A WEAMA Member, Jamil Shoot, has asked for a response to his questions that were posted to Facebook regarding a legislative proposal WEAMA is considering for the 2019 Legislative Session. We tried to the best of our ability to answer from a public policy perspective. We hope it will provide answers for our members with similar questions. (For clarification purposes, professional titles in state law are not the same as academic titles or studies. The intent of the association is to in no way infringe upon the academic institutions for acupuncture and East Asian Medicine.)

General Question: Why is a draft bill moving forward with the Code Reviser and Health Care staff before all the controversial issues have been sorted out?

It is quite common that not all the "controversial issues" have been worked out when developing a bill draft. A bill draft provides stakeholders with a "working document" to actually see the changes that are being proposed. The draft only provides a framework to use as a baseline for what is being considered. Changes in a bill draft the during the stakeholder process can be made right up until the bill is submitted to the legislature. There are many changes and additions important to the profession that are in our proposed bill draft regardless of the profession name change that is under consideration. The legislative process has timelines and requirements that must be met to run any bill.

The committee staff and Code Revisers office have limited time to spend preparing bills as there are so many of them and they often get backed up as we get closer to session starting. To run any legislation, you must start early enough to get a bill through the drafting process in a timely manner. Bills are drafted in a specific format. To learn more about this format, please go to: Office of the Code Reviser Bill Drafting Guide 2019.

The 2019 legislative session starts on January 14, 2019. Typically, during a long session (105 days) of the legislature over 2,500 bills are introduced during the session. Bills live for two years in a biennial legislative session. If a bill dies during the session it can be brought back the following session with the same bill number and often continue from where it was left off. The short 60-day session is in 2020. A bills chance of passing is much better in a long session due to the amount of time available to go through the legislative process. Here is a link to an Overview of the Legislative Process to help understand how complex the process is to get a bill passed once it is introduced for the legislature to consider.

As a reminder, the WEAMA board began working on legislation starting in 2017 to update the current RCW 18.06 East Asian Medicine. After the 2018 legislative session ended in March, we had more information on how to craft a bill for the 2019 legislative session and began to review the current statute, RCW 18.06 more closely. At the 2018 WEAMA Spring Conference we spoke to the membership about running legislation in the 2019 legislative session and would be working on it over the interim prior to the 2019 session. There are many changes and additions to the proposed bill that are not related to the suggested name change.

To get a legislative proposal ready for consideration during the legislative session you must have a sponsor in the state legislature and get permission to work with the Code Reviser and or public policy committee staff. **We have gained sponsorship of our legislation from both the chairs**

of the Senate and House Health Care Committees. This is a significant achievement for our association. They have given us permission to work with committee staff and the Code Revisor. The bill sponsors are fully aware of the controversy over the name change and will work cooperatively with us either way to develop the language. Just a reminder, after the bill gets introduced in the legislature, the legislators are the sponsors of the bill, not WEAMA. WEAMA becomes the proponents of the legislation.

Because we have the support in both the House of Representatives and in the Senate, for bill drafting purposes, **we will create two bill drafts for the memberships consideration prior to session starting.** The bill being developed in the House will include the name change of the profession. The bill draft being worked on for the Senate will not. We will be able to send both copies out to the profession and the membership and get feedback on on which bill to move forward with. Only one version of the bill will be introduced, but we may have a companion bill that runs concurrently in the House and the Senate.

QUESTION 1: Has WEAMA reached out to multiple scholars at institutions such as UW, Harvard, Yale, Oxford, etc. as well as to scholars of EAM to investigate if there is truly a legitimate issue that is being brought to our attention? Are these academic institutions that have EA studies in the process of renaming their schools, departments and degree titles like NCCAOM & ACAOM are currently being tasked with?

It's not clear, so we will assume that the question Jamil is referring to is a change in the regulatory name of the profession, "…if there is truly a legitimate issue that is being brought to our attention?" If Jamil is referring to the request by the Chinese Medicine Community in a petition to the WEAMA Board to change the title of the professional association because they find the term "East Asian" derogatory, the answer is yes, we have investigated whether this is considered a derogatory term with scholars and academic institutions in Washington state. The association does not have the financial resources to reached out to multiple scholars at out-of-state institutions such as Harvard, Yale, Oxford, etc., nor to determine if these academic institutions outside of WA state are in the process of renaming their schools. **(Please refer to QUESTION 17 for a more detailed list of contacts to academic institutions)**

Our most recent correspondence was with Professor Connie So at the University of Washington. For background, Professor So was the scholar that Representative Sharon Tomiko Santos required the WA Acupuncture and Oriental Medicine Association, (WAOMA, prior to becoming WEAMA) to meet with after running legislation in 2009 on SB 5320 Modifying the name of and titles within the acupuncture profession to "Oriental medicine" and "Oriental Medicine Practitioner'. The association was advised that this name was considered racist and had been deleted from all statutes in the WA State. The decision by the board at that time was to run it anyway.

The association received lots of pushback from legislators who considered the term racist and the bill ultimately died. Because of the racially insensitive nature of the bill, Representative Tomiko Santos, who represents the International District in Seattle, required the association to meet with Professor So to discuss a term that did not have these racial connotations. Rep Santos also said

that she would rather we use a more neutral term that was not tied to a region or race of people. We met with Professor So at her request and discussed the associations naming options. East Asian was considered the best as Asian and Eastern Medicine was too broad.

At the time, we believe that the association contacted other scholars who had mentioned that the term "East Asian Sick Man" existed, but for a regional reference, the term East Asian would be suitable. According to the Chinese community members who were involved in the association at the time, all communication to the Chinese community went out in English and the board did not work closely with the Chinese community to explain the proposed name change to East Asian Medicine to see if they found the term appropriate. Many were surprised and offended by the name change of the profession.

Since 1992 Connie So has taught at the University of Washington's American Ethnic Studies Department. She is currently the Vice President of OCA (formerly the Organization of Chinese Americans) Greater Seattle. We reached out to Professor So via email. We attached the petition that we received from the Chinese Medicine Community that more clearly describes their concerns and asked if she had any research on the East Asian "Sick Man" issue? We also asked for feedback on the term "Eastern Medicine" as an option. Here is a summary of her responses:

"Let people know that it was Far East and Orient. East Asia was not the term they used back then. I understand their concern. You might write it differently in Chinese than in English. In Chinese, Far East and East Asia are different. So it should say Dong Ah or Dong ah-zhou (East Asia) versus Dongfang (the pejorative phrase for Far East Sick Man but what I'm guessing it has been translated to).

I'm from Hong Kong. Everyone knows this phrase. In Chinese, it's the East Asian sick man. But in English, it's known as the "sick man of Asia" or of "the Far East." China was called the sick man of Asia. Not East Asia. This is historical. But if people are offended by a geographic region, they should object to oriental. You just have to look up sick man of Asia and opium war so that they will see is it NOT East Asia.

<u>Eastern is offensive to all the non-Chinese/East Asians that are being lumped into something that does not include them</u>. Eastern would include more than China. Or includes India e.t.c and overnight defines countries by the western bloc. But if you are truly including India, Persia, Africa, then that would be fair to say eastern. Otherwise, the phrase is the sick man of Asia, not east Asia."

Here is an excerpt from the letter that was sent to the WEAMA Board on September 27, 2018, by the Chinese Medicine Community, some of whom are considered scholars, regarding:

Oriental vs. East Asian: the Wrong Ones either can be Offensive

"Oriental and East Asian are terms often used synonymously, and the wrong ones unfortunately either an be offensive. The term Oriental is often used to describe objects from the Orient; it is generally considered inappropriate to use it to describe people from East Asia, given its Eurocentric connotations and shifting, inaccurate definition through the ages. As such, the term may cause offence. In a 2009 American press release related to legislation aimed at removing the

term 'Oriental' from official documents of the State of New York; in 2016, President Barack Obama signed legislation striking the word 'Oriental' from federal law; and Washington State prohibits the 'Oriental' word in legislation and government document. Similarly, although East Asian (東亞) is not inherently negative, it is associated with a time period when Asians had a subordinate status referred to 'Sick Man of East Asia' (東亞病夫) and 'Great East Asia Co-prosperity' (大東亞共荣). 'Oriental' and 'East Asian' are like the word 'negro', they conjure up an era associated with historical discrimination against China and some other Asian countries so that it is probably better to skip these pejorative and disparaging words, Oriental and East Asian when used to rename WEAMA".

"Are these academic institutions that have EA studies in the process of renaming their schools, departments and degree titles like NCCAOM & ACAOM are currently being tasked with?"

We are not sure exactly what is being asked in the second part of the question. Just for clarification, changing the name of the profession in WA State law is not the same as an academic title or institution. The schools that teach acupuncture and East Asian Medicine will not be impacted by the regulatory name change in statute and will be able to continue to use whatever terminology they find appropriate for their academic departments and degree titles.

NCCAOM is registering the designation, "NCCAOM National Board-Certified Acupuncturists™" to better distinguish Diplomates who are actively certified with NCCAOM from those practitioners who are not nationally certified.

QUESTION 2: If there is a valid need to change the term, has WEAMA requested a substitute term that is recognized by scholars for EAM that would both describe what practitioners do and will be legally defensible?

According to our health law attorney, the change of the name to Acupuncture/Acupuncturist is legally defensible as a system of medicine as long as it is clear in our statute. John Conniff has reviewed our new bill draft is fine with the new language. We are waiting for the state Department of Health to respond and we will make any necessary adjustments to strengthen the language if needed.

According to the AAAOM, the term Acupuncture is currently used in 46 other States Practice Acts statutorily authorizing the practice of acupuncture and related treatments. Washington state is the only state that uses the term East Asian Medicine. The scope of practice listed under RCW 18.06 is what describes what our practitioners are allowed to do in Washington state. The process to add to your scope of practice is the same whether it is under the term Acupuncture or East Asian Medicine. The name does not limit your ability to expand your scope of practice under WA State laws. This is the case for all 85 professions licensed under DOH. No profession in WA State lists all of the things they can do in their scope of practice in their name. Here is the legislative intent language that is in the current draft for the bill:

" The legislature finds that acupuncture is a holistic system of medicine that has developed

through traditional medical practices in China, Japan and other East Asian countries. The legislature intends to recognize that acupuncturists licensed by the state of Washington engage in a system of medicine to maintain and promote wellness, manage and reduce pain and or substance abuse, and to prevent, diagnose, and treat disease. This system of medicine includes more than the treatment of acupuncture needling therapy alone. For purposes of this chapter, Acupuncture is considered the full scope of treatments based on traditional and evidence based medical theories identified in this chapter.

The legislature finds that the practice of acupuncture has become mainstream in the healthcare system nationally and internationally. The legislature intends to align the professional title of acupuncture with state and federal designations for the profession, defining it as a comprehensive system of medicine. The legislature does not intend to require persons currently licensed under this chapter to change the business name of their practice if otherwise in compliance with this chapter." In addition, the acupuncture definition spells out "East Asian medicine may be used interchangeably with acupuncture as a system of medicine."

WEAMA did explore a substitute name that was proposed at our fall meeting and the additional stakeholder meeting held in November for "Eastern Medicine". The response from Professor So was the following: "Eastern is offensive to all the non-Chinese/East Asians that are being lumped into something that does not include them. Eastern would include more than China. Or includes India e.t.c and overnight defines countries by the western bloc. But if you are truly including India, Persia, African, then that would be fair to say eastern."

QUESTION 3: Has WEAMA sent out responses from these scholars to the membership?

It is not clear from this question exactly what responses WEAMA is expected to send out to membership. We can only assume that he is asking if the perception of the Chinese Medicine Community is valid within the academic community. The responses from scholars such as Connie So are included in this document and there were "scholars" who gave public testimony at our fall conference in support of a name change back to Acupuncture. If there is a current document regarding a name change that Jamil or others would like to provide us with supporting East Asian Medicine that we are unaware of, please share with us. We are aware of the documents from 2009 addressing this issue.

Acupuncture is the common terminology used nationally and internationally for your profession. We honor and appreciate the scholars in our academic community, but the legislative proposal is about a regulatory change, not an academic reorientation for the study of acupuncture and East Asian Medicine or any other term used in the academic environment.

QUESTION 4: Since WEAMA is making such big changes and since we have support from a retiring representative, has WEAMA considered us pushing for own board so that we can discipline ourselves and set our own rules instead of making recommendations via EAMAC?

The WEAMA Board has discussed the pros and cons of establishing a professional board instead of an advisory committee with the Department of Health. The conclusion of our inquiry with the

department staff was that it would be very costly and add to the licensure fees for your profession. As a profession you have very few complaints and investigations. A board would have members appointed by the Governor that the association would have no control over. They still are required to uphold the laws of the state of WA regarding discipline and profession rules development.

Here is the response from Trina Crawford, the Executive Director of Health Professions: "Creating a Board does create more cost to the profession as there is more time committed to discipline, application reviews, rules, etc… Right now, as a committee, those costs are shared with other Secretary regulated professions. Once moved to a Board, then that shifts the roles and responsibilities to the Board members and the time and expense is no longer shared."

QUESTION 5: If we had a proper board, would this give us a better position to defend ourselves with the actions of other professions trying to gain access to our main tool, the filiform needle and our other therapies?

We will assume that you mean "a proper board" refers to a regulatory board at DOH. No, this is typically done through legislation that that addresses scope of practice issues for a profession's laws or RCWs. The legislature decides what is in your scope of practice. Some boards like the Nursing Commission or the Medical Commission have the independent authority to determine what is in their scope of practice, but most do not and have to go through a Sunrise Review to significantly change their scope of practice.

QUESTION 6: Please explain how changing our professional name from East Asian Medicine Practitioner to Acupuncturist would protect our profession at this time, ie.. how would being in alignment with the federal designation for our profession that doesn't include herbal medicine or tuina, benefit us to specifically protect our profession from the PTs or the recent ARNP attack on our profession?

This question is not very clear and has mixed federal and state issue, but we will attempt to answer. The federal issues are separate from the state issues impacting PTs wanting to add dry needling to their scope of practice in WA State and the Nursing Care Quality Assurance Commission's Advisory Opinion on practicing Medical Acupuncture in WA State. Your scope of practice in RCW 18.06 determines what you can or can't do according to Washington state law. This will be the case whether you are called Acupuncturists or East Asian Medicine Practitioners. I do not know how the federal government will align with everything in your scope of practice, but it will be clear in WA State what your scope of practice is. That is all we have control over…

As far as aligning with policy and regulatory efforts in Washington state, other states, national associations and the federal government, there are a number of reasons that WA state should move towards the more universal title Acupuncturist. Here are just a few examples:

American Association of Acupuncture and Oriental Medicine. It appears that there are only 4 states in the entire country where the States Practice Act is not titled Acupuncture: WA, RI, and

Dr. of Acupuncture in Arkansas, Nevada uses Doctor of Oriental Medicine (DOM). Washington state is an outlier using East Asian Medicine for our state practice act.

NCCAOM is moving towards using the term "NCCAOM National Board-Certified Acupuncturists™" to better distinguish Diplomates who are actively certified with NCCAOM from those practitioners who are not nationally certified.

NCCAOM also announced that National Board-Certified Acupuncturists™, who are also state licensed, now have an established qualification standard for employment positions within the VA Health Administration, according to the newly published Department of Veteran's Affairs (VA) Handbook. This revision establishes the Acupuncturist occupation under VA's title 38 Hybrid excepted service employment system in accordance with the authority established under the "Caregivers and Veterans Omnibus Health Services Act of 2010". The VA offers acupuncture services in 88% of their 1,920 facilities nationwide, and the top five hospitals in the United States, ranked by US News and World Report, all offer acupuncture to their patients.

In 2018, Licensed Acupuncturists received a unique occupational code from the Bureau of Labor Statistics, allowing the profession to be tracked in terms of number, distribution and wages. The 2018 Standard Occupational Classification Manual published by the Office of Management and Budget now features "Acupuncturists" with its own classification as a federally-recognized labor category based on measurable data that confirms growth in the industry. This recognition earns Acupuncturists a distinct Standard Occupational Code (SOC) which also means specific job classification with U.S. Department of Labor, National Center for Education Statistics, U.S. Department of Defense, National Science Foundation, and U.S. Census Bureau. The new designation is the result of a decade-long initiative spearheaded by NCCAOM in conjunction with other leading acupuncture professional organizations. You can now access the entire 2018 SOC Manual and User Guide via the Bureau of Labor Statistics website.

The federal opioid substance abuse legislation recently passed by Congress refers to Acupuncture and so does the efforts in Washington state to address opioid abuse using acupuncture. In WA State the Labor of Industries has recently added acupuncture to their list of treatments for injured workers as soon as their rulemaking is complete. WEAMA was successful in gaining this access and our providers were successful in the initial pilot project to ensure that injured workers have access to acupuncture treatments.

QUESTION 7: What would protect our profession more, changing our name or having a true board where we would set our own scope and discipline ourselves? Which would give us more long lasting power to determine our own destiny in this political landscape? [did you pickup on my conformational bias there?]

We would refer you back to Question 5 above. If you had a lot of complaints and investigations for your profession you might want to consider it, but since your complaints are so low, it would not be worth the financial burden on your membership's licensure fees at this time. If you would like more information on how Boards and Commissions operate at DOH, please go to this link: https://www.doh.wa.gov/AboutUs/BoardsandCommissions

QUESTION 8: Why would we give the DOH authority to set hours in Rule? Why wouldn't we simply tie the standard to the national board standard so every EAMP/Acupuncturist (see how easy that was) would automatically have to be NCCAOM board certified? We discussed previously, that by tying the requirements to NCCAOM, ARNPs would have to take a course to become dual licensed. Wouldn't that still be the way to proceed?

We are planning on aligning the number of hours to the NCCAOM standards. If the NCCAOM ever changes the number of hours for the national board standard CE's then it is much easier to fix in rule than to run another bill to adjust. This was a suggestion by DOH staff. If an ARNP was dual licensed, they would have the same requirements as an Acupuncturist in RCW 18.06.

QUESTION 9: In the ARNP discussions, WEAMA board discussed and moved toward reaching out to Acupuncture schools to create a standard course for these medical providers to easily become dual licensed. To expand on the dispensations given to NDs and DCs in our statute so that every healthcare provider with sufficient recent training at a practitioner level medical field with at least a minimum number of hours of anatomy & physiology would be able in 2 years or less complete a program that NCCAOM would accept for them to sit for NCCAOM boards. Was this plan discussed with NCCAOM and was there follow up with Bastyr and the other Acupuncture schools in the state to see if there was sufficient interest in developing this program after the NCQAC decided to adopt the ARNP acupuncture opinion?

NCCAOM states that because ARNPs are practicing Medical Acupuncture it is outside of their jurisdiction and under a separate professional world than acupuncture. We have been talking to Bastyr and others acupuncture and East Asian Medicine schools about a curriculum for the ARNPs and other professions who can meet the Western Medical training standards and they are interested in creating it. It will take time to develop this curriculum and we need to see where the Nursing Commission ends on the training requirements for ARNPs before they can proceed.

QUESTION 10: Would you ask the membership if they would support this? As a follow up from QUESTION 9, would this protect our profession more to create a standard that anyone who wants to practice acupuncture in the state would have to be trained to a minimum level? For PT, DC, DO, MD, ND, ARNP, etc.. who want to be dual licensed?

It is our understanding based on conversations with the schools that they are considering this option. This is a decision each academic institution would have to make based on their resources. We could expand the allowance for existing training for DC and ND to other profession listed above in the upcoming bill, but that will draw each of these professions into your legislative proposal. We decided against it at this time because we are defining Trigger Point Acupuncture and its training requirements in our bill. That will be controversial with the PTs and we can only fend off a few professions at a time, not the entire list of them.

QUESTION 11: Wouldn't this approach reduce any future fights with other providers, other than MD, DO who are grandfathered into the poor medical acupuncture precedent?

The MDs and the ARNPs have independent authority to determine what is in their scope of practice and will not take kindly to WEAMA trying to determine it for them in our legislation. An MD or an ARNP and all of the professions above can already become dual licensed by the state. I cannot assure that we can prevent "future fights" for scope of practice by any profession. The process for expanding a scope of practice is through a Sunrise Review and passage of legislation expanding their scope of practice. Legislation is constantly evolving, and laws regularly change or get updated.

QUESTION 12: Wouldn't the education requirements for PIT have to be increased significantly to add a drug on the schedule to be added into our scope?

There will be some additional training required to add local anesthetics and epinephrine in the bill in relation to PIT. These are not schedule drugs.

QUESTION 13: In your current negotiations with the PTs, who would be in charge of training them? Who would be disciplining practitioners who injure patients?

NEW SECTION. Sec. 5. A new section is added to chapter 18.06 RCW to read as follows: (1) Trigger point needling as defined in 18.06.010(c) may be practiced by health care practitioners licensed under title 18 with a minimum of 1,000 hours of training to include basic acupuncture medical theory and pathology, trigger point needling and point location, needling and insertion safety training, clean needle technique and supervised clinical training, to be determined in rule with the acupuncture advisory committee and the designated regulatory authority for the practitioner:

<u>(a) Basic acupuncture training must be done by licensed acupuncturist or East Asian medicine practitioner with a minimum of 5 years practice experience,</u>

(b) Must be completed within 18 months;

(c) Must pass an exam of competency through a third-party psychometric testing service for a special endorsement to treat limited movement impairment with trigger point needling;

(d) They will have a limit of four visits to treat the patient and then must refer out to licensed acupuncturist or East Asian medicine practitioner if the problem persists;

(e) Must coordinate with acupuncturist if they are sharing a patient in order to not duplicate efforts and provide best care;

(f) Maintain competency in trigger point needling with continuing education units, as required by rule;

(f) Disciplinary action for trigger point needling will be done by the appropriate regulatory authority in consultation with acupuncture advisory committee;

(g) Trigger point needling will be used as an adjunct to standard physical therapy, not a stand-alone treatment;

(h) Cannot claim to be an acupuncturist, nor claim to practice acupuncture, and does not use acupuncture codes for billing purposes;

(i) Must have a Doctoral level education for special endorsement for trigger point needling;

(k) For movement impairment only, no needle retention or distal points (local trigger points only)

QUESTION 14: Again, have the acupuncture schools in state (Bastyr University, Middle Way Acupuncture Institute & Seattle Institute of East Asian Medicine) set this minimum training standard for PTs or is this just what the PTs have signaled to WEAMA that they would accept in our bill if we don't oppose their bill?

WEAMA is not in a position to make these determinations for the acupuncture schools in the state. We have had discussions around what should be required to safely practice Trigger Point Needling. The schools will have to decide for themselves after the dust settles and see what bills pass the legislature with what requirements.

QUESTION 15: Do we have a bill draft from the PTs that they are asking for us to support? Have you requested it for membership to consider if we can support it? If not, when will be available?

We do not have a copy of the PT bill yet. We are both in the drafting phase and are working with our membership prior to introducing bill to the legislature. I will send to the public policy committee for review when it has been submitted. I am hoping that we will see a draft in the next two weeks. They will also be expecting to see a draft of our legislative proposal.

QUESTION 16: If we were all in agreement about what to call ourselves, preferably after the national organizations have worked out what they are going to change their organizations and degree titles to (NCCAOM & ACAOM), in the next legislative session after we have secured all else in this bill draft, wouldn't it be easy to run a bill with just a name change in it in two years that no one would oppose?

It is never "easy" to run a bill (see General Question in beginning). It still has to go through the legislative process and sometimes bills that are "insignificant" to the legislature and have just minor adjustments do not pass because they use the same amount of time as a major bill. They are very low priority when trying to make it past all the legislative hoops. That is why it is good to do as much as we can all at once. It took us three years to get rid of the signature requirement

for a primary care provider to get your license. Hundreds of bills die each session. Around 2,500 bills get introduced and about 350-400 of them pass. You have a window of opportunity to run important legislation this session that will make a difference for your profession.

We agree that the NCCAOM is relevant, but the accreditation for the schools really refers to the degrees and not the professional title. What is relevant here is the ASA and the NCCAOM because it deals with the professional title. What we learn in schools will naturally vary from school to school and will involve more academic theory and schools of thought.

The professional title represents a title that signifies us in the medical world, it doesn't define our education. Our degree title signifies that. The professional title is to associate us with the jobs that are being made that are specific to the title of acupuncture through legislation and the health care system.

QUESTION 17: Again, has WEAMA done this work? If so can you please share the responses from academic and EAM scholars?

Yes: from Connie So, Kathleen Lumiere from Bastyr, Craig Mitchell from SEIAM, 2 people from the ACAOM, 2 people from the CCAOM one of which used to work at Bastyr, 3 people from NCCAOM, Denise Moseman who ran TSCA and Andy McIntyre as well. WEAMA board members have also reached out to Acupuncture and East Asian Medicine schools in Washington state, including the University of WA with Dr. Iman Madj, Dr. Health Tick and Professor Connie So (her response is described above), to discuss concerns that they might have regarding a name change for the profession.

Craig Mitchell was concerned that it would affect the name of school and/or the name of the curriculum. WEAMA would like to clarify that there is no intention to change any nomenclature of academia in regards to acupuncture and East Asian Medicine.

Kathleen Lumiere shared similar concerns, the issue was clarified again. Kathleen describes herself as a practical person and wants to do what is best for the profession. She acknowledged that medical system is much more familiar with what an acupuncturist does than an EAMP.

Neither wanted to take a strong position on the professional title, but both acknowledged that the professional title was different than the degree title. We discussed how school enrollment is decreasing and there is a need to clarify and create a stronger job market for students getting out of school in order to move the profession onto more stable ground. This will improve attendance to the schools and ensure that we have a lasting profession. There are jobs that are being designated for acupuncturists, the occupational code for "acupuncturist" describes our full current scope.

Acupuncture schools are closing, less people are graduating because the cost of the education does match the earning potential in the healthcare market place right now. The goal is to close this gap in order to ensure that our profession survives. If we do not do this, and there are less

acupuncturist/EAMP/DAOM/etc moving in to take the acupuncture jobs, then nurses/PT's/chiro's will be getting those jobs and eventually taking over the profession.

Denise Moseman, from the TriState College (TSC) of Acupuncture in New York, was particularly clear about this as he is also a dual licensed chiropractor and has been seeing this kind of pattern with chiropractors. They are working very hard to get more established in the medical system and we can see PT's doing it now too. Many high-ranking leaders in the profession believe that if we aren't clear that we are the licensed Acupuncturists, they will take our jobs by practicing a form of acupuncture.

Andy McIntyre understands the difference between the academic degree and the professional title.

All 3 people at the NCCAOM also understand that the term Acupuncturist can feel limiting; because of this perception they are teaming up with the ASA to increase marketing and do campaigns to increase awareness of ALL that an "acupuncturist" can do.

There is also a strong sentiment within the national organizations that what makes us the best at doing acupuncture is our education and our board certification. These two things; our degrees by nationally accredited schools and board certification is what makes us the Acupuncturist and the rest are not qualified for the job. They are following the structure of the medical and healthcare systems in order to establish us in the larger health care delivery system (as John Conniff likes to refer to it).

We spoke with one person from the CCAOM that was very obviously upset that the title was changed to EAMP. He stopped donating money to WEAMA when the name was changed. He felt that we had turned our back on the profession instead of unifying and trying to increase awareness through the title of Acupuncturist.

We have gotten an email back from the ACAOM and they apparently have sent out a survey on how to handle changing from OM; it is on the agenda for their February 2019 meeting. Again, this is for academia, and not the professional title.

In discussions with the American Society of Acupuncturists (ASA) they state that:

- Our legal, professional name per the U.S. government via the Bureau of Labor Statistics is "Acupuncturists". Anything we do at the state level will not change this.
- The more we file our taxes as "Acupuncturists" and the more we create a brand for that, the stronger the professional group and title becomes.
- The massive advantage to this word is that it is culturally neutral, and the U.S. military doesn't want any of the ethnic designations.

- Because, at least in the short term (next 5-10 years) the main interest in the U.S. will be acupuncture, owning this title and developing the brand with title protection in each state is most likely to be both recognizable and advantageous.
- We are already known as "Acupuncturists" federally. Now it is a state by state decision to determine state level titles, and those don't affect our federal status.
- We want clarity for practitioners in this licensure group because they need to file their taxes as "Acupuncturists" regardless of state title.
- We need to work to better market and brand "Acupuncturists" to help the public know what that should mean.

QUESTION 18: Has there been a change to these policies? Is WEAMA's Facebook group no longer a forum for EAMPs in WA State to communicate freely with each other?

The current WEAMA Facebook forum is a public group that has members from in and outside of the state. <u>The conversations posted so far have been viewed nationally by other state associations, out of state acupuncturists and our national associations.</u> It was not intended to be a detailed public policy discussion arena for the membership. It is an area for WEAMA to post information as well as get feedback on a broad variety of issues.

In late Spring of 2018, WEAMA established a Public Policy Committee on Glip and had invited all interested members to participate. This would have been the appropriate forum for a policy discussion regarding the legislation that WEAMA is considering for the 2019 legislative session. Glip is a much better forum for having conversations and keeping track of information and conversations than Facebook.

A code of conduct has been specified under Ground Rules in the WEAMA Public Policy Glip site and the social media policy has been posted on Facebook as well. While we always want feedback, it should be done in a manner that is respectful to all and when issues come up that are accusatory it should be addressed to the board directly at info@weama.info

QUESTION 19: If this is a place for us to communicate with ourselves, will WEAMA revert the recent policy change whereby a board member has to approve the communication from WA state EAMPs in this forum?

WEAMA established a Public Policy forum after the Spring Conference for interested members to participate in public policy discussions. And yes, there are general rules of conduct around communication in order for everyone to feel welcome and comfortable communicating. This is nothing out of the ordinary, the rules are quite general and are there to promote problem solving. Here are the WEAMA Public Policy Meetings Ground Rules:

a. Seek unity, common ground and understanding (not problems and conflict)
b. Share the airtime, no one dominates the conversation
c. One speaker at a time and allow every voice to be heard

d. Disagree without being disagreeable, critique ideas, not people
e. All ideas are valid, respect each other's' thinking and value their contributions
f. Be positive, non-judgmental and open to new ideas
g. Listen for understanding and be brief and meaningful when voicing your opinion
h. Build trust, don't undermine process or your fellow association members

QUESTION 20: If WEAMA wants to limit our communication in the Facebook forum, what other tool do we have to communicate with all EAMPs in this state?

Please use the Glip WEAMA Public Policy Committee site to communicate issues related to public policy proposals. WEAMA is also in the process of setting up a Google Group.