

SB 1052 – An Act Concerning the Practice of Acupuncture

Testimony of Joe Pandolfo Public Health Committee Public Hearing March 2nd, 2011

Dear Senator Gerratana, Representative Ritter, and Members of the Committee:

I'm writing on behalf of the Connecticut Society of Acupuncture and Oriental Medicine (CSAOM), and as an acupuncture and oriental medicine patient. I've lived in Connecticut since childhood, raised my family here, and spent my entire academic and professional life in the state. I have an avid citizen interest in improving our state's health care system, and recently served on the legislature's Sustinet Preventive Care Advisory Committee.

In my own experience as a patient, I've learned the value of acupuncture and oriental medicine. When I worked in the building trades and had recurring back pain, I discovered how effective the common sense methods of my Acupuncturist's oriental medicine diagnosis, treatment and health maintenance recommendations could be. More recently (and with an older body!), I was struck like many others by seasonal virus, but was able to accelerate a lengthy course of conventional antibiotic treatment with an integrative oriental medicine diagnosis and treatment. In these cases I was back on my feet shortly after the first visit with my Acupuncturist, and was fortunate to know how to find the effective care I received.

I want to thank you for raising SB 1052 – An Act Concerning the Practice of Acupuncture. I encourage you to approve SB 1052 in Committee, with the modifications explained below. I also encourage you to consider and support enactment of this proposal as an important step in improving public information about the health care available in Connecticut.

The CSAOM introduced this proposal in order to make the Acupuncturists' practice definition current and consistent with the actual curriculum and examination standards required for state licensure, which are founded on the longest-established medicine system in the world. SB 1052 would fully, accurately inform consumers as well as other health professionals about the work that Acupuncturists do with their patients.

The bill being considered was developed with input from the Department of Public Health and Legislative Commissioner's Office. In addition, immediately after CSAOM presented this proposal to the Committee we shared it with representatives of other professions that have a relationship to the practice of acupuncture by virtue of their ability by law to adopt acupuncture techniques in their own practice.

We've emphasized that this proposal was written to have no impact on other scopes of practice, and we've sought input on any matter where an unintended impact might be found. While no such impact is seen we did receive questions and comments, stemming primarily from unfamiliarity with the principles and methods of acupuncture and oriental medicine. We'd like to propose certain bill revisions, and provide background information to be responsive to the questions and concerns that we heard. Please see the proposed bill changes and background information in the attached exhibit.

Again, thank you again for raising this important bill, and for your consideration of the changes we propose. Thank you, too, for all your considerations and hard work to improve public health and public health information for Connecticut citizens.

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Bill changes proposed by the Connecticut Society of Acupuncture and Oriental Medicine

- (1) A concern was raised about the terms “illness, disease” in the proposed subsection 20-206aa (3).
 - ❖ CSAOM proposes to substitute these terms with the corresponding language from the existing statute (“diseases, disorders and dysfunctions of the body”).
- (2) Concerns were raised about the term “cold laser” in the proposed subsection 20-206aa (3)(B).
 - ❖ CSAOM proposes to substitute this term with the terminology approved for the same modality in Chapter 376 (“low-level light laser therapy”; and “low-level light laser therapy means low-level light therapy having wave lengths that range from six hundred to one thousand nanometers”).
 - ❖ CSAOM provides this background information on research and use of the therapy in acupuncture practice: <http://www.bu.edu/naeser/acupuncture/publications/NaeserAcptrStroke1995.pdf>

Background information provided by the Connecticut Society of Acupuncture and Oriental Medicine

- (1) Concerns were raised about the term “diagnosis” in the proposed bill.
 - ❖ CSAOM respectfully submits that the proposed bill adequately qualifies the term as meaning diagnosis according to acupuncture and oriental medicine theory, principles and methods. Alternative wording that might be adopted from similar statutes in other states includes “use oriental principles to diagnose”, “oriental diagnostic procedures”, or “using generally accepted diagnostic techniques of oriental medicine”.
 - ❖ CSAOM provides this background information illustrating that diagnosis is required in the accredited curriculum required for state licensure: <http://www.acaom.org/PdfVersion/Accreditation%20Manual.pdf>.
- (2) A concern was raised about the phrase “balance in and between the body's energetic and organ systems and biochemical, metabolic and circulation functions”.
 - ❖ CSAOM respectfully submits that this reference provides important and accurate information about the known effects of acupuncture and oriental medicine techniques, and is integral to the practice definition. For instance, the energetic and organ system reference is consistent with the existing statute.
 - ❖ The biochemical reference relates to pain relief and addiction relief applications, for example see:
 - University of Michigan Study - bHarris RE, Zubieta J-K, Scott, DJ, et al. Traditional Chinese acupuncture and placebo (sham) acupuncture are differentiated by their effects on μ -opioid receptors (MORs). *NeuroImage*. 2009;47(3):1077–1085.
 - Harvard Medical School study - Meade CS, Lukas SE, McDonald LJ, et al. A randomized trial of transcutaneous electric acupoint stimulation as adjunctive treatment for opioid detoxification. *Journal of Substance Abuse Treatment*. 2010;38(1):12–21.
 - ❖ The metabolic reference relates to nausea relief and other related applications, for example see:
 - Price S, Lewith G, Thomas K. Acupuncture care for breast cancer patients during chemotherapy: a feasibility study. *Integr Cancer Ther*. 2006;5(4):308-14.
 - Carlsson CP, Axemo P, Bodin A, Carstensen H, Ehrenroth B, Madegard-Lind I, Navander C. Manual acupuncture reduces hyperemesis gravidarum: a placebo-controlled, randomized, single-blind, crossover study. *J Pain Symptom Manage* Oct 2000;20(4):273-9.
 - Knight B, Mudge C, Openshaw S, White A, Hart A. Effect of acupuncture on nausea of pregnancy: a randomized, controlled trial. *Obstet Gynecol* Feb 2001;97(2):184-8.
 - Lee A, Done ML. The use of nonpharmacologic techniques to prevent postoperative nausea and vomiting: a meta-analysis. *Anesth Analg* Jun 1999;88(6):1362-9.
 - Mann E. Using acupuncture and acupressure to treat postoperative emesis. *Prof Nurse* Jul 1999;14(10):691-4.
 - Schlager A, Offer T, Baldissera I. Laser stimulation of acupuncture point P6 reduces postoperative vomiting in children undergoing strabismus surgery. *Br J Anaesth* Oct 1998;81(4):529-32.
 - ❖ The circulation reference relates to numerous related applications, for example see:
 - Flachskampf FA, Gallasch J, Gefeller O, et al. Randomized trial of acupuncture to lower blood pressure. *Circulation*. 2007;115(24):3121-9.
- (a comprehensive directory of international acupuncture and oriental medicine research compiled in the 1990's, but still illustrative, can be found at this World Health Organization site: <http://apps.who.int/medicinedocs/en/d/Js4926e/6.html>)
- (3) A concern was raised about the term “dry needling”.
 - ❖ CSAOM respectfully submits that this is clearly within the scope of acupuncture techniques.