

Preserving Our Heritage



Ensuring Our Future

August 24, 2022

To: Nursing Care Quality Assurance Commission (NCQAC)
From: WA Acupuncture and Eastern Medicine Association (WAEMA)

RE: ARNP Scope of Practice Rules Comment

To Whom it May Concern:

The Washington Acupuncture and Eastern Medicine Association strongly protests the use of this CR-102 Proposed Rules to justify the inclusion of “Medical Acupuncture” in your scope of practice. The letters that you received from Representative Eileen Cody and Senator Annette Cleveland requested that you use the actual rulemaking process identified by Washington state legislators to add "Medical Acupuncture" to your scope of practice. The use of this proposed rules document to increase your scope to include "Medical Acupuncture" amounts to circumvention of legislative rulemaking.

In your CR 101 dated December 5, 2018, in “Reasons why rules on this subject may be needed and what they might accomplish:" it states, "The commission received a petition on April 3, 2018, in response to its Advisory Opinion on Medical Acupuncture: Scope of Practice for Advanced Registered Nurse Practitioners (NCAO 12.00), requesting the commission to allow for additional stakeholder involvement and consider adopting enforceable rules. While advisory opinions offer the commission's interpretation of rule, they are not enforceable and, therefore, do not meet the definition of a rule."

“Medical Acupuncture” was never been defined in the Advisory Opinion for ARNP. Advisory Opinions are opinions and not enforceable law. You have significantly expanded your scope of practice for ARNPs to include Acupuncture, without going through a Sunrise Review process, adding it to your scope of practice without legislative approval, or through appropriate specific rulemaking.

Yet rulemaking being offered in your CR 102 in no way addresses the concerns around the practice of “Medical Acupuncture” nor provides clarification to address the identified concerns raised by Representative Cody and Senator Cleveland. Specific rulemaking would define what “Medical Acupuncture” is specifically for ARNP, require clarification of the number of hours required to practice acupuncture safely, and the appropriateness of the training such as NCCAOM certification to practice acupuncture, which is required by all licensed acupuncturists in Washington state. Further, it would clarify those rules so that they are enforceable.

Further, we are concerned with the issue of who enforces complaints and investigations of the inappropriate practice of “Medical Acupuncture”. Would it be the NCQAC even though it is not under your nursing laws? Would regulation be under the Acupuncture and Eastern Medicine Advisory Committee, who has actual oversight of the practice of Acupuncture? Public safety must be a top priority for the NCQAC.

At this time, it is our opinion that the NCQAC will be encouraging the practice of acupuncture without a license to member ARNPs, due to unclear Uniform Disciplinary Act enforcement structure, undefined terms, inappropriate rulemaking procedures, and training recommendations which are inadequate.

We consider this action based upon an advisory opinion to be an ill-advised approach to significant scope expansion and request that the NCQAC conduct the appropriate legal practices for rulemaking in order to include “Medical Acupuncture” in your scope of practice. Bypassing the Legislature sets a dangerous precedent for every profession. Any board or profession desiring to expand their current scope of practice must seek legislative approval or the recommendations of a DOH Sunrise Review Process, which helps to ensure safe and legal practices within a profession licensed by the WA State Department of Health.

Sincerely,

Chaiya Sherman, DAOM, LAc, President of Washington Acupuncture and Eastern Medicine
Washington Acupuncture and Eastern Medicine Board of Directors