



ELSEVIER

Medical Acupuncture: The Legal Environment as Practiced by the Physician

Deborah L. Wirsing, BBA, MS,* and Sherman L. Cohn, BSFS, LLB, LLM[†]

Acupuncture has been practiced for 2000 to 5000 years. It is no more experimental as a mode of medical treatment than is the Chinese language as a mode of communication. What is experimental is not acupuncture, but Westerners' understanding of it and their ability to utilize it properly.

U.S. District Court for the Southern District of Texas
Andrews v. Ballard, 498 F. Supp. 1038
(S.D. Tex. 1980)

Acupuncture is a two millennia-old system of health care that involves the insertion of needles into the body at distinct points that correspond to underlying channels of an energetic flow called *qi* (pronounced "schee"). Underlying theory of acupuncture holds that this therapeutic insertion of the needles, sometimes in conjunction with other stimulating techniques, encourages the flow and rebalancing of this energy, *qi*, and thus a subsequent relief of the gamut of ailments and diseases treated in traditional Chinese medicine.

In the United States, acupuncture is legally practiced in a variety of styles and settings by conventional physicians, allied health professionals, and non-physician acupuncturists. Non-physician acupuncturists are trained in Acupuncture and Oriental Medicine programs accredited by the national governing body, the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), certified through a proficiency examination by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), and are licensed for legal practice by states under varying requirements. Accredited acupuncture programs include both didactic and clinical training over the course of 3 years, with the completion of at least 1,905 resident hours.¹

A medical acupuncturist, on the other hand, is generally defined as the conventional physician, MD or DO, who adopts acupuncture into his or her conventional medical practice. Professional training is usually limited to about 200 hours² and state regulation is highly variable. The American Academy of Medical Acupuncture (AAMA) nationally represents and supports medical acupuncture and its practitioners in education, training, and legislation, and in many ways promotes solidarity among medical acupuncturists as an emerging body of health care providers. The AAMA more specifically defines medical acupuncture as "acupuncture performed by a doctor trained and licensed in Western medicine *who also has thorough training in acupuncture as a specialty practice*" [italics added for emphasis].² A more encompassing definition can be found to describe medical acupuncture as "acupuncture that has been successfully incorporated into medical or allied health practices in Western countries,"² but for the purposes and focus of this article, only MD and DO acupuncturists will be discussed.

Medical Acupuncture integrates both the conventional understanding of neuromuscular anatomy, pain physiology, and disease states with a classical Chinese ideology of the imperceptible flow of vivifying energy that supports life, balance, and well-being to the whole person. Both pure forms of acupuncture, where treatment is based on traditional Chinese concepts, and hybrid forms, in which treatment is additionally supported by conventional diagnostic tools,³ exist in medical acupuncture. Hybrid acupuncture, the most common approach, enables the medical acupuncturist to organize and address patients' symptoms such as recurring pain, nausea, and malaise, which are so elusive in standard medical evaluation and treatment.² A growing body of about 6000 practicing physicians,³ including mainly neurologists, anesthesiologists, pain specialists, and general practitioners constitute those physicians practicing medical acupuncture.⁴

*Medical College of Georgia, Augusta, GA.

[†]Georgetown University Law School, Washington, DC.

Note that membership to the AAMA or any professional organization has many advantageous elements of services, information, and prestige that are beyond the scope of this paper.

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Address reprint requests to Deborah L. Wirsing, BBA, MS, MCG Box 672, 1120 15th St, Augusta, GA 30912-0006. E-mail: diawirsing@yahoo.com

³Conventional diagnostics include examination of past medical records, radiographs, and laboratory evaluations, for example, used to confirm or even identify organic disorders not readily identified in the traditional Chinese evaluation. This becomes especially important when considering malpractice issues of misdiagnosis or the overlooking of a disease, such as early stages of cancer.

Physicians incorporate acupuncture into their medical practice in a variety of ways. Some complement their conventional regimen of drugs and standard procedures with acupuncture to augment treatment or palliate adverse side-effects. Yet others completely transition to the sole practice of acupuncture treatment, referring to other practitioners when necessary,^{4,5} such as to an oncologist or surgeon for chemotherapy or mastectomy. In the United States, acupuncture is most utilized by physicians in the management of musculoskeletal pain,² but due to its high adaptability for treatment of both premonitory and disease states, medical acupuncture is used in preventative, primary, and complementary care, depending on the individual patient, as well as the particular orientation of the provider.²

Historical Background of Medical Acupuncture

The incorporation of acupuncture into the Western medical setting began in mid-16th century Europe with various texts and treatises published and used by European physicians.⁶ In the United States, physicians were some of the first to formally implement acupuncture in their practices in the 18th and early 19th centuries, utilizing the European Chinese medicine texts or accompanying Chinese herbalists practicing the art.^{6,7} Perhaps the first well-known text dealing with medical acupuncture is Sir William Osler's *The Principles and Practice of Medicine*, written in 1913, in which acupuncture is clearly indicated for the management of lower back pain.⁷ The first licensed acupuncturist on record was actually the Chinese Ah Fong Chuck, who, in 1901, won a medical license through legal action in Idaho.⁶ Acupuncture, though, was generally not recognized as a legal practice of health care until the early 1970s, with some of the first licensing practice acts appearing in such states as Nevada, Maryland, and Oregon in 1973.⁸ Recent developments in the environment of acupuncture, as one of the oldest and most widely used medical procedures⁴—from the reclassification of the acupuncture needle to a Class II standard medical device,^{9,b} to the 1997 NIH consensus statement declaring acupuncture as “widely practiced” and effective in a vast array of medical diseases and symptoms—has captured the attention of both the scientific communities skeptical and embracing of the practice, and the federal government concerned with patient protection, further research, and regulation of acupuncture.^{10,c}

Today, European medical schools formally teach acupuncture where it is applied in almost all fields of medicine, whereas in the United States, acupuncture is beginning to be

integrated in some medical programs, such as at Georgetown, Harvard, and John Hopkins Universities, and “rapidly taking a legitimate place as a valuable therapeutic technique.”^{11,12} Most states now license acupuncturists to practice under varying degrees of autonomy, and the medical acupuncturist may feel the impact of the changing environment of acupuncture as demand for and understanding of acupuncture continues to promote acupuncture into a more sophisticated and robust system of health care.

The Legal Environment of Medical Acupuncture

A Matter of Power and Opinion: State Regulation

A single definition of acupuncture as it is practiced in the United States does not exist in the legal literature supporting and/or restricting the practice. States vary widely in their regulatory role in acupuncture practice from complete disregard of acupuncture outside of biomedical licensing (MD or DO), to practically ordaining acupuncture as the practice of medicine. The former case is demonstrated by states such as Delaware and Alabama, while the latter is most clearly delineated in the statutes of New Mexico or Florida, where the “acupuncture physician” practices acupuncture as a form of “primary health care” for the diagnosis and treatment of disease.⁸

So far, all states, with one exception, have included acupuncture within the scope of practice of other health care providers, though this body varies in membership across the states, from only the allopathic and osteopathic doctors in most states, to “medical doctors, chiropractors, dentists, physical therapists, podiatrists, homeopaths, naturopaths, optometrists, and veterinarians” in Connecticut.⁸ Currently, 36 states include acupuncture in the scope of a physician’s medical or osteopathic license.⁸ The remaining 14 states either require a minimum training of about 200 hours on average, clinical experience, or registration with the state medical board.⁸ Thus, the practice of acupuncture by physicians is sanctioned by most state medical boards without any kind of training or proof of experience, whereas in other states including Hawaii, Pennsylvania, and Rhode Island, surprisingly stringent requirements exist in initial training, clinical experience, and registration in order to practice acupuncture.^{8,d}

By examining the various licensing statutes across states, one can see that the practice of acupuncture is progressively becoming acceptable apart from the scope of practice of medicine to varying degrees. Not surprising, gleaned from this

^bIn March 1996, the FDA reclassified the acupuncture needle from a Class III experimental device to the Class II standard medical device appropriate in standard practice by physicians and general non-physician acupuncture use. This reclassification came as a result of increased availability of data supporting needle use.

^cResults of the NIH consensus, include the awarding of sizable federal grants for acupuncture and...a federal mandate created the NCCAM to investigate complementary and alternative healing modalities under rigorous scientific study, to train CAM researchers, and produce authoritative information on CAM to both the public and professional community.

^dStates with training requirements for physicians wanting to practice acupuncture also include District of Columbia (250 hours), Georgia (300 hours depending on time entry), Louisiana (6 months), Maryland (300 hours), New Jersey (300 hours), New York (300 hours), and Virginia (200 hours). (See ref. 8, p 12 on Hawaii’s regulations.) [i][r] Pennsylvania State Board of Medicine requires that all physicians must have 200 hours of Category I Continuing Education credits in acupuncture and be registered with the board in order to practice acupuncture. Rhode Island statute contains exemption language for physicians, but the Board of Medical Licensure and Discipline requires that physicians complete 300 hours of acupuncture education that includes a clinical practicum.

examination is the basic fact that enough variability exists among state laws dealing with acupuncture to confuse and possibly inhibit the advancement of acupuncture as integrative in medicine. But despite the political reputations of various states or trends of acceptance of nonconventional modalities of medicine, as acupuncture becomes more professionally and politically accepted, the reshaping of state laws is inevitable in order to deal with such issues as an increasing demand for quality care by patients as part of the right to healthcare (ie, right to privacy, access to care) and for more comprehensive reimbursement. Such a reformulation has already been seen in Texas through *Andrews v. Ballard*, where the restriction of acupuncture to the practice of medicine was deemed unconstitutional for denying access to care in the form of acupuncture under the right to privacy.¹³ Thus, acupuncture in Texas, although still within the scope of practice for conventional physicians, is a licensed practice for the non-physician acupuncturist as of 1993.⁸

A spectrum can be created demonstrating the status of acupuncture practice in the United States, from placing acupuncture solely in the hands of licensed physicians (Alabama, Delaware, Kentucky, and Nebraska, among other states⁸), on the one end, to titling acupuncturist as “Doctors” of primary care, as seen in Florida, New Mexico, and Nevada, the first state to design acupuncture statutes in 1973.^{8,e} In regards to the impact state regulations have on medical acupuncture, though, a similar spectrum can be formulated. The general consensus among 36 states is that acupuncture is within the scope of practice of medicine, and statutes regulating the training or expertise of physicians practicing acupuncture are not mentioned or are explicitly stated as non-applicable or exempting. Another 11 states require some minimal training, from a vague “adequate training” to up to 300 hours in Georgia, Maryland, New Jersey, and Rhode Island.⁸ The remainder states are either undecided/undetermined, or otherwise restrictive of physician practice of acupuncture altogether, unless licensed as an acupuncturist by statute.⁸ Needless to say, the perception of acupuncture has come a long way in the legal arena, from an outright violation of the medical practice acts, as demonstrated in *Amber v. New York*, to a valid, licensed healing art that insurance companies are beginning to reimburse as an entry point into our health care system.

The following is a list of the various categories of legal acupuncture practice in relation to medical acupuncturists, from least regulated to most restricted:

- A. Acupuncture is within the scope of medical practice, ie, physicians (MD and DO) are exempt from acupuncture acts set forth. No demonstration of training required.
- B. Acupuncture is within the scope of practice of physicians (MD and DO) and demonstration of minimum training required.
- C. Acupuncture is within the scope of practice under a different title made explicitly separate from the licensed acupuncturist.
- D. Physicians may not practice acupuncture if the statutory requirements for acupuncture licensure are not met.

The final category is particular to Hawaii, where the State Board of Medical Examiners declares, “medical doctors, osteopaths, and physician’s assistants who desire to practice acupuncture must be licensed under the laws governing acupuncture.”^{8,f} Thus, only a trained, licensed acupuncturist may practice acupuncture in the Hawaii, and the medical acupuncturist is held under the same educational standards as the non-physician acupuncturist. Though it is doubtful that other states will follow suit on this stringent regulation of acupuncture in the near future, Hawaii’s acupuncture statute exemplifies the extreme to which states can regulate the practice of complementary and alternative medicine by physicians, distinct from conventional medical practice, in which acupuncture has so long been commonly embodied.

What is more likely is that states will eventually become more like the few that presently require some minimal amount of training of about 200 hours,² such as Maryland, New Jersey, New York, Virginia, and the District of Columbia. Thus, although acupuncture will remain within the scope of practice of medicine, some training may be required.⁸ Thus, in states like New York, a physician only needs to complete the first year of the curriculum at Tri-State College of Acupuncture in New York City, for example, to obtain “more than enough” credit hours to be qualified to practice within the state (Tri-State College telephone interview, November 26, 2003), and completion of this first year in most accredited acupuncture schools would fulfill the majority of state training requirement of usually 200-300 hours.⁸

From the perspective of the patient, might this not be an advancement in quality assurance, where all acupuncturists are assured to have equal and adequate training as set forth by accrediting and credentialing bodies such as the ACAOM and the NCCAOM? If patients are truly at the center of policy construction in medical law, a more coherent set of standards for acupuncture and medical acupuncture practice will ensure consistent quality of care and confidence in the profession in general.

^eIn Florida, the title of the licensed acupuncturist is “Acupuncture Physician” and acupuncture is defined as “a form of primary health care” incorporating “adjunctive therapies and diagnostic techniques.” Nevada, the title of “Doctor” is allowed by statute by the licensed acupuncturist who practices under the title “Doctor of Oriental Medicine” by statute. New Mexico also awards the title “Doctor of Oriental Medicine” or DOM, despite the fact that there are currently no recognized programs at the doctoral level in acupuncture and Oriental medicine. Statutory definition of acupuncture includes oriental techniques, “both traditional and modern, for the diagnosis, prevention, cure or correction of any disease or pain...” (see ref. 8, pp 22-24, 59-61, 67-69).

^fMontana acupuncture statute is also constructed similarly, though it has the potential to be interpreted as less stringent by the Montana Attorney General. (See “Acupuncture and Oriental Medicine Laws,” ref. 8, p 58.)

^gHow states determine the number of hours required for medical acupuncturist to practice is both unknown to the author and beyond the scope of the paper. Most likely, states base hour requirements on the average hour length of the first year of accredited acupuncture schools.

Title Restrictions

An interesting development in state restrictions on physicians practicing acupuncture is how the medical acupuncturists may identify themselves and their practice (as described in category “C” above). Montana is a prime example of this position where “A person may not purport to practice acupuncture or use the title ‘acupuncturist’ or any similar title unless the person is licensed under the provisions of this [acupuncture statute] chapter.”⁸ In Rhode Island, where the title “Doctor of Acupuncture” has been awarded to the licensed acupuncturist since 1978, the state Board of Medical Licensure and Discipline allows physicians to practice “Medical Acupuncture as defined by regulations,” but they shall not be considered equivalent to licensed acupuncturists.⁸ Rhode Island requires that patients receive complete disclosure as to the medical acupuncturist’s training, which must consist of at least 300 hours from a recognized school and a supervised clinical practicum in order to legally practice.⁸ Finally, in New Mexico, acupuncture is considered to be within the scope of physician practice, but, unless fully licensed under the state requirements, physicians are prohibited from using the title “acupuncturist” or any related terms, and even from describing their services as such. New Mexico statute declares, “[other physicians] shall not hold themselves out to the public or any private group or business by any title or description of services which includes the term acupuncture or acupuncturist unless they are licensed under the Acupuncture Practice Act.”^{8,h} Conversely, many states, such as California and Washington, are in a mediating position, where the titles “Dr.,” “OMD,” or “Physician” may be used only when further identification is explicitly given as to the nature of practice.⁸

Thus, despite the long-standing rule of the American Medical Association, legal restrictions against “holding oneself out as a medical doctor” through the use of titles may be weakening, as some states begin allowing the usage of titles that directly confer to the acupuncturist the role of a healer in the realm of medicine, and more importantly relay to the lay patient that the acupuncture “physician”⁸ is a valid and perhaps insurable mode of medical treatment.

As acupuncture continues to be integrated and accepted as a medically valid treatment, it is likely that states will have to respond to the evolving educational mandates set forth by the formal regulating bodies of acupuncture training and certification. On the forefront of developments in acupuncture curriculum is the introduction of educational standards for a doctoral level degree program in Acupuncture and Oriental Medicine, through which the graduate is awarded a title of “Doctor of Oriental Medicine.”¹⁴ This may pose interesting questions on how states should regulate the usage of the title “Dr.” in practice. Although there are currently no schools offering such a degree,¹⁴ the title of “Doctor” is already a statutory title in some states, such as New Mexico and Rhode Island, in which *DOM* (in the former) or *DAC* (in the latter) are the only title awarded to licensed acupuncturists.⁸ Other states permit the usage of titles relating to

doctor, physician, or Dr. if a doctoral degree is awarded from a recognized college or university.^{8,i}

As more universities and colleges of acupuncture and oriental medicine develop and subsequently offer doctoral level programs, a growing body of acupuncture “doctors” may challenge the distinguishing line between the conventional physician of allopathic or osteopathic medicine and the acupuncture doctor. It is even debatable whether the standards states set for licensure of acupuncturists and the practicing titles thus granted will change as the ACAOM begins to accredit enough programs at the doctoral level as to eventually replace the masters level training in acupuncture, but it may be “currently premature for states licensing boards to consider basing licensure on graduation from a doctoral program,” according to the ACAOM.^{14,15j} Thus, as the prime route to formal education, as accredited by the ACAOM through the U.S. Department of Education,^{15,k} clinically practicing graduates of such doctoral programs will be in fact doctors or “DOMs” performing, in many (perhaps most) states, acupuncture and Oriental Medicine for the diagnosis, treatment, and prevention of disease.

Medical Malpractice: Is This an Issue?

Although there have yet to be court cases dealing with malpractice in medical acupuncture, there are various issues that need to be addressed in future policy and malpractice elements particular to the conventional physician practicing acupuncture. It will be interesting to see how courts will handle the issues of *standard of care, expert/professional testimony, causative injury*, and other elements related to malpractice specific to acupuncture. Shall acupuncture be considered as part of the standard of care as medical communities embrace it as a legitimate practice, or will there be a separate standard of care dealing with acupuncture? Who would be the expert witness or authority for medical acupuncturists? For now, there is little authoritative literature describing the application of medical malpractice specifically to complementary and integrative medicine in general.¹⁶ Legal writer Michael Cohen, director of Harvard Medical School’s Legal

ⁱStates include Arkansas (DOM if licensed), Hawaii (Dac, Doctor, or Dr.), Massachusetts (PhD/OMD), New Jersey (OMD or PhD), New York (Doctor), Nevada, Utah (Doctor of Acupuncture or Oriental Medicine Doctor), and West Virginia, with subtle variability in exact titles permitted. It is worthy to note, though, that some states have other statutes that prohibit the use of titles according to certain applications, like education.

^jWhat more, the ACAOM has proposed to eventually require all ACAOM-accredited acupuncture training programs to transition to the doctoral program after a 10-year transition period, in effect eliminating the accreditation of Masters degree programs in acupuncture. How this will affect physician’s access to training in acupuncture may be negligible but alarming nevertheless.

^kCurrently, an entry-level doctoral education program in Oriental Medicine and/or Acupuncture is not officially offered, though the ACAOM has adopted guidelines for such a program in 2000, which shall consist of 4,000 hours of didactic and clinical training. Although there is much ongoing debate over this new development in acupuncture and Oriental Medicine education amongst the various professional organizations, acupuncture colleges like Tri-State College of Acupuncture can be expected to offer a doctoral program in acupuncture in the near future.

^hIronically, physicians are otherwise free to practice within their scope of practice, and appropriate training is only recommended.

Programs for the Division for Research and Education in Complementary and Integrative Medical Therapies, writes, "Whether using Western diagnostic tests or evaluating the flow of *chi*, the physician would be held to the standard of care of conventional medicine for related diagnoses and treatments."¹⁶ Likewise, the American Academy for Medical Acupuncture has clearly declared that members are strictly held to the standard of medical care of their license as a physician in practice and in referral as part of the Code of Ethics.¹⁷ Dr. Rotchford of the AAMA writes on the double liability medical acupuncturists face, between "the legal obligation to provide the standard of care pursuant to a licensed physician" and "the extra liability of providing a surgical procedure based on a poorly understood/accepted physiology."⁵ But, he further points out, "The likelihood of being sued for a complication of acupuncture is nonetheless small. The major liability for a physician remains a missed diagnosis or a delay in providing standard therapy," which are also listed by the Federation of State Medical Boards in their statement on Complementary and Alternative Medicine (CAM) use in medical practice.¹⁸ Ironically, these same dangers were given by the Texas state medical board in *Andrews v. Ballard*, in regards to non-physician acupuncturists; though, in this case, the courts decided against the medical board, saying that restricting acupuncture to "*those least schooled in the art*" [italics added for emphasis], ie, the physicians, was not a solution to the risks carried in acupuncture treatment.¹⁹

So, is malpractice really a substantive issue of concern for the medical acupuncturist? Considering that adverse side effects of acupuncture are relatively rare, risks of malpractice are relatively low. Founding member of the AAMA Dr. Joseph Helms writes, "It is difficult to introduce new and lasting problems with acupuncture treatment, even if the treatment is not designed skillfully as an experienced provider would desire."² A range of adverse side effects have been cited in relation to acupuncture, such as fatigue, depression, and other transient psychophysiological states, syncope, retained needle, cardiac tamponade, and organ punctures, like pneumothorax, pneumoperitoneum, hemothorax, and penetration of the kidney, bladder, and spinal medulla, though all are very rare.² Perhaps more commonly, contact dermatitis, inflammation, pain upon insertion of needle, and bleeding at the insertion point are less severe and temporary undesired consequences of acupuncture treatment, some of which are viewed by the Chinese as positive indicators of acupuncture effectiveness.²

In practice, then, malpractice concerns for the medical acupuncturist will more likely deal with the standard of care inherent as a physician, rather than those issues related to the practice of acupuncture itself, since most side-effects or complications, edema or bleeding at insertion point, are too transient to meet the malpractice elements of deviation from the standard of care and patient injury. Furthermore, the more serious adverse effects worthy for legal suit, such as serious infection or punctured organs, are unlikely results of acupuncture by professionally trained medical physicians with expertise in anatomy and sterilization techniques.

Although acupuncture carries a relatively low level of risk,¹⁶ especially when compared to many conventional med-

ical procedures and other CAM treatments, medical acupuncture has the potential to be considered malpractice *per se*, since the practice is still, by definition, considered outside of the standard of care by most courts, relying on the conventional medical community, which often dictates what stance courts will take in medical malpractice.¹⁶ Overall, though, this position is very unlikely since all courts (with a few exceptions) now have medical board statements allowing the practice of acupuncture as the scope of practice of medicine. And "while most complementary and alternative therapies will remain outside of standard care,"¹⁶ acupuncture is quickly being integrated into the medical mainstream with the rapid growth of medical acupuncturists in hospitals and third-party reimbursement programs, more refined and definitive studies that are federally funded, and more educational initiatives for acupuncture theory in medical school curricula¹²—all of which seem to make acupuncture conventional medicine, by the classic definition of the Eisenberg study²⁰ so commonly referenced in both legal and biomedical literature.^{19,21-27}

Granted, as Cohen states, "Few, if any, sources of legal authority describe the applications of medical malpractice rules to the physicians' integration of complementary and alternative medicine,"¹⁶ and with the majority decision that acupuncture is within the scope of practice for medical doctors and osteopathic physicians, acupuncture spans into the category of medical standard of care. But, overall, malpractice for the medical acupuncturist should not pose a great threat, so long as the physician practices with due care and common sense in patient treatment as the "best legal protection."¹⁶

A more interesting development may appear once acupuncture is deemed to surpass the standard care for some chronic conditions that have, for the standard options, more expensive, invasive, or risky procedures such as surgery, like in chronic back pain or osteoarthritis. In these situations, in which both the National Institutes of Health and World Health Organization have indicated the effectiveness of acupuncture,¹⁰ the medical acupuncturist (or the medical doctor in the future), who does not make available the option for acupuncture in the treatment of these conditions could be liable for malpractice under the principle of *lack of informed consent*, where using a fairly ineffective surgery could be equated with an "obsolete technology" that falls below the standard of care.¹⁶ This interesting reversal of integrative medicine and conventional medicine, would be quite "radical and controversial," writes Cohen, "that a physician could be liable in malpractice for failing to provide complementary and alternative treatments."¹⁶

Addressing Variability Among Medical Acupuncturists: Self-regulation Through the American Academy for Medical Acupuncture

Medical acupuncturists are self-regulated by the professional organization of the American Academy for Medical Acupunc-

ture. The AAMA was initially founded in 1987 by graduates of UCLA's "Medical Acupuncture for Physicians" training program and now embraces all styles of acupuncture practice, 5-element theory, Korean constitutional, Japanese meridian therapy, electro-acupuncture, etc, under the one distinguishing factor of medical licensure.¹⁶ Standards set forth for membership are based on the World Federation of Acupuncture–Moxibustion Societies guidelines for training,¹⁷ and the organization itself is presently the sole national professional society in the United States for physician-only acupuncturists.

Statistics from the AAMA reveal an accelerating acceptance of acupuncture into the conventional medical communities of allopathic and osteopathic physicians. Beginning with less than 50 members in 1987, the AAMA has more than 1800 members with membership doubling every 2 to 3 years.⁵ A 1997 survey of AAMA members revealed that most were non-specialists in private practice that incorporate acupuncture into their practice mainly for pain management.^{28,1} When asked, physicians claimed that they chose acupuncture because it is efficacious as a treatment, an alternative in cases of inadequacy of standard medical approach, and because it offers a "multi-dimensional approach to healthcare."²⁸

The establishment of a professional organization helps to assuage some of the controversy over the validity of physicians practicing acupuncture as part of their medical licensure. Competency of medical acupuncturists can at least be assured through the membership standards of the organization, especially in states lacking any kind of regulation on the extent of training or experience of the medical practitioner. Full membership requires three elements: the physician must be an active MD or DO licensed to practice in the U.S. or Canada; the physician must have completed at least 220 hours of formal acupuncture training or an apprenticeship approved by the Membership Committee; and the physician must have at least 2 years of clinical experience in acupuncture.^{11,15,m} Additional strata of membership to the AAMA exist for non-practicing physicians, international affiliates, and even medical students and residents, demonstrating the diverse, growing interest and support of medical acupuncture in the scientific communities, as well as the desire for more formal/authoritative information on acupuncture.^{11,n} A proficiency examination has also been developed by the AAMA as part of a two-part board certification examination,² but it is unclear whether passing the examination is required

for full membership. Presently no states require such certification, but perhaps the passage of this examination could be employed as a standard requirement for acupuncture practice by physicians in the future. In many cases, membership eligibility to the AAMA has developed into standard physician credentialing for physicians in hospital settings, liability insurance, and reimbursement coverage.² It is therefore foreseeable that the size and influence of the AAMA will only continue to influence both the medical and legal environments of medical acupuncture, as more and more regulation integrates the viewpoints of this professional association, the general scientific community, and the patient.

Conclusion

Medical acupuncturists have a definitive role in health care today, utilizing a technique that is a highly adaptable, relatively safe, and proven effective. Medical acupuncture has the benefits of integrating both the rigors of biomedical research and expertise with an ancient knowledge of the body's underlying energetic systems to address a more holistic realm of patient care that is becoming more important in health care today. Although regulation of non-physician acupuncturists remains clearly defined and comprehensive in terms of training and licensure, the legal environment of medical acupuncture has yet to be formulated beyond being within the scope of practice of medicine. The main trend within state laws governing the medical acupuncturist is one of high variability and inconsistency across states. Whether a result of the novelty and uncertainty towards the discipline of medical acupuncture, or lack of incentive to construct more congruous laws, this confusing network of training requirements and title restrictions only seems to inhibit the acceptance and refinement of acupuncture by both the medical field and the general public. Addressing acupuncture with further scientific research and more rigorous training requirements across all practicing acupuncturists could unify western biomedicine and traditional Chinese concepts as a more complete and effective system of American health care. Hopefully, though, increased regulation and quality control of medical acupuncturists does not become so stringent as to limit the role physicians have in the development of acupuncture in Western medicine. Partly because of the relaxed regulatory nature of laws regulating physicians in acupuncture, medical acupuncture has yielded innovative applications of acupuncture in biomedicine, seeding further research and enhanced patient care. But acupuncture in the United States is still a relatively new field, and thus the legal framework supporting the healing art is rudimentary and anticipatory at best. Constructing a legal and scientific foundation from which medical acupuncture can be further integrated into physician practice as not only a complementing but enhancing element of patient care is the mission of future policy makers, professional organizations, and the biomedical community.

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¹In this study, a survey was mailed to 715 members of the AAMA and 312 responded for the analysis of the data. Results showed that there were 312 respondents between the ages of 35-54 years old in private and specialty practices.

^mThis 220 hour requirement can be compared to the 300 hours that most states (Georgia, Maryland, New Jersey, New York, and Rhode Island) that require training for physicians in order to practice acupuncture. Acupuncture programs, on the other hand, must be 3 years in length, consisting of 1725 hours to be accredited and therefore recognized by most states.

ⁿNote that membership to the AAMA or any professional organization has many advantageous elements of services, information, and prestige that are beyond the scope of this paper.

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