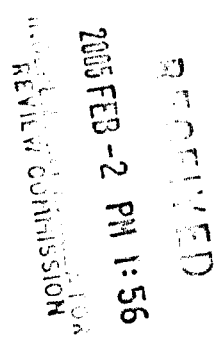


Regulatory Analysis Form		This space for use by IRRC	
(1) Agency Department of State, Bureau of Professional and Occupational Affairs, State Board of Medicine		 IRRC Number: 2455	
(2) I.D. Number (Governor's Office Use) 16A-4919			
(3) Short Title Acupuncture Registration			
(4) PA Code Cite 49 Pa. Code, §§ 16.11, 16.13, 18.11 – 18.17 and 18.19		(5) Agency Contacts & Telephone Numbers Primary Contact: Gerald S. Smith, Senior Counsel in Charge, State Board of Medicine (717) 783-7200 Secondary Contact: Joyce McKeever, Deputy Chief Counsel, Department of State (717) 783-7200	
(6) Type of Rulemaking (check one) <input checked="" type="checkbox"/> Proposed Rulemaking <input type="checkbox"/> Final Order Adopting Regulation <input type="checkbox"/> Policy Statement		(7) Is a 120-Day Emergency Certification Attached? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: By the Attorney General <input type="checkbox"/> Yes: By the Governor	
(8) Briefly explain the regulation in clear and nontechnical language. These proposed regulations seek to amend the Board's existing regulations so that they editorially comport with the Act 49 amendments to the Acupuncture Registration Act by adding definitions, deleting provisions relating to acupuncturist supervisors, and adding statutorily established requirements regarding the duties of an acupuncturist.			
(9) State the statutory authority for the regulation and any relevant state or federal court decisions. The Act of May 16, 2002 (P.L. 326, No. 49) (Act 49) amended the Acupuncture Registration Act. (63 P.S. §§1801 –1806). Section 3 of the Acupuncture Registration Act (63 P.S. §1803) authorizes the Board to promulgate regulations as necessary to regulate the practice of acupuncture. These proposed regulations seek to amend the Board's existing regulations so that they editorially comport with the Act 49 amendments to the Acupuncture Registration Act.			

Regulatory Analysis Form

(10) Is the regulations mandated by any federal or state law or court order, or federal regulation? If yes, cite the specific law, case or regulation, and any deadlines for action.

No.

(11) Explain the compelling public interest that justifies the regulation. What is the problem it addresses?

The Act of May 16, 2002 (Pl. 326, No. 49) (Act 49) amended the Acupuncture Registration Act, (63 P.S. §§1801 –1806). Section 3 of the original Acupuncture Registration Act, (63 P.S. §1803) authorized the Board to promulgate regulations as necessary to regulate the practice of acupuncture. These proposed regulations seek to amend the Board's existing regulations so that they editorially comport with the Act 49 amendments to the Acupuncture Registration Act in order to avoid confusion.

(12) State the public health, safety, environmental or general welfare risks associated with nonregulation.

Failure to comport the existing regulations to the Act 49 amendments has the potential of creating unnecessary confusion pertaining to the acupuncture practice. This regulation would avoid such confusion.

(13) Describe who will benefit from the regulation. (Quantify the benefits as completely as possible and approximate the number of people who will benefit.)

Acupuncturists practicing in the Commonwealth will benefit by revisions to the current Amendments to comport with amendments to the Registration Law. There are currently 505 acupuncturists registered in the Commonwealth and approximately 30 persons who apply yearly.

Regulatory Analysis Form

(14) Describe who will be adversely affected by the regulation. (Quantify the adverse effects as completely as possible and approximate the number of people who will be adversely affected.)

No adverse impact is anticipated.

(15) List the persons, groups or entities that will be required to comply with the regulation. (Approximate the number of people who will be required to comply.)

505 Registered acupuncturists and approximately 30 applicants/year seeking to register as acupuncturists.

(16) Describe the communications with and input from the public in the development and drafting of the regulation. List the persons and/or groups who were involved, if applicable.

Solicitation of input and suggestions from the regulated community and other parties is not necessary because these proposed regulations are editorial amendments to comport the existing regulations with the amendments to the Act.

(17) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required.

No anticipated costs or identifiable savings.

Regulatory Analysis Form

(18) Provide a specific estimate of the costs and/or savings to local governments associated with compliance, including any legal, accounting or consulting procedures which may be required.

Local governments will not be affected by the regulation.

(19) Provide a specific estimate of the costs and/or savings to state government associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required.

The Board will not incur an increase in administrative costs by implementing the regulation.

Regulatory Analysis Form

(20) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY 7/1/01	FY +1 Year 7/1/02	FY +2 Year 7/1/03	FY +3 Year 7/1/04	FY +4 Year 7/1/05	FY +5 Year 7/1/06
SAVINGS:	\$	\$	\$	\$	\$	\$
Regulated Community						
Local Government						
State Government						
Total Savings						
COSTS:	N/A	N/A	N/A	N/A	N/A	N/A
Regulated Community						
Local Government						
State Government						
Total Costs						
REVENUE LOSSES:	N/A	N/A	N/A	N/A	N/A	N/A
Regulated Community						
Local Government						
State Government						
Total Revenue Losses						

(20a) Explain how the cost estimates listed above were derived.

The proposed amendments will not generate costs or savings.

Regulatory Analysis Form

(20b) Provide the past three year expenditure history for programs affected by the regulation.

Program	FY -3 FY 99-00	FY -2 FY 00-01	FY -1 FY 01-02	Current FY FY 03-04
State Board of Medicine	\$ 6,747,000.00	\$ 2,562,885.01	\$2,595,622.41	\$ 2,885,504.70

(21) Using the cost-benefit information provided above, explain how the benefits of the regulation outweigh the adverse effects and costs.

The proposed amendments are cost benefit-neutral.

(22) Describe the nonregulatory alternatives considered and the costs associated with those alternatives. Provide the reasons for their dismissal.

No nonregulatory alternatives were considered because the proposed regulations strictly adhere to statutory amendments and because existing regulations need to be amended through the regulatory process.

(23) Describe alternative regulatory schemes considered and the costs associated with those schemes. Provide the reasons for their dismissal.

No alternative regulatory schemes were considered.

Regulatory Analysis Form

(24) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulation.

There are no specific federal standards addressing the practice of acupuncturist.

(25) How does this regulation compare with those of other states? Will the regulation put Pennsylvania at a competitive disadvantage with other states?

This regulation implements statutory amendments to the Acupuncture Registration Act. Those amendments are less restrictive than the prior provisions of the Act. Because these amendments are statutorily established, comparison to other jurisdictions' requirements are irrelevant.

(26) Will the regulation affect existing or proposed regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

This regulation will have no effect on other regulations of the Board or other state agencies.

(27) Will any public hearings or informational meetings be scheduled? Please provide the dates, times, and locations, if available.

The Board reviews regulatory proposals at regularly scheduled monthly public meetings. A schedule of board meetings can be found on the Department of State's website at www.dos.state.pa.us/bpoa. The Board provided a draft of the proposed regulations to those persons who have identified themselves as interested in the regulatory proposals of the Board. No public comments were received.

Regulatory Analysis Form

(28) Will the regulation change existing reporting, record keeping, or other paperwork requirements? Describe the changes and attach copies of forms or reports which will be required as a result of implementation, if available.

Reporting requirements pertaining to acupuncture supervision are eliminated under the proposed regulation. Record keeping requirements pertaining to patient records are delineated by the regulation but are statutorily mandated.

(29) Please list any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, elderly, small businesses, and farmers.

The Board has perceived no special needs of any subset of its applicants or licensees for whom special accommodations should be made.

(30) What is the anticipated effective date of the regulation; the date by which compliance with the regulation will be required; and the date by which any required permits, licenses or other approvals must be obtained?

The regulation will be effective upon publication as final rulemaking in the *Pennsylvania Bulletin*.

(31) Provide the schedule for continual review of the regulation.

The Board reviews its revenues and costs of its programs on a fiscal year and biennial basis.

FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU

(Pursuant to Commonwealth Documents Law)

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2005 FEB -2 PM 1:56

LEGISLATIVE DOCUMENTS
REVIEW COMMISSION

DO NOT WRITE IN THIS SPACE

2455

Copy below is hereby approved as to
form and legality. Attorney General

Copy below is hereby certified to be a true and correct
copy of a document issued, prescribed or promulgated by:

Copy below is approved as to
form and legality.

BY: Amy M. Elliott
(DEPUTY ATTORNEY GENERAL)

State Board of Medicine
(AGENCY)

Executive or Independent
Agencies.
BY: Tanya C. [Signature]

OCT 15 2004

DATE OF APPROVAL

DOCUMENT/FISCAL NOTE NO. 16A-4919

DATE OF ADOPTION: _____

BY: [Signature]
Charles D. Hummer, Jr. M.D.

9.21.04

DATE OF APPROVAL

TITLE: Chairman
(EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)

Asst.
(Deputy General Counsel
(~~Chief Counsel~~,
Independent Agency
(~~Strike-inapplicable~~
Title)

[] Check if applicable
Copy not approved.
Objections attached.

[] Check if
applicable. No Attorney
General approval or
objection within 30 day
after submission.

PROPOSED RULEMAKING
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
49 PA. CODE, CHAPTER 18
REGISTRATION AND PRACTICE OF ACUPUNCTURISTS

The State Board of Medicine (Board) proposes to amend §§ 16.11, 16.13, 18.11 – 18.17, and 18.19 pertaining to the registration and practice of acupuncturists to read as set forth in Annex A.

A. Effective Date

The amendments will be effective upon publication as final-form regulations in the Pennsylvania Bulletin.

B. Statutory Authority

The Act of May 16, 2002 (P.L. 326, No. 49) (Act 49) amended the Acupuncture Registration Act (act) (63 P.S. §§1801 –1806). Section 3 of the act (63 P.S. §1803) authorizes the Board to promulgate regulations as necessary to regulate the practice of acupuncture.

C. Background and Purpose

The proposed regulations would amend the Board's existing regulations so that they comport with the Act 49 amendments to the Acupuncture Registration Act.

D. Description of Amendments

Sections 16.11 and 16.13 (relating to licenses, certificates and registrations; and licensure, certification, examination and registration fees) would be amended to delete references to acupuncture supervisor and fees for acupuncture supervisor registration. Section 18.11 (relating to definitions) would be amended to include the statutorily expanded definition of acupuncture to include the use of supplemental techniques, the statutorily established definition of an "acupuncture educational program" and the statutorily established definition of "supplemental techniques". Section 18.11 would also be amended to delete definitions rendered unnecessary by the Act 49 amendments. Specifically, the definition of "acupuncture program" would be deleted as superseded by the term "acupuncture educational program." Definitions relating to supervision of acupuncturists would also be deleted because the Act 49 amendments eliminated the supervisory requirement in regard to the practice of acupuncture. Section 18.11 would also be amended to reflect the name change of the National Commission for the Certification of Acupuncturists and Oriental Medicine.

Sections 18.12 - 18.15 would be amended and §§18.16 and 18.17 (relating to

responsibilities of acupuncturist supervisor, and notice responsibilities) would be deleted in their entirety to delete references to acupuncturist supervisor and provisions pertaining to the supervision of the practice of acupuncture.

Section 18.15 (relating to practice responsibilities of an acupuncturist who is not a medical doctor) would be amended to incorporate statutorily established requirements that the acupuncturist ensure that prior to the application of acupuncture treatments the patient obtain a written referral from a licensed physician, that the patient has undergone a medical diagnostic examination, and that the results of the examination and the referral are maintained in the patient's record. Existing provisions pertaining to the acupuncturist's obligation to consult with the referring physician as necessary would be retained.

Lastly, §18.19 (relating to registration during transitional period) pertains to outdated registration requirements under the original act and, therefore, would be deleted.

E. Compliance with Executive Order 1996-1

The requirements of Executive Order 1996-1 (February 6, 1996) for public input are not applicable to these proposed regulations which make editorial changes to conform the regulations to the act.

F. Fiscal Impact and Paperwork Requirements

The regulations would have no adverse fiscal impact or additional paperwork requirements imposed on the Commonwealth, its political subdivisions, or the private sector.

G. Sunset Date

The board continuously monitors its regulations. Therefore, no sunset date has been assigned.

H. Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P.S. §745.5(a)), on February 2, 2005, the Board submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis form to the Independent Regulatory Review Commission (IRRC) and the Chairpersons of the Senate Consumer Protection and Professional Licensure Committee and the House

Professional Licensure Committee. A copy of the material is available to the public upon request.

Under section 5(g) of the Regulatory Review Act, IRRC may convey any comments, recommendations or objections to the proposed rulemaking within 30 days of the close of the public comment period. The comments, recommendations or objections shall specify the regulatory review criteria which have not been met. The Regulatory Review Act specifies detailed procedures for review, prior to final publication of the rulemaking, by the Board, the General Assembly and the Governor of comments, recommendations or objections raised.

I. Public Comment

Interested persons are invited to submit written comments, recommendations or objections regarding the proposed regulation to Joanne Troutman, Health Licensing Division, Bureau of Professional and Occupational Affairs, P.O. Box 2649, Harrisburg, Pennsylvania 17105-2649 within 30 days following publication for the proposed regulation in the Pennsylvania Bulletin. Please refer to acupuncture registration when submitting comments.

Charles D. Hummer, Jr., M.D.
Chairperson

Annex A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

**CHAPTER 16 STATE BOARD OF MEDICINE – GENERAL
PROVISIONS**

**Subchapter B. GENERAL LICENSE, CERTIFICATION AND
REGISTRATION PROVISIONS**

§ 16.11. Licenses, certificates and registrations.

* * *

(c) The following registrations are issued by the Board:

* * *

(3) [Registration as an acupuncturist supervisor.

(4) Biennial registration of a license without restriction.

[(5)] (4) * * *

[(6)] (5) * * *

[(7)] (6) * * *

[(8)] (7) * * *

[(9)] (8) * * *

[(10)] (9) * * *

* * *

§ 16.13. Licensure, certification, examination and registration fees.

* * *

(d) Acupuncturist Registration:

* * *

[Registration, acupuncture supervisor.....\$30]

* * *

CHAPTER 18. STATE BOARD OF MEDICINE – PRACTITIONERS

OTHER THAN MEDICAL DOCTORS

Subchapter B. REGISTRATION AND PRACTICE OF ACUPUNCTURISTS

§ 18.11. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

Acupuncture—The stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or alleviate the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body. Acupuncture shall also include the use of supplemental techniques.

Acupuncture educational program – Training and instruction in acupuncture or supplemental acupuncture techniques offered by a degree-granting institution authorized by the Department of Education of the Commonwealth that leads to a master’s degree, master’s level certificate or diploma or first professional degree, that meets the relevant and appropriate requirements of 22 Pa. Code (relating to education) and 24 Pa.C.S. Chapter 65 (relating to private colleges, universities

and seminars) and that meets or exceeds the standards required for acupuncture or oriental medicine programs established by an accrediting agency recognized by the United States Department of Education.

Acupuncture examination – An examination offered or recognized by the Board to test whether an individual has accumulated sufficient academic knowledge with respect to the practice of acupuncture to qualify for the privilege of practicing as an acupuncturist. The Board recognizes the combination of the [NCCA] NCCAOM examinations in acupuncture and sterilization procedures as an acupuncture examination.

* * *

[*Acupuncture program*—An academic and clinical program of study in acupuncture which has been approved by the Board or by an accrediting body recognized by the Board.]

* * *

[*Acupuncturist supervisor*—A medical doctor registered with the Board as a supervisor of acupuncturists.

General supervision—An acupuncturist supervisor doing the following in supervising an acupuncturist:

(i) Performing a medical diagnostic examination or reviewing the results of a recently performed medical diagnostic examination with respect to an ailment or condition to be treated by acupuncture prior to the treatment.

(ii) Being personally available to the acupuncturist for consultation on the premises or being available by telephone contact, chart review or other means approved by the Board.

(iii) Placing conditions and restrictions on the course of treatment if that action is required as a matter of sound medical practice.]

* * *

[NCCA – The National Commission for the Certification of Acupuncturists.]

NCAAOM – National Certification Commission for Acupuncture and Oriental Medicine.

Supplemental techniques – the use of traditional and modern oriental therapeutics, heat therapy, moxibustion, electrical and low level laser stimulation, acupuncture and other forms of massage, herbal therapy and counseling that shall include the therapeutic use of foods and supplements and lifestyle modifications.

§ 18.12. Registration as an acupuncturist [and as an acupuncturist supervisor].

[(a)] A medical doctor who intends to practice acupuncture and any other individual who intends to practice acupuncture [at the direction and under the supervision of a medical doctor] shall register with the Board as an acupuncturist.

[(b)] Only a medical doctor registered as an acupuncturist supervisor may delegate the performance of acupuncture services to an acupuncturist. An acupuncturist who is not a medical doctor may only perform acupuncture services under the direction and supervision of an acupuncturist supervisor, unless otherwise authorized by statute.

[(c)] An acupuncturist supervisor may not delegate the performance of acupuncture services to an osteopathic doctor, dentist, podiatrist or a veterinary doctor who is approved by his respective licensing board to practice acupuncture, unless that person is also registered as an acupuncturist with the Board.]

§ 18.13. Requirements for registration as an acupuncturist [and an acupuncturist supervisor].

(a) The Board will register as an acupuncturist a person who satisfies the following requirements:

(1) Has successfully completed an acupuncture educational program which includes a course in needle sterilization techniques.

[(i) If the acupuncture education program is taken within the United States, the applicant shall complete 2 academic years of acupuncture training and shall complete 2 academic years of a college level educational program.

(ii) If the educational program is taken outside of the United States, an applicant shall graduate from a college with a program of study including Oriental medicine and document 300 class hours of study in acupuncture training.]

(2) Has obtained a passing grade on an acupuncture examination or has been certified by [NCAA] NCCAOM [during 1985-1986 via credential review. The Board accepts the passing grade on the certifying examination of the NCCA as determined by the NCCA, and accepts a passing grade on any state's acupuncture examination taken prior to January 1, 1987 as determined by the licensing or registering authority in the other state.] If the examination was not taken in English, but is otherwise acceptable and a passing score was secured, the Board will accept the examination result if the applicant has also secured a score of 550 on the test of English as a Foreign Language (TOEFL).

* * *

[(d) The Board will register as an acupuncturist supervisor a medical doctor who satisfies the following requirements:

(1) Possesses a license without restriction.

(2) Submits an application to register as an acupuncturist supervisor accompanied by the required. For the fee amount, see § 16.13.]

§ 18.14. Biennial registration requirements.

* * *

[(d) There is no biennial registration requirement for an acupuncturist supervisor.]

§ 18.15. Practice responsibilities of acupuncturist who is not a medical doctor.

(a) *Responsibilities to patient.* In relation to the acupuncture patient, the acupuncturist shall comply with the following:

(1) [Received, in writing, from the acupuncturist supervisor, approval to initiate acupuncture treatment.] Ensure that the patient has secured a written referral for treatment by acupuncture from a licensed physician.

(2) Comply strictly with conditions or restrictions that may be placed on the course of acupuncture treatment by the [acupuncturist supervisor] referring physician.

(3) Ensure that the patient has undergone a medical diagnostic examination or has had the results of a recently performed medical diagnostic examination reviewed by a licensed physician.

(4) Keep a copy of the referral and the results of the medical diagnostic examination in the patient's file.

(5) Not diagnose a physical or mental ailment or condition or prescribe or dispense a drug.

[(4)] (6) Comply strictly with sterilization standards relative to aseptic practices.

(b) *Responsibility to [acupuncturist supervisor] referring physician.* In relation to the [acupuncturist supervisor] referring physician, the acupuncturist shall comply with the following:

(1) Consult promptly with the [acupuncturist supervisor] referring physician regarding a new ailment or condition or a worsened ailment or condition of an acupuncture patient.

(2) Consult with the [acupuncturist supervisor] referring physician upon request of either the [acupuncturist supervisor] referring physician or the acupuncture patient.

[(3) Practice acupuncture only under the general supervision of an acupuncturist supervisor.]

(c) [*Scope of acupuncturist's responsibility.*

(1) An acupuncturist is responsible solely for acupuncture evaluation and acupuncture treatment. The medical diagnosis is the responsibility of the acupuncturist supervisor.

(2) An acupuncturist is not required to practice acupuncture in the physical presence of the acupuncturist supervisor or at the location where the acupuncturist supervisor provides medical services. Where the acupuncturist may provide acupuncture services, and whether the acupuncturist may provide acupuncture services without the acupuncture supervisor being physically present, shall be determined by the acupuncture supervisor.

(d)] *Identification of acupuncturist.* An acupuncturist who is not a medical doctor shall wear a tag or badge with lettering clearly visible to the patient bearing his name and the title "acupuncturist". The use of the word doctor on this tag or badge is prohibited.

§ 18.16.[Responsibilities of acupuncturist supervisor] (Reserved).

[(a) *Responsibility to acupuncture patient.* In relation to the acupuncture patient, the acupuncturist supervisor shall comply with the following:

(1) Perform or review the results of a recently performed medical diagnostic examination with respect to an ailment or condition to be treated by acupuncture before the treatment.

(2) Advise the patient of the results of the medical diagnostic examination and the treatment alternatives.

(3) Place conditions or restrictions on the course of treatment in acupuncture to be provided by the acupuncturist, if conditions or restrictions are required as a matter of sound medical practice.

(4) Advise the patient in writing that he is available at reasonable times for consultation by appointment or by telephone. The written notice shall contain an address and telephone number at which the acupuncture supervisor can be reached.

(5) If he is not an acupuncturist, advise the patient in writing that he is not an acupuncturist, that he is not qualified to direct the course of acupuncture treatment and that he does not have responsibility for the course of acupuncture treatment.

(6) Monitor the patient's progress under acupuncture treatment and comply with normal responsibilities to a patient if the patient does not respond to treatment within the anticipated time.

(b) *Responsibility to acupuncturist.* In relation to the supervised acupuncturist, the acupuncturist supervisor shall satisfy the following:

(1) Advise the acupuncturist of the results of the medical diagnostic examination that are relevant to acupuncture treatment and of conditions or restrictions that are to be placed on the course of acupuncture treatment.

(2) Not delegate to the acupuncturist the right to prescribe or dispense drugs or the responsibility for diagnosing a physical or mental ailment or condition.

(3) Confer promptly with the acupuncturist in the event of the following:

(i) The acupuncturist supervisor decides to impose conditions or restrictions on the course of acupuncture treatment.

(ii) The patient has requested further consultation with the acupuncturist supervisor.

(iii) The patient's condition is not improving or the patient requires emergency medical treatment.

(4) Designate an alternative acupuncturist supervisor to provide general supervision of the acupuncturist during periods in which the acupuncturist supervisor is unable to provide general supervision, if the substitute acupuncturist supervisor agrees to accept the responsibility set forth in this section.

(c) Scope of acupuncturist supervisor's responsibility.

(1) In providing general supervision to the acupuncturist, the acupuncturist supervisor maintains the diagnostic responsibility and the medical doctor-patient relationship. It is the responsibility of the acupuncturist and not of the acupuncturist supervisor to conduct an acupuncture evaluation and to perform acupuncture treatment.

(2) An acupuncturist supervisor may not provide general supervision to more than two acupuncturists without applying for and receiving specific approval from the Board.]

§ 18.17.[Notice responsibilities] (Reserved).

[(a) The nonmedical doctor acupuncturist and the acupuncturist supervisor shall provide written notice to the Board prior to the date when the acupuncturist supervisor is to begin general supervision of the acupuncturist. The written notice shall comply with the following:

- (1) Be filled out on a form supplied by the Board.
 - (2) Provide the name of the acupuncturist supervisor and the acupuncturist and a current address and the telephone number at which each can be reached.
 - (3) Contain an acknowledgement by the acupuncturist supervisor that he understands and agrees to accept his responsibilities to the supervised acupuncturist and the acupuncture patient as set forth in this subchapter.
 - (4) Contain an acknowledgement by the acupuncturist that he understands and accepts his responsibility to the acupuncturist supervisor and the acupuncture patient as set forth in this subchapter.
 - (5) Contain the verified signatures of the acupuncturist supervisor and the supervised acupuncturist.
- (b) Written notice of termination of an arrangement between an acupuncturist supervisor and an acupuncturist shall be given to the Board by both individuals within 10 days following termination of the relationship. Notice may be provided by both through one document or by each through separate documents.]

* * *

§ 18.19. [Registration during transitional period] (Reserved).

[Acceptance of applications to register as acupuncturists and acupuncturist supervisors will begin on January 3, 1987. After July 1, 1987, no person may serve as an acupuncturist or as an acupuncturist supervisor unless registered as such with the Board.]



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INDEPENDENT REGULATORY
REVIEW COMMISSION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE

Post Office Box 2649
Harrisburg, Pennsylvania 17105-2649
(717) 783-1400

February 2, 2005

The Honorable John R. McGinley, Jr., Chairman
INDEPENDENT REGULATORY REVIEW COMMISSION
14th Floor, Harrisstown 2, 333 Market Street
Harrisburg, Pennsylvania 17101

Re: Proposed Regulation
State Board of Medicine
16A-4919: Registration and Practice of Acupuncturists

Dear Chairman McGinley:

Enclosed is a copy of a proposed rulemaking package of the State Board of Medicine pertaining to Registration and Practice of Acupuncturists.

The Board will be pleased to provide whatever information the Commission may require during the course of its review of the rulemaking.

Sincerely,

Charles D. Hummer, Jr., M.D., Chairperson
State Board of Medicine

CDH/GSS:lm

Enclosure

c: Basil L. Merenda, Commissioner
Bureau of Professional and Occupational Affairs
Albert H. Masland, Chief Counsel
Department of State
Joyce McKeever, Deputy Chief Counsel
Department of State
Cynthia K. Montgomery, Regulatory Counsel
Department of State
Gerald S. Smith, Senior Counsel in Charge
Department of State
State Board of Medicine

**TRANSMITTAL SHEET FOR REGULATIONS SUBJECT TO THE
REGULATORY REVIEW ACT**

I.D. NUMBER: 16A-4919
 SUBJECT: Registration and Practice of Acupuncturists
 AGENCY: DEPARTMENT OF STATE

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 INDEPENDENT REGULATORY REVIEW COMMISSION

TYPE OF REGULATION

- Proposed Regulation
- Final Regulation
- Final Regulation with Notice of Proposed Rulemaking Omitted
- 120-day Emergency Certification of the Attorney General
- 120-day Emergency Certification of the Governor
- Delivery of Tolled Regulation
 - a. With Revisions
 - b. Without Revisions

2455

FILING OF REGULATION

DATE	SIGNATURE	DESIGNATION
2/2/05	<i>Sandra J. Harper</i>	HOUSE COMMITTEE ON PROFESSIONAL LICENSURE
2/2/05	<i>Mary Walmer</i>	SENATE COMMITTEE ON CONSUMER PROTECTION & PROFESSIONAL LICENSURE
2/2/05	<i>Kristi V.</i>	INDEPENDENT REGULATORY REVIEW COMMISSION
		ATTORNEY GENERAL (for Final Omitted only)
2/2/05	<i>C. De-Bo</i>	LEGISLATIVE REFERENCE BUREAU (for Proposed only)