

Department of Health
Nursing Care Quality Assurance Commission

Advisory Opinion

The Nursing Care Quality Assurance Commission (NCQAC) issues this advisory opinion in accordance with WAC 246-840-800. An advisory opinion adopted by the NCQAC is an official opinion about safe nursing practice. The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may restrict practice further in their setting and/or require additional expectations to assure the safety of their patient and/or decrease risk.

<i>Title:</i>	Medical Acupuncture: Scope of Practice for Advanced Registered Nurse Practitioners	<i>Number:</i> NCAO 12.00
<i>References:</i>	RCW 18.79 Nursing Care WAC 246-840 Practical and Registered Nursing RCW 18.06 East Asian Medicine Practitioners	
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<i>Supersedes:</i>	Not Applicable	
<i>Approved By:</i>	Nursing Care Quality Assurance Commission	

Conclusion Statement

The Nursing Care Quality Assurance Commission (NCQAC) concludes that it is within the scope of practice of an advanced registered nurse practitioner (ARNP) to treat patients using acupuncture techniques following successful completion of additional training in medical acupuncture as described in this advisory opinion. An ARNP cannot use the title of East Asian Medical Practitioner (EAMP) or acupuncturist unless the ARNP is licensed as an EAMP.

Background and Analysis

Background

The NCQAC received a request for an advisory opinion on whether an ARNP may perform medical acupuncture. The term “acupuncture” describes a family of procedures involving stimulation of points on the body using a variety of techniques. Practiced in China and other Asian countries for thousands of years, acupuncture is one of the key components of traditional Chinese medicine. The [American Academy of Medical Acupuncture \(AAMA\)](#) defines “medical acupuncture” as “the clinical discipline of acupuncture as practiced by a physician who is also trained and licensed in Western biomedicine.” Medical acupuncture combines classic and modern forms of acupuncture with conventional biomedicine.

Acupuncture, as part of East Asian Medicine, is a complementary clinical discipline practiced for the purpose of restoring physiologic balance or homeostasis and normal health and function with the body

and with the environment. Techniques include the application of stimulation such as needling, moxibustion, cupping, and acupressure on specific sites of the body known as acupuncture points. Acupuncture devices such as electroacupuncture machines and heat lamps are commonly used to enhance the effects of acupuncture. Other techniques include trigger point acupuncture, laser acupuncture, acupuncture point injection, and techniques focusing on particular regions of the body: auricular (sometimes referred to as battlefield acupuncture), scalp, face, hand, nose, and foot acupuncture.

Acupuncture is used to treat a wide range of conditions including pain, depression, anxiety, nausea and vomiting, fatigue, neuropathy, sleep disturbance, and addiction/detoxification. Specific protocols such as Battlefield Acupuncture (BA) and Detoxification Five Needle Protocol (NADA) have commonly been used by the Department of Defense and in the Veteran's Health Administration (VHA) system by ARNPs as a technique for pain management and to reduce the use of opioids. The [Defense and Veterans Center or Integrative Pain Management](#) reports that over 2,800 providers received training through its Battlefield Acupuncture Training program. The [American Society for Pain Management](#) guidelines for pain management include integrative therapy options such as acupuncture.

The World Health Organization (WHO) and the World Federation of Acupuncture and Moxibustion Societies (WFAS) promulgated acupuncture training and education standards for Western trained physicians. Those standards were first adopted in Beijing, China in 1987 and reaffirmed at the WFAS conference in Milan, Italy in 1996. These standards established a minimum level of training necessary for a Western trained physician to enter the practice of medical acupuncture. The WHO standards for physician acupuncture practitioners are as follows:

"4.2.1 For licensed graduates of modern Western medical colleges, who already have had education and training in anatomy, physiology, neurology, and all the other basic and clinical sciences involved in medical diagnosis and treatment, training in acupuncture can be accomplished following a different training pathway for them to master acupuncture as a special medical modality.

The theoretical part and objectives of this acupuncture training are parallel to those described in the complete training section, and the acupuncture core syllabus will be the same. (The entire [WHO/WFAS document](#) is available from the ABMA.) The whole course should be devoted to acquiring the knowledge and skill in acupuncture techniques as well as the related basic acupuncture theory for at least 200 hours of formal training. By the end of the course the participants should be able to integrate acupuncture into their medical practices. The proficiency of training and practice should be evaluated through an official examination by health authorities to ensure safety, competence, and efficacy."

ARNP education not only includes education and training in anatomy, physiology, neurology, and all the other basic and clinical sciences involved in medical diagnosis and treatment, but also builds on a foundation of nursing theory which recognizes the interactions and impact of therapeutic interventions on the core body systems and on the equilibrium or balance of human processes. ARNPs also study sociology and psychological theories of human behavior. This holistic foundational knowledge, which comprehends treatment of the whole person, is similar to acupuncture theory. Trained to think critically and to exercise professional judgment, the ARNP can build upon his/her expertise through a continuous

application of knowledge to new situations. ARNPs practice a form of holistic nursing: assisting healing, preventing or alleviating suffering, and focusing on the promotion of health and wellness.

Analysis

The nursing law (RCW 18.79) is sufficiently broad to enable an individual ARNP, RN, or LPN to perform a wide range of activities. The ARNP scope of practice is as follows:

ARNP

RCW 18.79.250 states: “An advanced registered nurse practitioner under his or her license may perform for compensation nursing care, as that term is usually understood, of the ill, injured, or infirm, and in the course thereof, she or he may do the following things that shall not be done by a person not so licensed, except as provided in RCW 18.79.260 and 18.79.270:

1. Perform specialized and advanced levels of nursing as recognized jointly by the medical and nursing professions, as defined by the commission;
2. Prescribe legend drugs and Schedule V controlled substances, as defined in the Uniform Controlled Substances Act, chapter 69.50 RCW, and Schedules II through IV subject to RCW 18.79.240(1) (r) or (s) within the scope of practice defined by the commission;
3. Perform all acts provided in RCW 18.79.260.”

The East Asian Medicine Practitioner law prohibits the unlicensed practice of acupuncture or the unauthorized use of the title of East Asian medicine practitioner or acupuncturist.

RCW 18.06 East Asian Medicine Practitioners states that:

1. “No one may hold themselves out to the public as an East Asian medicine practitioner, acupuncturist, or licensed acupuncturist or any derivative thereof which is intended to or is likely to lead the public to believe such a person is an East Asian medicine practitioner, acupuncturist, or licensed acupuncturist unless licensed as provided for in this chapter.
2. A person may not practice East Asian medicine or acupuncture if the person is not licensed under this chapter.
3. No one may use any configuration of letters after their name (including L. Ac. or EAMP) which indicates a degree or formal training in East Asian medicine, including acupuncture, unless licensed as provided for in this chapter.
4. The secretary may by rule proscribe or regulate advertising and other forms of patient solicitation which are likely to mislead or deceive the public as to whether someone is licensed under this chapter.”

However, RCW 18.06.045(1) exempts from the above law practice of those services that are within the scope of practice of a licensed health care professional:

“Nothing in this chapter shall be construed to prohibit or restrict: (1) The practice by an individual credentialed under the laws of this state and performing services within such individual's authorized scope of practice.” RCW 18.06.045(1).

The practice of medicine for allopathic and osteopathic physicians and their physician assistants under chapters 18.71, 18.57, 18.71A, and 18.57A RCW would permit the practice of acupuncture modalities because the definition of the practice of medicine includes:

1. Offers or undertakes to diagnose, cure, advise, or prescribe for any human disease, ailment, injury, infirmity, deformity, pain or other condition, physical or mental, real or imaginary, by any means or instrumentality;
2. Administers or prescribes drugs or medicinal preparations to be used by any other person;
3. Severs or penetrates the tissues of human beings. [RCW 18.71.011](#).

“Osteopathic medicine and surgery means the use of any and all methods in the treatment of disease, injuries, deformities, and all other physical and mental conditions in and of human beings, including the use of osteopathic manipulative therapy.” RCW 18.57.001(4).

A registered nurse may administer medications, treatments, tests, and inoculations, whether or not the severing or penetrating of tissues is involved and whether or not a degree of independent judgment and skill is required at or under the general direction of physicians and other medical practitioners. RCW 18.79.260(2). An ARNP may perform all acts provided in RCW 18.79.260 plus specialized and advanced levels of nursing with an independent scope of practice. RCW 18.79.250.

While the majority of national medical acupuncture certifications are currently restricted to physicians or osteopathic physicians, many organizations offer training for nurses in specific acupuncture protocols. At this time, there is currently no full course available to an ARNP that is similar to the AAMA certification course for physicians.

Recommendations

The NCQAC recommends a competency-based model similar to the [American Association of Acupuncture and Oriental Medicine \(AAAOM\) Competency-Based Education Model \(2014\)](#) for ARNPs. This model can be conceptualized as overlapping domains or dimensions of professional competence.

- Foundational knowledge, acupuncture theory, and acupuncture points;
- Biomedical knowledge, theory, and principles;
- Patient care, practice, and safety;
- Evidence Based Integrative Medical Practice
- Practice-based learning, professional development, and scholarship;
- Systems-based practice;
- Professionalism and ethics;
- Communication and interpersonal skills; and
- Inter-professional collaboration.

An ARNP should obtain training and certification through a national or international accredited program in the use of medical acupuncture.

The NCQAC recommends an ARNP complete the following minimum number of hours of training:

- For ARNPs who want to practice acupuncture and East Asian medicine: 1500 hour EAMP course. **(Note: an EAMP license is required to advertise or hold oneself out as a practitioner of East Asian medicine or as an acupuncturist).**
- For ARNPs who want to add medical acupuncture techniques to their practice must complete training in the appropriate techniques to add to these modalities to their practice: Not less than 300 hours.
- For ARNPs who want to specialize in a specific medical acupuncture protocol (e.g. NADA or BA): Hours and requirements may vary depending on anticipated specialty and use.

The ARNP performing the technique is responsible for explaining the benefits and risks of these modalities to patients and should obtain informed consent. Infection control practices must be followed. ARNPs must document an assessment, appropriate medical diagnosis, treatment response, progress, and any adverse reactions.

Conclusion

Medical acupuncture techniques may be safely performed by an ARNP with specialized training, skills, ongoing training, and knowledge in acupuncture. ARNPs can complete courses and obtain certification in medical acupuncture and/or specific protocols or skill sets, such as BA subtypes of medical acupuncture. The NCQAC supports ARNPs using acupuncture in their nursing practice as a complementary therapy.

References

National Institutes of Health: National Center for Complementary and Integrative Health and National Cancer Institute – Acupuncture: <https://nccih.nih.gov/health/acupuncture>
https://www.cancer.gov/about-cancer/treatment/cam/hp/acupuncture-pdq#section/_4

Arizona State Board of Nursing Advisory Opinion – Acupuncture Procedures Performed by Advanced Practice Registered Nurses: <https://www.azbn.gov/media/1006/ao-acupuncture-procedures-performed-by-aprns.pdf>

Oregon State Board of Nursing – Complementary and Alternative Modalities and Nursing Practice: https://www.oregon.gov/OSBN/pdfs/policies/complementary-alternative_modalities.pdf

Defense and Veterans Center for Integrative Pain Management: <http://www.dvcipm.org/clinical-resources/battle-field-acupuncture/frequently-asked-questions>

American Society for Pain Management Nursing Position Statement – Pain Management in Patients with Substance Use Disorders: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3741053/>

New Hampshire Board of Nursing Position Statement – Role of the RN in Complementary and Alternative Therapies: <https://www.nh.gov/nursing/statements-advisories/documents/complementary-alternative-therapy.pdf>

Wisconsin Position Statement – Acupuncture:

<http://dsps.wi.gov/Documents/Board%20Services/Position%20Statements/Acupuncture.pdf>

American Journal of Nursing (Wagner, December 2015, Vol. 115, No. 12)) – Incorporating Acupressure into Nursing Practice:

http://www.nursingcenter.com/pdfjournal?AID=3251498&an=00000446-201512000-00025&Journal_ID=54030&Issue_ID=3251403

American Academy of Medical Acupuncture National Center for Complementary and Alternative Medicine (NCCAM): <http://www.medicalacupuncture.org/For-Patients/Articles-By-Physicians-About-Acupuncture/NCCAM-Acupuncture-Information>

World Health Organization and the World Federation of Acupuncture and Moxibustion Societies (WFSM) Guidelines on Basic Training and Safety in Acupuncture (1999):

<http://apps.who.int/medicinedocs/en/d/Jwhozip56e/>

Complementary and Alternative Medicine: Professions or Modalities? Policy Implications for Coverage, Licensure, Scope of Practice, Institutional Privileges, and Research (Herman, P.M. and Coulter, I.D., 2015):

http://www.rand.org/content/dam/rand/pubs/research_reports/RR1200/RR1258/RAND_RR1258.pdf

Department of the Navy Bureau of Medicine and Surgery: Medical, Chiropractic, and Licensed Acupuncture Instruction 6320.100 (March 2013):

<http://www.med.navy.mil/directives/ExternalDirectives/6320.100.pdf>