.
(V) Whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates;	<ul style="list-style-type: none"> • Program Description.
(VI) The economic impact of regulation and, if national economic information is not available, whether the agency stimulates or restricts competition;	<ul style="list-style-type: none"> • Profile.
(VII) Whether complaint, investigation, and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession;	<ul style="list-style-type: none"> • Program Description.
(VIII) Whether the scope of practice of the regulated occupation contributes to the optimum use of personnel and whether entry requirements encourage affirmative action;	<ul style="list-style-type: none"> • Legal Framework. • Program Description.
(IX) Whether the agency through its licensing or certification process imposes any sanctions or disqualifications on applicants based on past criminal history and, if so, whether the sanctions or disqualifications serve public safety or commercial or consumer protection interests. To assist in considering this factor, the analysis prepared pursuant to subsection (5)(a) of this section must include data on the number of licenses or certifications that the agency denied based on the applicant's criminal history, the number of conditional licenses or certifications issued based upon the applicant's criminal history, and the number of licenses or certifications revoked or suspended based on an individual's criminal conduct. For each set of data, the analysis must include the criminal offenses that led to the sanction or disqualification.	<ul style="list-style-type: none"> • Program Description.
(X) Whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest.	<ul style="list-style-type: none"> • Recommendations 1 - 11.

Sunset Process

Regulatory programs scheduled for sunset review receive a comprehensive analysis. The review includes a thorough dialogue with agency officials, representatives of the regulated profession and other stakeholders. Anyone can submit input on any upcoming sunrise or sunset review on COPRRR's website at coprrr.colorado.gov.

The functions of the Acupuncture Licensing Program and the Director of the Division of Professions and Occupations (Director and Division, respectively) as enumerated in Article 200 of Title 12, Colorado Revised Statutes (C.R.S.), shall terminate on September 1, 2022, unless continued by the General Assembly. During the year prior to this date, it is the duty of COPRRR to conduct an analysis and evaluation of the program pursuant to section 24-34-104, C.R.S.

The purpose of this review is to determine whether the currently prescribed regulation should be continued and to evaluate the performance of the Director. During this review, the Director must demonstrate that the program serves the public interest. COPRRR's findings and recommendations are submitted via this report to the Office of Legislative Legal Services.

Methodology

As part of this review, COPRRR staff interviewed Division staff, practitioners, educators, officials with state and national professional associations, interviewed staff from other states and other stakeholders; conducted a survey; and reviewed records, Colorado statutes and rules, and the laws of other states.

The major contacts made during this review include, but are not limited to:

- Accreditation Commission for Acupuncture and Herbal Medicine,
- Acupuncture Association of Colorado,
- American Board of Animal Acupuncture,
- California Acupuncture Board,
- Colorado Chiropractic Association,
- Colorado Criminal Justice Reform Coalition,
- Colorado Medical Society,
- Colorado Physical Therapy Association,
- Colorado School of Traditional and Chinese Medicine,
- Colorado Society of Osteopathic Medicine,
- Colorado Veterinary Medical Association,
- Department of Public Health and Environment,
- Division of Professions and Occupations,
- Institute of Taoist Education and Acupuncture,
- National Acupuncture Detoxification Association,

-
- National Certification Commission for Acupuncture and Oriental Medicine,
 - Office of the Attorney General,
 - Peer Assistance Services,
 - Phoenix Institute of Herbal Medicine and Acupuncture, and
 - Southwest Acupuncture College.

In the spring of 2021, Colorado Office of Policy, Research and Regulatory Reform staff conducted a survey of all acupuncturists who are licensed by the Acupuncture Licensing Program. The survey was sent to 1,589 acupuncturists; 16 emails were returned as undeliverable. The survey received 311 responses, which is a 19.77 percent response rate, and the survey results are in Appendix A.

Profile of the Profession

In a sunset review, COPRRR is guided by the sunset criteria located in section 24-34-104(6)(b), C.R.S. The first criterion asks whether regulation by the agency is necessary to protect the public health, safety and welfare; whether the conditions which led to the initial regulation have changed; and whether other conditions have arisen which would warrant more, less or the same degree of regulation.

In order to understand the need for regulation, it is first necessary to understand what the profession does, where they work, who they serve and any necessary qualifications.

During the research process for this sunset report, it was noted from members of the profession of acupuncture that the term “oriental medicine” is antiquated and culturally insensitive. COPRRR attempted to refrain from the use of this inappropriate language and has limited references to the term specific to quotations, the proper names of schools and organizations and the formal title of a module of the professional examination. The profession is in the process of evaluating how to modernize the description of the healing practice to avoid pejorative connotations. Therefore, the use of the term in this report is for descriptive and clarification purposes only.

Acupuncture is a system of healing based on the idea that energy in the human body flows along interconnected pathways, or meridians, and that blocked energy along these meridians causes pain or illness.²

One way that acupuncturists treat patients is through stimulating precise points on the body using needles in order to restore the body’s flow of energy. This is referred to as needling, one of the most common forms of acupuncture treatment.³

Acupuncture needles are very thin and do not typically cause discomfort. In a typical session, an acupuncturist may place between 5 and 20 needles. The acupuncturist may

² Green, Kathleen, “You’re a What?” Occupational Outlook Quarterly, Summer 2002, p. 38. Retrieved December 4, 2020, from <https://www.bls.gov/careeroutlook/2002/summer/yawhat.pdf>

³ Green, Kathleen, “You’re a What? Acupuncturist,” Occupational Outlook Quarterly, Summer 2002, p. 38. Retrieved December 4, 2020, from <https://www.bls.gov/careeroutlook/2002/summer/yawhat.pdf>

also move or twirl the needles or use mild electrical pulses or heat to increase stimulation. Once the needles have been placed, a patient is asked to lie still and relax for 10 to 20 minutes.⁴

Acupuncturists also use other treatment methods, such as prescribing herbs or herbal mixtures, performing acupressure and offering dietary and exercise advice.⁵

Prior to treatment, an acupuncturist usually conducts an evaluation and a physical examination. Once a course of treatment is determined, the acupuncturist will then provide a treatment session. A course of treatment for a condition may require several treatment sessions, once or twice a week, over several weeks. Six to eight sessions are common.⁶

Acupuncture is frequently used to treat pain, and it is growing in popularity as a treatment for overall wellness and stress management. Specifically, acupuncture may be used to treat nausea associated with chemotherapy, allergic rhinitis, headaches, osteoarthritis and a variety of other conditions.⁷

Acupuncturists are trained to recognize when to refer patients to, and consult with, other health-care providers.⁸

Most acupuncturists are self-employed⁹ and work in office-based settings. However, acupuncturists may also work in multidisciplinary practices or in practices with other acupuncturists, and some work in other health-care settings such as hospitals, clinics or wellness centers.¹⁰

Acupuncturists must complete a master's level educational program in acupuncture in order to practice.¹¹ Colorado has three acupuncture schools.

⁴ Mayo Clinic. *Acupuncture*. Retrieved December 4, 2020, from <https://www.mayoclinic.org/tests-procedures/acupuncture/about/pac-20392763>

⁵ Green, Kathleen, "You're a What? Acupuncturist," *Occupational Outlook Quarterly*, Summer 2002, p. 38. Retrieved December 4, 2020, from <https://www.bls.gov/careeroutlook/2002/summer/yawhat.pdf>

⁶ Mayo Clinic. *Acupuncture*. Retrieved December 4, 2020, from <https://www.mayoclinic.org/tests-procedures/acupuncture/about/pac-20392763>

⁷ Mayo Clinic. *Acupuncture*. Retrieved December 4, 2020, from <https://www.mayoclinic.org/tests-procedures/acupuncture/about/pac-20392763>

⁸ *The NCCAOM Certification in Acupuncture*, National Certification Commission for Acupuncture and Oriental Medicine (2018), p. 4. Retrieved December 4, 2020, from <https://www.nccaom.org/wp-content/uploads/pdf/NCCAOM%20Acupuncture%20Certification%20Fact%20Sheet060318.pdf>

⁹ Green, Kathleen, "You're a What? Acupuncturist," *Occupational Outlook Quarterly*, Summer 2002, p. 38. Retrieved December 4, 2020, from <https://www.bls.gov/careeroutlook/2002/summer/yawhat.pdf>

¹⁰ *The 2017 NCCAOM Job Analysis Survey: A Report for the Profession of Acupuncture and Oriental Medicine*, National Certification Commission for Acupuncture and Oriental Medicine (2017), p. 36.

¹¹ *The NCCAOM Certification in Acupuncture*, National Certification Commission for Acupuncture and Oriental Medicine (2018), p. 3. Retrieved December 4, 2020, from <https://www.nccaom.org/wp-content/uploads/pdf/NCCAOM%20Acupuncture%20Certification%20Fact%20Sheet060318.pdf>

Other practitioners, such as physical therapists, chiropractors, registered nurses and medical doctors, may have limited training in acupuncture. The ability for these practitioners to perform limited acupuncture treatments varies from state to state.

Nearly all states require acupuncturists to be licensed in order to practice. Forty-six states, including Colorado, and the District of Columbia require passage of a national examination in order to be licensed. California is the only state that administers its own state-based licensing examination.

Legal Framework

History of Regulation

In a sunset review, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) is guided by the sunset criteria located in section 24-34-104(6)(b), Colorado Revised Statutes (C.R.S.). The first sunset criterion questions whether regulation by the agency is necessary to protect the public health, safety and welfare; whether the conditions which led to the initial regulation have changed; and whether other conditions have arisen that would warrant more, less or the same degree of regulation.

One way that COPRRR addresses this is by examining why the program was established and how it has evolved over time.

Colorado began regulating acupuncturists in 1989. The legislation created a director-model program within the Division of Registrations, now the Division of Professions and Occupations (Division), and it required acupuncturists to register in order to practice. The Director of the Division (Director) was also required to inspect acupuncture clinics.

COPRRR conducted a sunset review in 1991, and the General Assembly subsequently adopted several changes to the law, such as:

- Exempting acupuncture students from the registration requirement,
- Repealing the requirement for routine inspections of acupuncture clinics, and
- Expanding the grounds for discipline.

In 1995, the General Assembly revised the statutory definition of “acupuncture”—which had previously focused solely on the use of needles—redefining it as a broader system of health care. It also added language prohibiting acupuncturists from using Western medical diagnostic tests and procedures, such as X-rays and magnetic resonance imaging, and it mandated that acupuncturists purchase and maintain professional liability insurance.

Following another sunset review in 2001, the program was changed from a registration program to a licensure program, and acupuncturists who were licensed in other states were authorized to be licensed by endorsement in Colorado.

In 2013, several changes to the law were made following a sunset review. The most important of which provided the Director the authority to enter into confidential agreements with licensees who have health conditions, which if not addressed, could impair the licensee’s ability to practice safely. That year, a separate bill was passed that authorized qualified mental health professionals to perform auricular acudetox, a specific acupuncture procedure that is used to support addiction recovery.

In 2015, the General Assembly passed another bill authorizing acupuncturists to perform injection therapy, a form of treatment that combines traditional herbal medicine¹² with conventional and homeopathic medicine to treat conditions that are resistant to traditional forms of acupuncture.

During the 2019 legislative session, the General Assembly recodified Title 12, Colorado Revised Statutes (C.R.S.). At that time, Article 29.5 was repealed and reenacted as Article 200. Though there were changes in the manner in which the law reads and many provisions of law were combined with common elements of other laws, none of those changes affected the implementation or enforcement of the practice act.

Legal Summary

The second and third sunset criteria question:

Whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest, considering other available regulatory mechanisms, and whether agency rules enhance the public interest and are within the scope of legislative intent; and

Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures and practices and any other circumstances, including budgetary, resource and personnel matters.

A summary of the current statutes and rules is necessary to understand whether regulation is set at the appropriate level and whether the current laws are impeding or enhancing the agency's ability to operate in the public interest.

Federal Law

The U.S. Food and Drug Administration requires acupuncture needles to be sterile, nontoxic and labeled for single use,¹³ and it also limits the sale of acupuncture needles to licensed practitioners.¹⁴

¹² As with the term "oriental medicine," this report endeavors to avoid the use of the terms "Chinese medicine" and "Chinese herbal medicine", and instead uses the term "herbal medicine," as recommended by the Acupuncture Association of Colorado.

¹³ 21 C.F.R. § 880.5580

¹⁴ 21 C.F.R. §§ 880.5580 and 801.109

State Law

The laws governing the practice of acupuncture are located in Article 200 of Title 12, C.R.S. (Act).

The Director is vested with the authority to enforce the Act, which includes the following powers and duties:¹⁵

- Promulgating rules,
- Granting or denying licenses,
- Conducting inspections, and
- Investigating possible violations of the Act.

Further, the Act allows the Director to contract with the Colorado Department of Public Health and Environment (CDPHE) or other entities to inspect acupuncture facilities for proper sanitation, cleaning and sterilization of acupuncture needles.¹⁶

The Executive Director of CDPHE is required to adopt rules related to cleaning and sterilizing acupuncture needles and requirements for sanitizing acupuncture offices.¹⁷ CDPHE requires acupuncture offices to be clean, sanitary, neat and orderly. All surfaces connected to acupuncture procedures are required to be disinfected, and acupuncturists are required to wash their hands with soap and water or use an alcohol-based hand sanitizer before and after each acupuncture treatment. Acupuncture needles may only be used once and must be properly disposed of after use.¹⁸

The Act generally defines “acupuncture” as¹⁹

a system of health care based upon traditional and modern oriental medical concepts that employs oriental methods of diagnosis, treatment and adjunctive therapies for the promotion, maintenance and restoration of health and the prevention of disease.

The Act then specifically defines the “practice of acupuncture” as²⁰

the insertion and removal of acupuncture needles, injection therapy, the application of heat therapies to specific areas of the human body and adjunctive therapies. Adjunctive therapies within the scope of acupuncture may include manual, mechanical, thermal, electrical and electromagnetic treatment; the recommendation of therapeutic exercises; and, subject to federal law, the recommendation of herbs and

¹⁵ § 12-200-114(1), C.R.S.

¹⁶ § 12-200-114(1)(d), C.R.S.

¹⁷ § 12-200-115, C.R.S.

¹⁸ 6 CCR 1009-1, Regulation 10, Colorado Department of Public Health and Environment Rules.

¹⁹ § 12-200-103(1), C.R.S.

²⁰ § 12-200-103(5)(a), C.R.S.

dietary guidelines. The “practice of acupuncture” is based upon traditional and modern oriental medical concepts and does not include the utilization of Western medical diagnostic tests and procedures, such as magnetic resonance imaging, radiographs (X-rays), computerized tomography scans, and ultrasound.

Under the Act, acupuncture is not considered the practice of medicine.²¹ Moreover, an acupuncturist is prohibited from practicing:²²

- Medicine or surgery;
- Spinal adjustment, manipulation or mobilization; or
- Any other form of healing.

An acupuncturist is a person who accepts compensation for performing acupuncture or who represents himself or herself as someone who performs acupuncture.²³

It is unlawful to practice acupuncture in Colorado without a license, and only those licensed under the Act may use any of the following titles or designations:²⁴

- Licensed acupuncturist,
- Registered acupuncturist,
- Diplomate of acupuncture,
- L.Ac.,
- R.Ac., or
- Dipl. Ac.

A license is not required for someone who is in training to become an acupuncturist and is practicing under the supervision of a licensed acupuncturist.²⁵

Additionally, an individual who performs auricular acudetox—a form of treatment in which acupuncture needles are inserted in five specific acupuncture points on the ear in order to help individuals recovering from addiction to cope with the symptoms of withdrawal—is not required to be licensed under the Act as long as he or she has completed an appropriate training program and the auricular acudetox is performed under his or her current scope of practice.²⁶

²¹ § 12-200-117, C.R.S.

²² § 12-200-103(5)(b), C.R.S.

²³ § 12-200-103(2), C.R.S.

²⁴ § 12-200-108(2), C.R.S.

²⁵ § 12-200-108(3), C.R.S.

²⁶ § 12-200-108(4), C.R.S.

In order to be licensed as an acupuncturist, an applicant must:²⁷

- Graduate from an acupuncture program accredited by the Accreditation Commission for Acupuncture and Herbal Medicine, and
- Pass the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) Board examination or the California Acupuncture Licensing Examination, or an equivalent as determined by the Director.

An applicant who has graduated from a non-accredited program may qualify for a license if the program is substantially equivalent to an accredited program and the applicant has obtained certification through the NCCAOM.²⁸

An acupuncturist who has successfully completed additional training required by the Director may practice injection therapy.²⁹

Injection therapy is, according to the Act:³⁰

the injection of sterile herbs, vitamins, minerals, homeopathic substances, or other similar substances specifically manufactured for nonintravenous injection into acupuncture points by means of hypodermic needles used primarily for the treatment of musculoskeletal pain. Permissible substances include saline, glucose, lidocaine, procaine, oriental herbs, vitamin B-12, Traumeel, Sarapin, and homeopathic substances. “Injection therapy” includes the use of epinephrine and oxygen as necessary for patient care and safety, including for the purpose of addressing any risk of allergic reactions when using injection substances.

Currently, the Director requires an acupuncturist who practices injection therapy to:³¹

- Have an acupuncture license in good standing,
- Hold a Clean Needle Technique certificate issued by NCCAOM, and
- Hold Basic Life Support or Cardiopulmonary Resuscitation certification.

Additionally, acupuncturists who perform injection therapy must have completed specified coursework, and they are limited to using substances and techniques in which they have completed training.³²

²⁷ 4 CCR 738-1 § 1.1(A)(1), Acupuncture Licensure Rules and Regulations.

²⁸ 4 CCR 738-1 § 1.1(A)(2), Acupuncture Licensure Rules and Regulations.

²⁹ § 12-200-104(1), C.R.S.

³⁰ § 12-200-103(4), C.R.S.

³¹ 4 CCR 738-1 § 1.10(C), Acupuncture Licensure Rules and Regulations.

³² 4 CCR 738-1 § 1.10(D), Acupuncture Licensure Rules and Regulations.

According to Director rules, an acupuncturist who has received necessary training to practice injection therapy may obtain the following substances from a prescription drug outlet:³³

- Certain herbs,
- Cyanocobalamin,
- Dextrose,
- D-glucose,
- Enzymes,
- Glucose,
- Homeopathic substances,
- Hyaluronic acid,
- Lidocaine,
- Marcaine with or without epinephrine,
- Minerals,
- Procaine,
- Saline,
- Sarapin,
- Sodium chloride,
- Sterile water,
- Traumeel, and
- Vitamins.

Acupuncturists who are practicing injection therapy are prohibited from injecting any substance intravenously.³⁴

The Director has the authority to take the following disciplinary actions against a licensee:³⁵

- Revoke or suspend a license,
- Place a licensee on probation, or
- Issue a letter of admonition.

The Director does not have fining authority.

The Director may deny a license or take disciplinary action against a licensee if he or she commits any acts delineated in the grounds for discipline including, but not limited to:³⁶

- Violating the Act, Director rules or orders of the Director, CDPHE or a court;
- Failing to provide disclosures required by the Act;

³³ 4 CCR 738-1 § 1.10(E)(3), Acupuncture Licensure Rules and Regulations.

³⁴ 4 CCR 738-1 § 1.10(F)(3), Acupuncture Licensure Rules and Regulations.

³⁵ § 12-200-110(2), C.R.S.

³⁶ § 12-200-109(1), C.R.S.

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- Failing to refer a patient to another health-care practitioner when treatment exceeds the licensee’s training, experience or competence;
 - Engaging in a sexual act with a patient during the time the client is under the licensee’s care;
 - Failing to maintain the minimum standards of practice;
 - Failing to notify the Director of any health condition that impairs the licensee’s ability to skillfully and safely practice acupuncture;
 - Failing to act within the limitations created by a health condition that impairs the licensee’s ability to skillfully and safely practice;
 - Failing to comply with the conditions of a confidential agreement related to a health condition that impairs a licensee’s ability to skillfully and safely practice;
 - Continuing to practice while habitually or excessively using or abusing drugs or alcohol;
 - Having a felony conviction; and
 - Publishing fraudulent or misleading claims concerning acupuncture or the licensee’s practice or qualifications.

The Act also requires every licensee to report to the Director within 30 days any settlement or judgement involving malpractice or the improper practice of acupuncture.³⁷

When the Director finds conduct that may not warrant formal action but if not corrected could lead to serious consequences, the Director may dismiss the complaint with a confidential letter of concern.³⁸

The Director may also order that a licensee undergo a mental or physical examination.³⁹ If the Director determines that the licensee is able to practice with reasonable skill and safety with certain limitations, the Director has the authority to enter into a confidential agreement, which is not considered a disciplinary action, with a licensee who agrees to limit his or her practice based on limitations related to the health condition.⁴⁰

The Director has the authority to issue an order to cease and desist if he or she finds someone is practicing without a license or presents an imminent threat to the health and safety of the public.⁴¹ The Director may also seek an injunction through a court of competent jurisdiction against anyone violating the Act.⁴²

Finally, the Director may appoint an administrative law judge to conduct hearings.⁴³

³⁷ § 12-200-106(5), C.R.S.

³⁸ § 12-200-110(3), C.R.S.

³⁹ § 12-200-114(1)(i), C.R.S.

⁴⁰ §§ 12-200-112(1) and 12-30-108(2)(a), C.R.S.

⁴¹ § 12-200-110(5), C.R.S.

⁴² § 12-200-114(1)(h), C.R.S.

⁴³ § 12-200-114(1)(g), C.R.S.

A licensed acupuncturist must maintain professional liability insurance. If practicing as a sole proprietor or general partnership, the insurance policy must cover at least \$50,000 per incident, per year. If practicing as a limited liability company or a corporation, the insurance policy must cover at least \$300,000 per incident, per year.⁴⁴

Acupuncturists who practice injection therapy are required to have coverage related to this form of treatment and they may only inject substances for which they are explicitly covered.⁴⁵

⁴⁴ § 12-200-106(6), C.R.S.

⁴⁵ 4 CCR 738-1 § 1.10(G), Acupuncture Licensure Rules and Regulations.

Program Description and Administration

In a sunset review, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) is guided by sunset criteria located in section 24-34-104(6)(b), Colorado Revised Statutes (C.R.S.). The third and fourth sunset criteria question:

Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures practices and any other circumstances, including budgetary, resource and personnel matters; and

Whether an analysis of agency operations indicates that the agency performs its statutory duties efficiently and effectively.

In part, COPRRR utilizes this section of the report to evaluate the agency according to these criteria.

The Director of the Division of Professions and Occupations (Director and Division, respectively) within the Colorado Department of Regulatory Agencies is vested with the authority to regulate acupuncturists.

Table 1 illustrates, for the five fiscal years indicated, the expenditures and full-time equivalent (FTE) employees associated with the regulation of acupuncturists.

Table 1
Program Fiscal Information

Fiscal Year	Total Program Expenditures	FTE
15-16	\$78,992	0.45
16-17	\$72,001	0.60
17-18	\$84,682	0.55
18-19	\$94,377	0.65
19-20	\$65,470	0.56

The program expenditures vary significantly from year to year. In general, these variations relate to fluctuations in legal fees.

The FTE numbers in Table 1 do not include employees in the centralized offices of the Division, which provide licensing, administrative, technical and investigative support to the program. However, the cost of those employees is reflected in the total program expenditures.

In fiscal year 20-21, there were 0.35 FTE allocated to the program:

- Program Director (Program Management II, 0.10 FTE)—Responsible for overall management of program, personnel management, complaint resolution, stakeholder engagement, outreach and education.
- Program Manager (Technician IV, 0.10 FTE)—Responsible for case management, correspondence, case summary preparation, practice monitoring, initial decision follow-up and referrals to the Office of Expedited Settlement and the Office of the Attorney General.
- Program Assistant (Admin Assistant III, 0.15 FTE)—Responsible for complaint intake, correspondence, case summary preparation and final action processing.

After initial licensure, licenses must be renewed every two years. If a license is not renewed, an acupuncturist must reinstate his or her license in order to practice.

Table 2 provides the licensing fees over the five-year period under review.

Table 2
Licensing Fees

Fiscal Year	Initial	Endorsement	Renewal	Reinstatement
15-16	\$100	\$100	\$110	\$125
16-17	\$100	\$100	\$0	\$125
17-18	\$100	\$100	\$40	\$55
18-19	\$100	\$100	\$0	\$55
19-20	\$100	\$100	\$190	\$205

The cost to regulate the practice of acupuncture is paid for through licensing fees. In fiscal year 19-20, the fees to renew or reinstate a license increased significantly because of the increases in expenditures in the previous fiscal years. No renewal fees are assessed in non-renewal years.

Licensing

The eighth sunset criterion questions whether the scope of practice of the regulated occupation contributes to the optimum utilization of personnel and whether entry requirements encourage affirmative action.

In part, COPRRR utilizes this section of the report to evaluate the program according to this criterion.

An individual must be licensed as an acupuncturist in order to practice or to represent himself or herself as an acupuncturist.

The qualifications required for a license include:

- Graduation from an accredited program, and
- Passage of the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) or the California Acupuncture Licensing Examination (CALE).

An acupuncturist may qualify for a license by endorsement if the individual is licensed in another state that has substantially equivalent licensure requirements.

To obtain a license, an applicant must submit an application and supporting documentation to the Director. A licensing specialist reviews the application and notifies the applicant of any deficiencies. Once the application is complete, a licensing specialist evaluates the application to ensure the applicant is qualified. If all the requirements are met, a license is issued. If not, the licensing specialist notifies the applicant in writing, and the application is kept on file for one year.

Table 3 shows the number of licenses issued to acupuncturists over a five-year period.

**Table 3
Acupuncture Licenses**

Fiscal Year	Initial	Endorsement	Renewal	Reinstatement	Active
15-16	70	27	1,270	25	1,397
16-17	76	18	0	18	1,466
17-18	62	39	1,377	29	1,464
18-19	48	26	0	22	1,561
19-20	79	38	1,370	43	1,507

On average, about 67 initial acupuncture licenses were issued each year in Colorado. The total number of actively licensed acupuncturists increased about eight percent over the five-year period.

Acupuncture licenses expire on December 31 of odd-numbered years.

Examinations

The eighth sunset criterion questions whether the scope of practice of the regulated profession or occupation contributes to the optimum utilization of personnel and whether entry requirements encourage affirmative action.

In part, COPRRR utilizes this section of the report to evaluate the program according to this criterion.

To be licensed as an acupuncturist in Colorado, a candidate must pass the NCCAOM examination or the CALE.

National Certification Commission for Acupuncture and Oriental Medicine Examination

The purpose of the NCCAOM examination is to demonstrate entry-level competency in acupuncture. To qualify for the examination, a candidate must complete an accredited master's degree program in acupuncture and a Clean Needle Technique course administered by the Council of Colleges of Acupuncture and Herbal Medicine.⁴⁶

The Clean Needle Technique course is a one-day class. Prior to the COVID-19 pandemic, it was offered as an in-person class, but it is now available online.⁴⁷ The course provides education related to safety, blood-borne pathogens and risk reduction related to the practice of acupuncture.⁴⁸ The Clean Needle Technique course is followed by a written and a practical examination.

The NCCAOM is a computer-based adaptive examination: each question must be answered in order and examinees cannot return to questions they previously answered to correct them. The examination is comprised of three modules:⁴⁹

- Acupuncture and Point Location (Acupuncture),
- Biomedicine, and
- Foundations of Oriental Medicine (Foundations).

Each module is made up of 100 multiple-choice questions, which examinees are provided two and a half hours to complete.⁵⁰ The NCCAOM is scored on a scale, in which each question answered correctly is scored according to the level of difficulty. Candidates must receive a scaled score of 70 in order to pass each module.⁵¹

⁴⁶ *NCCAOM Candidate Preparation Handbook for Acupuncture Certification*, National Certification Commission for Acupuncture and Oriental Medicine (2019), p. 4.

⁴⁷ Council of Colleges of Acupuncture and Herbal Medicine. *CNT Online Course Overview*. Retrieved May 6, 2021, from <https://www.ccaom.org/ccaom/Overview.asp>

⁴⁸ Council of Colleges of Acupuncture and Herbal Medicine. *Clean Needle Technique Manual, 7th Edition*. Retrieved May 6, 2021, from https://www.ccaom.org/ccaom/CNT_Manual.asp

⁴⁹ National Certification Commission for Acupuncture and Oriental Medicine. *NCCAOM Exam Administration*. Retrieved March 19, 2021, from <https://www.nccaom.org/certification/exam-administration/>

⁵⁰ National Certification Commission for Acupuncture and Oriental Medicine. *NCCAOM Exam Administration*. Retrieved March 19, 2021, from <https://www.nccaom.org/certification/exam-administration/>

⁵¹ *NCCAOM Candidate Preparation Handbook for Acupuncture Certification*, National Certification Commission for Acupuncture and Oriental Medicine (2019), p. 11.

The NCCAOM is administered by Pearson Vue throughout the year at testing centers located in:⁵²

- Colorado Springs,
- Greenwood Village,
- Fort Collins, and
- Westminster.

Each module costs \$310, so for the three modules required for licensure, the cost of the NCCAOM examination is \$930.

Table 4 illustrates the number of NCCAOM examinations given, by module, and the pass rates over a five-year period.

Table 4
NCCAOM Examinations
First-Time Test Takers

Calendar Year	Acupuncture		Biomedicine		Foundations	
	Number	Pass Rate	Number	Pass Rate	Number	Pass Rate
2016	1,170	75.9%	1,033	73.5%	1,156	78.0%
2017	882	79.4%	958	74.5%	1,170	79.1%
2018	984	77.8%	986	75.5%	1,071	78.6%
2019	937	75.9%	905	75.8%	847	79.2%
2020	724	74.2%	622	72.3%	785	95.4%

The decrease in the number of examinations given for the Acupuncture module in 2017 was due to a shift from year-round examinations to two-week examination windows. The drop in the number of examinations given in 2020 was due to the COVID-19 pandemic. In 2020, the high pass rate for the Foundations module was likely due to changes in the content of the module in addition to the changes in the weights given to certain questions.

On average, the pass rates for each module are:

- Acupuncture module – 77 percent,
- Biomedicine module – 74 percent, and
- Foundations module – 82 percent.

These pass rates suggest the examinees are fairly well prepared to take the NCCAOM examination.

⁵² Pearson Vue. *NCCAOM Certification Testing*. See “Find a Test Center” and enter “Denver” at <https://home.pearsonvue.com/nccaom>

California Acupuncture Licensing Examination

Candidates may also qualify for licensure by passing the CALE.

The CALE is a computer-based examination developed by the California Acupuncture Board to test for minimum, entry-level competency necessary for independent practice. Examinees are provided five hours to complete 200 multiple-choice questions,⁵³ covering the following content areas:⁵⁴

- Patient assessment,
- Diagnostic impression and treatment plan,
- Providing acupuncture treatment,
- Herbal therapy, and
- Regulations for public health and safety.

Of the 200 questions in the examination, 175 are scored and 25 are pre-test questions. The passing score for the CALE is based on criteria established to determine the minimum standards for competent practice and the difficulty of the items within the examination.⁵⁵

The CALE is administered by PSI Examinations and is offered at many locations throughout California and the United States, but it is not offered in Colorado.⁵⁶

The cost to take the CALE is \$800.⁵⁷

Table 5 provides the number of CALE examinations given and the pass rates over a five-year period.

⁵³ *California Acupuncture Licensing Examination: Candidate Handbook*, California Acupuncture Board (March 10, 2021), pp. 2, 9.

⁵⁴ *California Acupuncture Licensing Examination: Candidate Handbook*, California Acupuncture Board (March 10, 2021), pp. 11-12.

⁵⁵ *California Acupuncture Licensing Examination: Candidate Handbook*, California Acupuncture Board (March 10, 2021), p. 9.

⁵⁶ *California Acupuncture Licensing Examination: Candidate Handbook*, California Acupuncture Board (March 10, 2021), pp. 3-6.

⁵⁷ Department of Consumer Affairs, Acupuncture Board. *Examination Fees*. Retrieved April 6, 2021, from https://www.acupuncture.ca.gov/students/examination_fees.shtml

**Table 5
CALE Examinations
First-Time Test Takers**

Reporting Period	Written Examinations	Pass Rate
CY 2015	598	71%
CY 2016	557	72%
CY 2017	525	76%
April 2018 - June 2019	640	84%
FY 19-20	296	80%

California introduced computer-based testing in October 2018. Prior to this, the test was only administered twice a year and the state reported testing data by calendar year. In 2018, the in-person version was administered once in April and the computer-based version was introduced in October. After this, California began reporting examination data by fiscal year and included the April 2018 examination with the fiscal year 18-19 data resulting in a significantly higher number of examinations than previous years.

The lower number of tests in fiscal year 19-20 is due to the COVID-19 pandemic. In 2020, many students took a temporary break from their educational programs and others chose to wait to take the licensing examination.

While the pass rates for the CALE are not high, they are close to those of the NCCAOM. On average, the pass rate for the CALE is 77 percent.

Complaint and Disciplinary Activity

The seventh sunset criterion requires COPRRR to examine whether complaint, investigation and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession.

In part, COPRRR utilizes this section of the report to evaluate the program according to this criterion.

Anyone, including consumers, relatives of consumers, acupuncturists, other health-care providers and the Director, may file a complaint against a licensed acupuncturist or anyone who may have violated Article 200 of Title 12, C.R.S. (Act).

Operating under the authority delegated by the Director, staff reviews incoming complaints to determine any possible violations of the Act. When violations are identified, staff notifies the licensee of the complaint.

When a response to a complaint is received, staff forwards the complaint and the response, as well as a preliminary recommendation for how the case should be handled, to the Director. Staff may recommend dismissing the case or forwarding the complaint to the Division’s Office of Investigations. The Director makes final decisions regarding all actions taken concerning complaints.

Table 6 provides the number and types of complaints filed against acupuncturists over a five-year period.

**Table 6
Complaints**

Type	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Unlicensed Practice	6	11	8	10	18
Standard of Practice	5	3	2	10	3
Scope of Practice	1	1	0	2	1
Sexual Misconduct	1	1	0	0	1
Substance Abuse	0	0	1	0	1
Felony Conviction	1	0	0	0	1
Unprofessional Conduct	0	3	0	1	5
Failure to Report	0	0	1	1	0
False Advertising	0	0	1	1	0
Continuing Education	0	0	0	1	1
Failure to Meet Reinstatement Requirements	0	0	0	0	1
Violation of Stipulation/Board Order	0	0	0	0	3
Fee Dispute	0	0	1	0	1
Total	14	19	14	26	26

By far, the vast majority of complaints over the five-year period concerned unlicensed practice. About a quarter of all complaints concerned failure to meet acceptable standards of practice for the profession.

The unprofessional conduct category covers a wide variety of complaints, including alleged violations relating to patient privacy, scope of practice, consumer disclosures, sanitary practices, maintaining patient files, public health orders, sexual misconduct and false advertising.

In fiscal years 17-18 and 18-19, two complaints were opened related to licensees who failed to report physical illnesses or conditions which may impair their ability to practice acupuncture safely.

Acupuncturists are not required to complete continuing education as a condition of licensure, and it appears that the two complaints related to continuing education

reported in Table 6 may be errors. One relates to an application for reinstatement in which the applicant was required to complete continuing education in order to establish competency and the other relates to an application in which the applicant disclosed a felony conviction.

Table 7 shows the violations that the Director determined actually occurred over the five fiscal years reported.

**Table 7
Found Violations**

Type	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Unlicensed Practice	0	0	1	2	1
Unauthorized Use of Title	0	1	0	0	0
Unlawful Acts	0	1	0	0	0
Failed to Provide Disclosure/False, Deceptive, Misleading Disclosure	0	2	0	0	0
Violated Public Health Rules	0	2	0	0	0
Violated the Act or Director Rules	0	2	0	0	0
Substandard Practice	0	2	1	2	0
False or Misleading Advertising	0	1	0	0	0
Misuse of Title (Medical Practice Act)	0	0	1	1	0
Practicing on an Expired License	0	1	0	1	0
Failure to Meet Reinstatement Requirements	0	0	0	1	0
Total	0	12	3	7	1

The Director found violations in about one quarter of the complaints filed with the program over the five-year period. In fiscal year 16-17, the found violations were much higher than in other years because a few respondents had several violations among their complaints.

The Director has the authority to deny, revoke, refuse to renew or suspend a license; place a licensee on probation; or issue a letter of admonition. The Director may also issue an order to cease and desist against anyone who is practicing without a license or presents an imminent threat to the health and safety of the public.

Table 8 illustrates the number and types of final actions taken by the Director against acupuncturists during the five fiscal years indicated.

**Table 8
Final Agency Actions**

Type	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Denials	0	0	0	0	0
Revocations/Relinquishments	0	2	0	0	0
Suspensions	0	0	0	0	0
Stipulations	1	1	0	3	1
Letters of Admonition	0	0	2	1	1
Cease and Desist Order	0	3	2	3	0
Total Disciplinary Actions	1	6	4	7	2
Dismissals	4	5	3	7	3
Letters of Concern	2	6	7	10	16
Total Dismissals	6	11	10	17	19

Over the five-year period, the Director entered into five stipulated agreements with licensed acupuncturists, issued four letters of admonition and eight orders to cease and desist for unlicensed practice. Finally, the Director dismissed 63 complaints. Of these dismissals, 65 percent resulted in letters of concern.

In fiscal year 16-17, two licenses were relinquished after the Director conducted an inspection with the Colorado Department of Public Health and Environment and the local public health department and found several violations, some of which were egregious, including problems with sanitary practices.

Table 9 provides the average number of days for case processing over five fiscal years. Each case begins from the filing of the initial complaint through the final agency action taken.

**Table 9
Average Case Processing**

Fiscal Year	Average Case Processing Time
15-16	422 days
16-17	152 days
17-18	273 days
18-19	154 days
19-20	88 days

The average case processing time varies from year to year depending on the caseload and the complexity of the cases.

The Director does not have fining authority in this program.

Inspections

The seventh sunset criterion requires COPRRR to examine whether complaint, investigation and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession.

In part, COPRRR utilizes this section of the report to evaluate the program according to this criterion.

The Director has the authority to inspect acupuncture offices, and the Director may contract with the Colorado Department of Public Health and Environment (CDPHE) to conduct these inspections.

In 2016, the Director partnered with CDPHE and the local public health department to inspect an acupuncture office in response to a complaint concerned with the sanitary practices and cleanliness of the office. The purpose of this inspection was to bring the licensee into compliance with public health standards. However, in this case, two licensed acupuncturists relinquished their licenses as a result of the inspection.

No other inspections were reported from fiscal year 15-16 to fiscal year 19-20.

Collateral Consequences—Criminal Convictions

The ninth sunset criterion requires COPRRR to examine whether the agency under review, through its licensing processes, imposes any sanctions or disqualifications based on past criminal history, and if so, whether the disqualifications serve public safety or commercial or consumer protection interests.

In part, COPRRR utilizes this section of the report to evaluate the program according to this criterion.

The Director may deny, suspend or revoke the license of an acupuncturist who has been convicted of, or plead guilty or *nolo contendere*, to a felony.

No acupuncture licenses were disqualified or sanctioned based on criminal history from fiscal year 15-16 to fiscal year 19-20.

COVID-19 Response

The COVID-19 pandemic placed extraordinary pressures on the citizens of Colorado, the Colorado economy and Colorado state government. As a result, COPRRR asked the Director to summarize any measures the Division may have implemented in response to

the COVID-19 pandemic, the results of those efforts and any lessons learned. This section of the report is intended to provide a high-level summary of those responses.

The Division of Professions and Occupations took several key steps in responding to the COVID-19 pandemic, including:

- Working with the Governor’s Office to issue Executive Order D 2020 038 - Medical Workforce Surge, which included, but was not limited to modifying/suspending numerous aspects of the health-care professions’ practice acts, including allowing for greater flexibility in delegation and expanded scopes of practice;
- Expanding the use of telehealth;
- Quickly transitioning to near 100 percent work-from-home for Division employees;
- Expanding the scopes of practice for several health-care professions so that they could administer the COVID-19 vaccine; and
- Closely coordinated with other state agencies, such as CDPHE, in issuing guidance and helping stakeholders navigate the demarcation between the Division and other state agencies.

The COVID-19 pandemic revealed a few regulatory gaps as well, including:

- The relative paucity of regulatory guidance on the use of telehealth;
- The unclear lines between the Division, the Department of Regulatory Agencies and CDPHE, particularly in health-care settings; and
- The need for the Division to be able to act more quickly in the face of another, future event like the COVID-19 pandemic.

While the full impact of many of the changes implemented by the Division are not yet fully understood, some key learning points include:

- Telehealth is here to stay;
- Coordinating efforts with other state agencies was essential to the Division’s successful and timely response to the COVID-19 pandemic;
- Utilization of existing statutory authority aided in the Division’s successful and timely response to the COVID-19 pandemic;
- Regulatory speed is key to successfully responding to a pandemic; and
- Emergency, remote work has proven efficient and allowed for continuity of services.

Analysis and Recommendations

The final sunset criterion questions whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest. The recommendations that follow are offered in consideration of this criterion, in general, and any criteria specifically referenced in those recommendations.

Recommendation 1 - Continue the regulation of acupuncture for 11 years, until 2033.

The laws that govern acupuncturists are located in Article 200 of Title 12, Colorado Revised Statutes (C.R.S.) (Act), and the Director of the Division of Professions and Occupations (Director and Division, respectively) in the Department of Regulatory Agencies (DORA) is vested with the authority to enforce the Act.

Sunset reviews are guided by statutory criteria found in section 24-34-104, C.R.S., and the first criterion asks whether regulation is necessary to protect the health, safety and welfare of the public.

The Act protects the public by ensuring that acupuncturists are qualified. In order to qualify for a license, an applicant must:

- Graduate from an accredited acupuncture program, and
- Pass the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) examination or the California Acupuncture Licensing Examination (CALE).

Acupuncture is a system of healing based on the idea that energy in the human body flows along interconnected pathways, or meridians, and that blocked energy along these meridians causes pain or illness.⁵⁸ One way that acupuncturists treat patients is through stimulating precise points on the body using needles in order to restore the body's flow of energy.⁵⁹ Acupuncturists also use other treatment methods, such as prescribing herbs or herbal mixtures, performing acupressure and offering dietary and exercise advice.⁶⁰

Regulation of acupuncture is necessary to protect the public against unqualified or unskilled practitioners. Acupuncturists insert needles all over the body, so they must have a thorough understanding of human anatomy and how to locate acupuncture

⁵⁸ Green, Kathleen, "You're a What?" *Occupational Outlook Quarterly*, Summer 2002, p. 38. Retrieved December 4, 2020, from <https://www.bls.gov/careeroutlook/2002/summer/yawhat.pdf>

⁵⁹ Green, Kathleen, "You're a What?" *Occupational Outlook Quarterly*, Summer 2002, p. 38. Retrieved December 4, 2020, from <https://www.bls.gov/careeroutlook/2002/summer/yawhat.pdf>

⁶⁰ Green, Kathleen, "You're a What?" *Occupational Outlook Quarterly*, Summer 2002, p. 38. Retrieved December 4, 2020, from <https://www.bls.gov/careeroutlook/2002/summer/yawhat.pdf>

points. Acupuncturists must also understand the appropriate length of a needle and the appropriate depth to insert a needle.

While acupuncture is relatively safe compared to other health-care professions, if performed incorrectly, an acupuncturist may damage a nerve, tissue, an artery or even an organ. It is common for acupuncturists to use burning herbs to stimulate acupuncture points, and if done incorrectly, a patient could be burned.

An acupuncturist may also harm a patient by misdiagnosing someone or by failing to refer a patient to another health-care provider when necessary. For instance, a patient may present with a skin condition that is indicative of cancer, or a patient may present with symptoms of a heart attack. In both cases, an acupuncturist is not qualified to treat these conditions but must be able to identify the symptoms that would require a referral.

Acupuncturists must also use single-use, sterile needles and have a good understanding of blood-borne pathogens and infection control in order to prevent the spread of disease when treating patients.

For these reasons, it is necessary for acupuncturists to demonstrate they are competent to practice acupuncture safely.

It should be noted that some acupuncturists obtain training in both needling and herbal medicine⁶¹ while others focus on needling and do not obtain additional education in herbal medicine.⁶² During this sunset review, there was some discussion about whether Colorado should require acupuncturists to complete additional education and pass an examination in order to practice herbal medicine⁶³ as some other states do. However, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) did not uncover the evidence of harm necessary to create such a barrier to practice.

The Act also protects the public by vesting the Director with the authority to discipline acupuncturists who are not practicing according to commonly accepted standards of practice or who are no longer safe to practice acupuncture.

Over a five-year period, the Director took 20 disciplinary actions against acupuncturists, including two revocations, six stipulated agreements and four letters of admonition.

⁶¹ As with the term “oriental medicine,” this report endeavors to avoid the use of the terms “Chinese medicine” and “Chinese herbal medicine”, and instead uses the term “herbal medicine,” as recommended by the Acupuncture Association of Colorado.

⁶² As with the term “oriental medicine,” this report endeavors to avoid the use of the terms “Chinese medicine” and “Chinese herbal medicine”, and instead uses the term “herbal medicine,” as recommended by the Acupuncture Association of Colorado.

⁶³ As with the term “oriental medicine,” this report endeavors to avoid the use of the terms “Chinese medicine” and “Chinese herbal medicine”, and instead uses the term “herbal medicine,” as recommended by the Acupuncture Association of Colorado.

The Director also issued eight orders to cease and desist for practicing without a license. Violations related to unlicensed practice were the primary cause of complaints against acupuncturists, and approximately one-quarter of complaints against acupuncturists concerned failure to meet the generally accepted standards of practice.

While acupuncture is fairly safe, the Director should have the ability to ensure that only qualified practitioners are able to practice and take action against those who are not.

During this sunset review, COPRRR found that acupuncturists have the authority under the Act to do everything that they are trained to do, and it did not uncover many issues with the regulation of acupuncture. Accordingly, it would be reasonable to review the program again in 11 years.

Therefore, the General Assembly should continue the regulation of acupuncturists for 11 years, until 2033.

Recommendation 2 - Codify the Director's authority to require acupuncturists to pass an examination approved by the Director in order to obtain a license.

Currently, the Director's rules require applicants to have passed either the NCCAOM examination or the CALE. However, no such requirement exists in the Act.

The first sunset criterion questions whether regulation is necessary to protect the public health, safety and welfare.

Acupuncturists should be required to demonstrate competency by passage of an examination in order to be licensed. Acupuncturists insert needles into the body, so they must have a thorough understanding of human anatomy and how to locate acupuncture points in order to practice safely. Otherwise, an acupuncturist could damage a nerve or puncture an organ, such as the lungs.

Acupuncturists must also know when to refer patients who may need to be seen by a medical professional if they find symptoms of conditions or diseases that they are unable to treat safely or in case of a medical emergency. If not, a patient may be seriously injured and could die.

Finally, acupuncturists must have a good understanding of blood-borne pathogens and infection control so that they do not spread infectious disease during the course of treatment.

A professional licensing examination verifies that students have gained the clinical knowledge necessary to practice acupuncture safely, and one should be required.

At this time, 46 other states require passage of an examination in order to obtain a license.

For these reasons, the General Assembly should codify the Director's authority to require an acupuncturist to pass an examination approved by the Director in order to obtain a license.

Recommendation 3 - Authorize the use of acupuncture assistants.

In Massachusetts, acupuncture assistants, working under the supervision of a licensed acupuncturist, are authorized to perform certain tasks that would otherwise require a license. Colorado, on the other hand, does not currently authorize acupuncturists to employ acupuncture assistants to perform such tasks.

There is no question that an acupuncturist could always hire someone to perform tasks that do not require a license, such as answering the phones, scheduling appointments, ordering supplies and greeting patients. However, if an acupuncturist were to hire someone to perform tasks defined as the practice of acupuncture, such as pulling needles, he or she may be disciplined by the Director for aiding and abetting the unlicensed practice of acupuncture.

Besides Massachusetts, most states do not regulate acupuncture assistants. The scope of acupuncture practice varies from state to state, so the tasks that an acupuncture assistant may perform without regulatory oversight also varies from state to state. For example, in Iowa, needle removal does not fall under the definition of the practice of acupuncture while in Colorado the practice of acupuncture includes needle removal. Consequently, an unlicensed person could pull needles in Iowa but not in Colorado.

The first and second sunset criteria question:

Whether the conditions that led to the initial regulation have changed; and whether other conditions have arisen that would warrant more, less, or the same degree of regulation; and

Whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest, considering other available regulatory mechanisms, and whether agency rules enhance the public interest and are within the scope of legislative intent.

Like other health-care providers, acupuncturists sometimes have more patients than they can attend to. While an acupuncturist could hire an unlicensed person to perform various tasks around the office, other time-consuming tasks such as pulling needles can only be performed by a licensed acupuncturist.

If acupuncturists were allowed to hire unlicensed individuals to do some limited tasks, they would be able to treat more patients throughout the day. It is not uncommon for other health-care practitioners to employ unlicensed individuals to perform certain limited tasks for this very reason.

Massachusetts, for example, allows acupuncture assistants to perform the following tasks:

- Cupping,
- Moxibustion,⁶⁴
- Needle removal,
- Gua-sha, and
- Massaging points.

As long as they are working under the supervision of a responsible, licensed acupuncturist, acupuncturist assistants may be able to perform certain tasks, such as removing acupuncture needles, which could increase access to acupuncture services without risking patient safety.

If acupuncture assistants are authorized to perform certain tasks that would otherwise require a license, clear limits must be established to reduce the risk of patient harm. For example, an acupuncture assistant should never be allowed to perform assessment, point location, needle insertion, manipulation, or electrical stimulation; render advice to patients; perform any task or procedure requiring judgment or skill or any other tasks or procedures prohibited by the Director.

In order to prevent the spread of blood-borne pathogens and other disease, acupuncture assistants should also be required to complete training in infection control. Since no such training currently exists for acupuncture assistants, the Director would need to work with stakeholders and educators in Colorado to develop it.

This recommendation is not intended to require acupuncture assistants to obtain a license, certification or registration. As long as the supervising acupuncturist is held responsible for the performance of an acupuncture assistant and the Director has the authority to establish rules regarding training and appropriate supervision, the public should be protected.

It would also be good practice to limit the number of acupuncture assistants that an acupuncturist may supervise.

Therefore, the General Assembly should authorize an acupuncturist to supervise unlicensed individuals to perform some limited tasks under the supervision of a licensed acupuncturist, and it should require the Director to establish by rule, the tasks that may or may not be performed by an acupuncture assistant, the requirements for the training and supervision of acupuncture assistants, and the number of acupuncture assistants that an acupuncturist may supervise.

⁶⁴ Moxibustion is a practice commonly used in acupuncture in which cones of plants, such as mugwort, are burned on certain points of the body.

Recommendation 4 - Authorize the use of telehealth.

During the COVID-19 pandemic, many health-care providers were able to keep their businesses open and provide some services virtually. While much of acupuncture is hands on and cannot be provided via telecommunication networks, acupuncturists can consult with their patients through video calls and provide advice on diet, demonstrate tai chi movements and adjust the formulas of herbal remedies, for example.

The current Act, however, is silent on whether telehealth is authorized for acupuncturists in Colorado. Since the Act neither authorizes nor prohibits telehealth, the Director cannot establish any rules regarding the appropriate use of telehealth. This could be problematic since it may be difficult to establish that a violation occurred without any statutes or rules addressing the appropriate use of telehealth.

The first sunset criterion questions:

Whether the conditions that led to the initial regulation have changed;
and

Whether other conditions have arisen that would warrant more, less, or the same degree of regulation.

While telehealth has been common in health-care settings for many years, the COVID-19 pandemic has forced health-care practitioners that had not yet transitioned to telehealth to adapt their practices to provide it. It is likely that, after COVID-19 is a distant memory, many of these practitioners will continue to provide telehealth and patients will likely expect it.

In order to provide clarity to the Act and allow the Director to adopt rules related to telehealth, the General Assembly should authorize acupuncturists to provide some services via telehealth.

Recommendation 5 - Modernize the definition of an acupuncturist and the titles and designations protected under the Act.

Section 12-200-103(2), C.R.S., defines an acupuncturist as

Any person who provides for compensation, or holds himself or herself out to the public as providing, acupuncture services.

This seems to imply that the Act regulates anyone who provides acupuncture services, which was likely accurate when the Act was first drafted. Today, however, other licensed professionals, such as physicians, chiropractors and mental health providers, have the ability to practice some limited forms of acupuncture. These practitioners,

however, have their own regulatory boards and are held to the standards of their own professions.

It would, therefore, be more accurate to define an acupuncturist as someone who is licensed under the Act to practice acupuncture.

Several other practice acts have similar definitions. A physical therapist, for example, is defined in section 12-285-104(4), C.R.S., as “a person who is licensed to practice physical therapy,” and a naturopathic doctor is defined, in section 12-250-103, C.R.S., as “a person who is registered by the Director to practice naturopathic medicine pursuant to this article 250.”

Likewise, the Act does not protect the title, “acupuncturist.” Instead, the Act protects the following titles and designations:

- Licensed acupuncturist,
- Registered acupuncturist,
- Diplomate of acupuncture,
- L.Ac.,
- R.Ac., and
- Dipl. Ac.

Recall, when the Act was written, the only practitioners who could perform acupuncture were acupuncturists. As acupuncture gained more acceptance, other practitioners have pursued some limited training in acupuncture and, when appropriate, their practice acts have been revised to authorize its use.

These practitioners, however, are not acupuncturists; they are chiropractors or licensed addiction counselors who may practice limited forms of acupuncture. However, they should not refer to themselves as acupuncturists. To do so would be misleading to the public and would likely cause confusion when someone is trying to verify a license or file a complaint against a practitioner.

In order to provide better clarity to the Act, the title, “acupuncturist,” should be protected.

Additionally, some of this language in this paragraph is outdated and unnecessary. Specifically, Colorado no longer registers acupuncturists, so the title and designation, “registered acupuncturist” and “R.Ac.” are obsolete.

Finally, the “diplomate of acupuncture” and “Dipl. Ac.” refers to someone who has professional certification through the NCCAOM. It is unknown why this particular title and designation is named when other private credentials are not.

It is not necessary to list every possible credential or designation that an acupuncturist may legitimately use. Rather than protect specific titles, such as “diplomate of

acupuncture,” or “doctor of acupuncture,” the Act should simply prohibit the use of titles or designations that imply that someone is licensed under the Act when they are not.

As it is already grounds for discipline to publish or circulate any false claims relating to an acupuncturist’s qualifications,⁶⁵ an acupuncturist cannot represent himself or herself as having certification through the NCCAOM, or other credentials, unless he or she does.

The first sunset criterion questions whether conditions that led to the initial regulation have changed.

When the Act was first drafted, the only practitioners who were trained to perform acupuncture were acupuncturists. Over the years, other practitioners have been granted the authority to perform acupuncture, and the Act should be revised to accommodate these changes.

Therefore, the General Assembly should modernize the definition of an acupuncturist and the title protection as follows:

- Define an acupuncturist as someone who is licensed under the Act to practice acupuncture;
- Repeal the current title protection and instead protect the titles, “acupuncturist” and “licensed acupuncturist” and the designation “L.Ac.”; and
- Prohibit the use of any other titles or designations, such as Diplome of acupuncture or Dipl. Ac., that suggest that someone is licensed under the Act unless that is the case.

Recommendation 6 - Require a written plan for the storage, security and disposal of patient records.

Patient files maintained by acupuncturists contain highly sensitive information. In addition to containing the private health history of a patient, a patient’s file often contains all of the information necessary to steal the patient’s identity. Consequently, the costs associated with lost patient files are high.

The improper disposal of patient files is always a concern in health-care settings. In the past, patient files have been found in dumpsters, and health-care providers sometimes close their offices and abandon their patient files. In such cases, landlords suddenly find themselves in possession of sensitive information with no idea of what to do with it.

⁶⁵ § 12-200-109(1)(o), C.R.S.

Patient files can also become inaccessible through no fault of the health-care provider. Unfortunately, health-care providers can die, leaving the patient files with their families, who often do not know what to do with them.

Similarly, when health-care providers retire, they may not always be able to find someone to purchase or take over their practice, so they may end up storing patient files in their basements or garages.

Currently, the Act is silent on the storage, security and disposal of patient records. While the Director has not received any complaints in the recent past in which acupuncturists have failed to store, secure or dispose of patient records, the Director has seen these types of complaints in other health-care licensing programs.

Recently, the Director received a complaint against two naturopathic doctors who were storing patient records in a room where other clients could access them, and older records were being kept in a location where other business owners may have been able to access them.

As the safety of patient records is a concern for all health-care providers, other practice acts require practitioners to devise a plan for the safe storage, security and disposal of patient records. This requirement helps to provide some protection for patient records. Since it does not prescribe what the plan is, only that licensees establish a plan, it is flexible and carries little to no cost.

Such a requirement would satisfy the first and second sunset criteria, which question whether regulation is necessary to protect the public health, safety and welfare and whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest.

For these reasons, the General Assembly should amend the Act to require acupuncturists to create a written plan for the storage, security and disposal of patient records.

Recommendation 7 - Amend the grounds for discipline to include failure to respond in an honest, materially responsive and timely manner to a complaint.

When the Director receives a complaint against a licensee, program staff sends a copy of the complaint to the licensee, and the licensee typically has 30 days to provide a response. If a more immediate response is necessary to protect the public, then the licensee may instead be given 10 days to respond.

Compliance with these timeframes is an important component of consumer protection because complaints must be resolved in a timely manner. When a licensee fails to respond to a complaint, it delays the regulatory process and weakens the ability of the Director to protect the public.

At this time, however, the Act does not require licensees to respond to a complaint letter from the Director.

The third and fourth sunset criteria question:

Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, and

Whether an analysis of agency operations indicates that the agency performs its statutory duties efficiently and effectively.

Being licensed as an acupuncturist is a privilege, and when an individual seeks a license, he or she agrees to participate in the regulatory process in good faith.

Failure to respond to a complaint compromises the ability of the Director to protect the public because it prevents the Director from obtaining all the facts pertinent to a complaint. Without the requested information, matters that might otherwise be dismissed may have to be referred to the Office of Investigations.

Other regulatory programs in Colorado have authority to discipline licensees for failing to respond to a complaint. The Medical Practice Act, for example, includes among the grounds for discipline failure to respond “in an honest, materially responsive and timely manner to a complaint.”

Obtaining a licensee’s response to a complaint is a vital part of the regulatory process, as the Director often cannot evaluate and act on patient complaints without that information. Accordingly, section 12-200-109, C.R.S., should be amended to include as grounds for discipline failure to respond in an honest, materially responsive and timely manner to a complaint.

If a licensee provides a response within the timeframe given and addresses the allegations in the complaint, then the response is materially responsive and timely.

It should be noted that the Director would only take action for failure to respond after all efforts to obtain a response have been exhausted, including following up a letter with an email and a phone call. If after several attempts, program staff is unsuccessful at reaching a respondent, the next step would be to open an investigation. If an investigation uncovers that a response is not possible through no fault of the licensee, then disciplinary action would not be defensible.

While there may be circumstances that prohibit timely response by a licensee, the Director should have the authority to discipline a licensee if the facts show that the licensee simply disregarded the complaint and the Director’s communication.

To create a more efficient and effective regulatory program, the General Assembly should amend the grounds for discipline to include failure to respond in an honest, materially responsive and timely manner to a complaint.

Recommendation 8 - Align the language related to drug and alcohol use in section 12-200-109(1)(m), C.R.S., with the grounds for discipline in other health-care practice acts.

Currently, the Act includes in the grounds for discipline:

Continued in the practice of acupuncture while abusing or habitually or excessively using alcohol, a habit-forming drug, or controlled substance as defined in section 18-18-102(5), C.R.S.⁶⁶

This language would be improved if it were aligned with the grounds for discipline in other similar practice acts. For example, the Medical Practice Act prohibits, “habitual or excessive use or abuse of alcohol, a habit-forming drug or a controlled substance.”

The current language is problematic because it could be construed to require the acupuncturist to be using drugs or alcohol during a treatment session in order to establish a violation of the Act. However, the excessive use and abuse of drugs and alcohol can be dangerous for patients regardless of the timing.

The third sunset criterion questions whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes.

A clear law makes for better compliance and enforcement. Changing the language would ensure that the Director has the authority to take action against an acupuncturist who is not safe to practice.

Therefore, the General Assembly should align the language related to drug and alcohol use in section 12-200-109(1)(m), C.R.S., with the grounds for discipline in other health-care practice acts.

Recommendation 9 - Grant the Director fining authority.

The Director has several options when deciding what type of discipline to impose on licensees.

- Revocation or suspension of a license is reserved for the most serious offenses. An acupuncture license represents a person’s livelihood, and removing an

⁶⁶ § 12-200-109(1)(m), C.R.S.

acupuncturist from practice, either temporarily or permanently, has serious consequences.

- Probation is generally granted to licensees who do not pose an immediate danger to the public but whose practice might benefit from a period of practice monitoring or mentoring. Ideally, at the end of a probationary period, the licensee is a better acupuncturist. Probation demands considerable time and resources from program staff and the licensee.
- Letters of admonition are appropriate for offenses that do not warrant revocation, suspension or probation but are serious enough to include in the licensee's permanent public record.

One enforcement tool the Director does not have, however, is the ability to assess fines against licensees.

When determining appropriate disciplinary action, the Director must first consider public protection. Beyond that, the Director may also consider rehabilitative measures. Administrative fining can serve a unique purpose in regulatory enforcement. It can provide clear consequences for violations of the Act.

For example, during a review of case files, COPRRR found at least one case of an acupuncturist who worked on an expired license for several years. This is a prime example of a violation that could be punishable by an administrative fine, especially for repeated or egregious violations.

The third and fourth sunset criteria ask:

Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes; and

Whether an analysis of agency operations indicates that the agency performs its statutory duties efficiently and effectively.

Because administrative fines can be a powerful deterrent, most other health-care practice acts grant the regulator the ability to assess fines.

For the Director, administrative fining could be an effective means of responding to administrative violations such as failing to renew in a timely manner, failing to respond to a complaint letter and violating an order of the Director. Adding administrative fining to the Director's enforcement authority would help the Director to establish clear consequences for violations of the Act.

Therefore, the Director should be granted fining authority, and all fines should be directed to the General Fund.

Recommendation 10 - Require final actions and orders of the Director to be appealed directly to the Court of Appeals.

In many of the regulatory programs in the Division, the Court of Appeals has jurisdiction to review final agency actions. In the case of the acupuncture licensing program, however, the District Court has jurisdiction.⁶⁷

In these circumstances, a case may be appealed to the District Court and once an appeal has been decided by the District Court, it may then be further appealed to the Court of Appeals.

The third and fourth sunset criteria ask:

Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes; and

Whether an analysis of agency operations indicates that the agency performs its statutory duties efficiently and effectively.

It would be more efficient and consistent with other practice acts for appeals of the Director's decisions to be made directly to the Court of Appeals. This saves time by putting the appeal in the court that is most familiar with administrative law, and it allows the District Court to devote more of its time to its over-burdened docket.

In order to create a more efficient regulatory process, the General Assembly should require all final actions and orders of the Director to be appealed directly to the Court of Appeals.

Recommendation 11 - Repeal references to the National Acupuncture Detoxification Association and simply authorize the Director to establish training standards for auricular acudetox.

Auricular acudetox is a five-point acupuncture protocol that was developed in the 1970s to help individuals recovering from addiction to cope with the symptoms of withdrawal.

According to section 12-200-108(4), C.R.S., a professional who is not licensed to practice acupuncture may perform auricular acudetox as long as they have successfully completed training that meets or exceeds the standards of the National Acupuncture Detoxification Association (NADA) or another organization approved by the Director and it falls within the professional's scope of practice.

⁶⁷ § 12-20-408, C.R.S.

At this time, the Act specifies the association that establishes standards for auricular acudetox. However, naming specific organizations in statute can be problematic. An organization may change its name, it may merge with another organization or it may cease operations entirely. Also, private organizations are not subject to the state's rulemaking or transparency requirements, so they are able to establish standards with very little public input, transparency or state participation.

In this case, the Director has the authority to select another organization that establishes training standards for auricular acudetox. However, the better practice would be to authorize the regulator, in this case the Director, to adopt the organization by rule. As a practical matter, very little is likely to change since NADA is the only body that establishes standards for auricular acudetox. However, repealing from statute the references to NADA would provide the Director with greater flexibility in the event that other organizations develop training standards in the future.

The second sunset criterion asks whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest.

Naming specific organizations in statute limits the Director's authority and flexibility, which is contrary to the goal to protect the public interest.

Therefore, the General Assembly should repeal statutory references to NADA.

Appendix A - Customer Service Survey

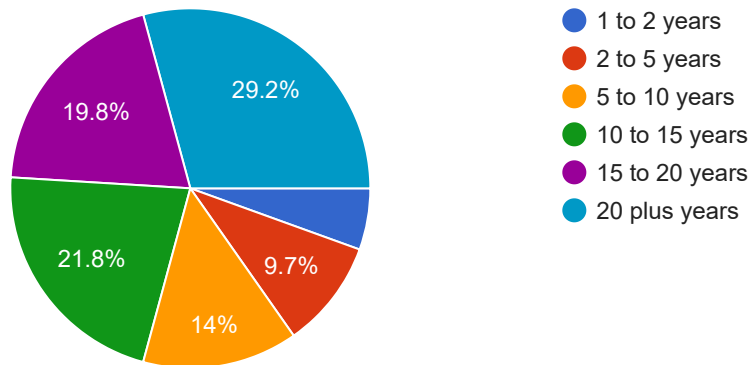
In the spring of 2021, Colorado Office of Policy, Research and Regulatory Reform staff conducted a survey of all acupuncturists who are licensed by the Acupuncture Licensing Program. The survey was sent to 1,589 acupuncturists; 16 emails were returned as undeliverable. The survey received 311 responses, which is a 19.77 percent response rate. Survey results may be found on the pages that follow.

Customer Service Survey for the Office of Acupuncture Licensing

311 responses

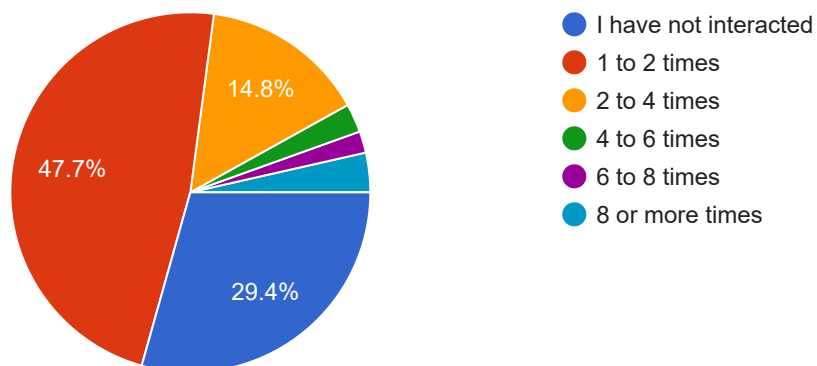


If you are a member of the profession or occupation that is regulated by the Office of Acupuncture Licensure, please indicate your years of experience.



In the past year, how many times have you interacted with the Office of Acupuncture Licensure. Please count all forms of interaction (telephone, e-mail, internet or website, regular mail, in person).

310 responses



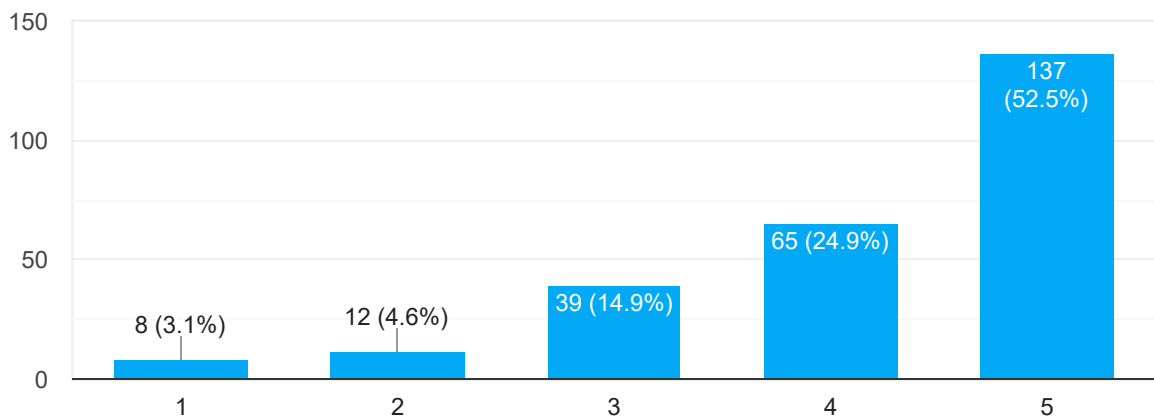
What was your primary purpose in interacting with the office?

238 responses

- licensing and registration - 65.1%
- update my information - 8%
- comment on or learn about existing/proposed rules or legislation - 7.6%
- questions about scope of practice - 6.3%
- to obtain help with an issue - 3.8%
- to learn about the requirements of a profession/occupation - 2.9%
- continuing education - 2.1%
- other - 4.2%

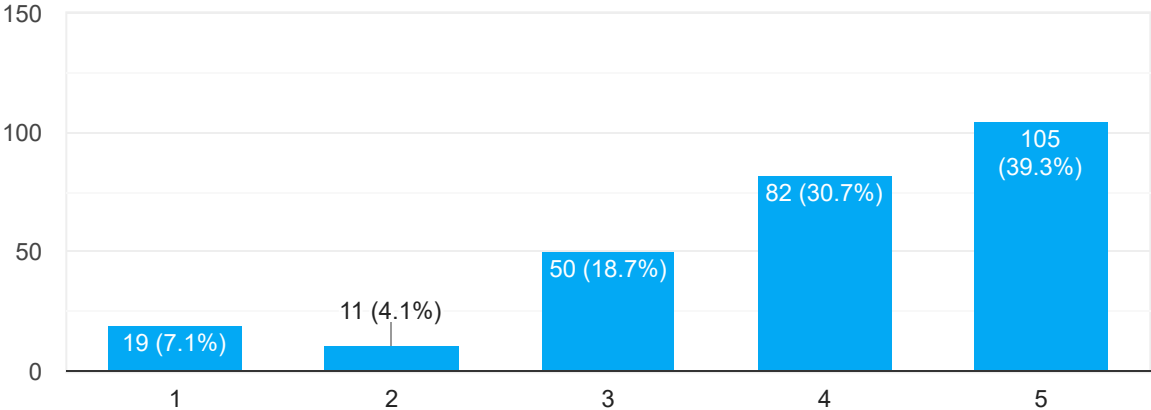
Overall please rate the service provided by the Office of Acupuncture Licensure on a scale of 1 to 5 with 1 being unacceptable and 5 being very acceptable.

261 responses



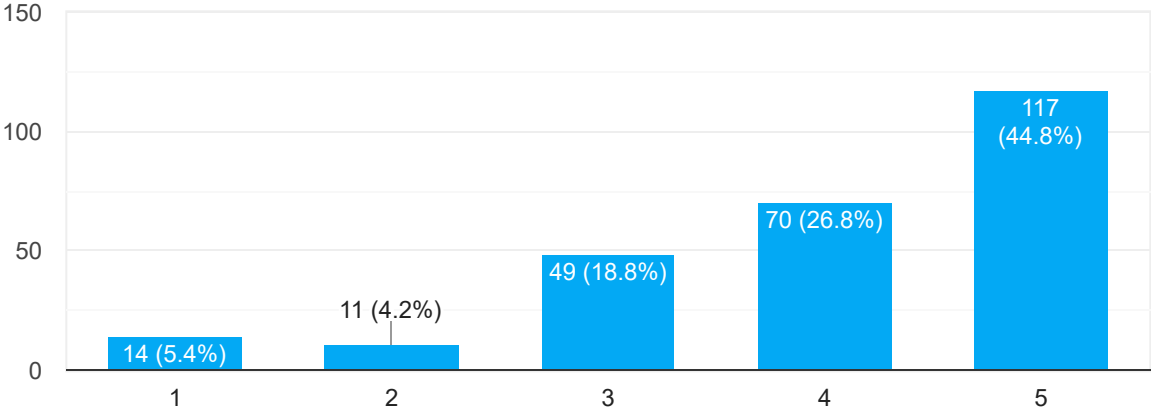
Please rate the the usefulness of the Office of Acupuncture Licensure's website in answering your questions or providing needed information on a scale of 1 to 5 with 1 being not very useful and 5 being very useful.

267 responses



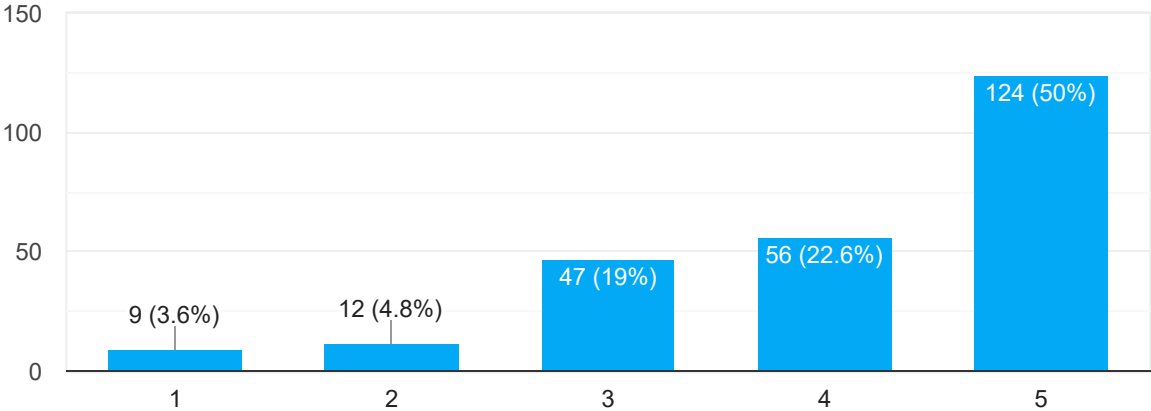
Please rate the the usefulness of the Office of Acupuncture Licensure's communications in answering your questions or providing needed information on a scale of 1 to 5 with 1 being not very useful and 5 being very useful.

261 responses



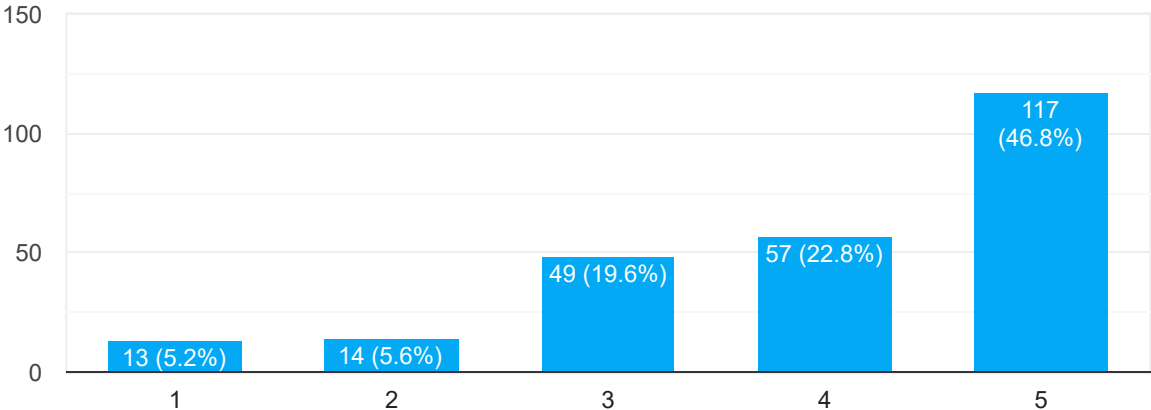
Regardless of the outcome of your most recent issue, do you feel the Office of Acupuncture Licensure listened to your concerns? Please use a scale of 1 to 5, with 1 being none of my concerns were heard and 5 being all of my concerns were heard.

248 responses

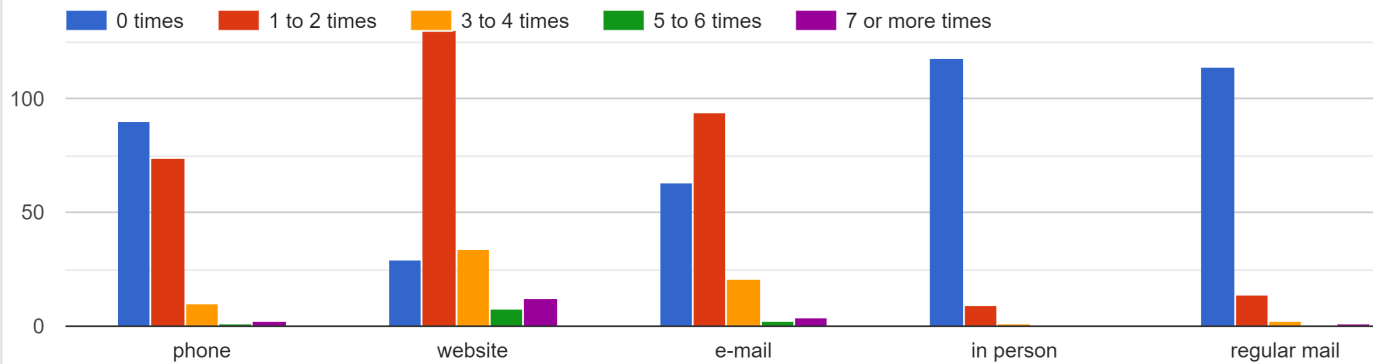


Please rate the timeliness of the Office of Acupuncture Licensure in responding to your issues on a scale of 1 to 5 with 1 being very untimely and 5 being very timely.

250 responses

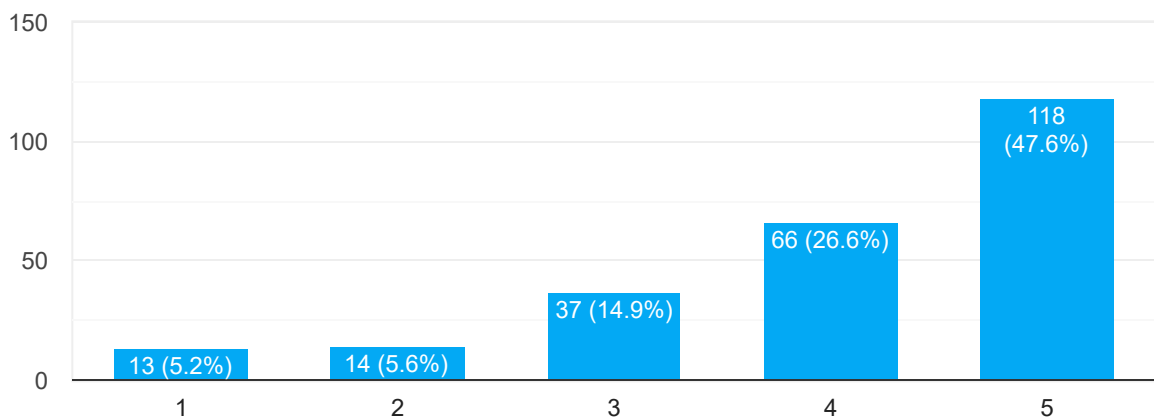


Please provide the number and types of interactions that were required to resolve or address your most recent issue. (Please select all applicable types of interactions used AND the number times for each type interaction selected.)



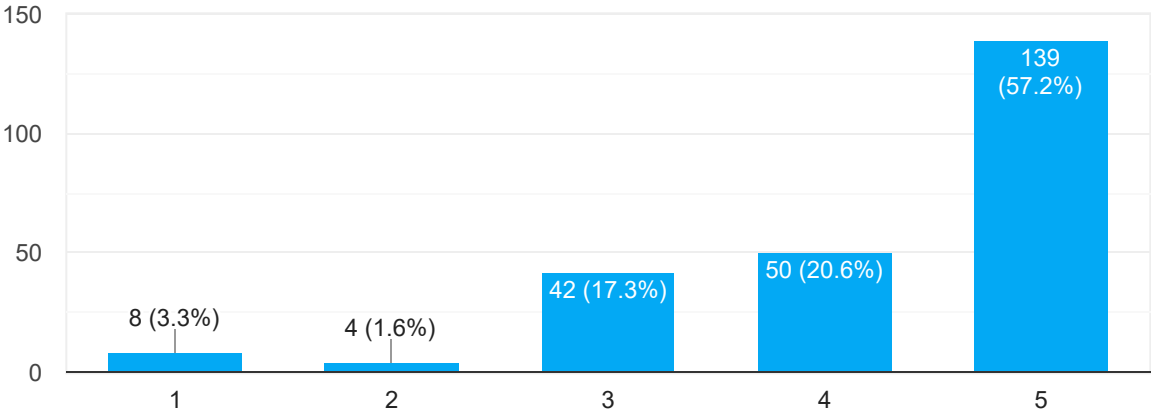
Please rate the helpfulness of the Office of Acupuncture Licensure in resolving your issue or need with 1 being not very helpful and 5 being very helpful.

248 responses



Please rate the professionalism of the program's staff on a scale of 1 to 5 with 1 being very unprofessional and 5 being very professional.

243 responses



On a scale of 1 to 5 please rate the accuracy of information provided by the office with 1 being not very accurate and 5 being very accurate.

249 responses

