



**Rules of
 Department of Insurance,
 Financial Institutions and
 Professional Registration**

**Division 2015—Acupuncturist Advisory Committee
 Chapter 3—Standards of Practice, Code of Ethics,
 Professional Conduct**

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**Title 20—DEPARTMENT OF
INSURANCE, FINANCIAL
INSTITUTIONS AND
PROFESSIONAL REGISTRATION
Division 2015—Acupuncturist Advisory
Committee
Chapter 3—Standards of Practice,
Code of Ethics, Professional Conduct**

20 CSR 2015-3.010 Standards of Practice

PURPOSE: This rule establishes standards of practice for licensed acupuncturists.

(1) A licensed acupuncturist is strongly encouraged to maintain professional liability insurance coverage.

(2) Each acupuncturist shall:

(A) Practice within the scope of education and training as defined in section 324.475, RSMo;

(B) Disclose the acupuncturist's legal name on all documentation regarding the practice of acupuncture and advertisements;

(C) When offering gratuitous services or discounts in connection with acupuncture, the offer shall clearly and conspicuously state whether or not additional charges may be incurred by related services as well as the range of such additional charges;

(D) Post the license at the place of work or provide the patient documentation of licensure. Patient is defined as any individual for whom the practice of acupuncture, as defined in section 324.475(1), RSMo is provided;

(E) Prior to performing initial acupuncture services, document in writing patient assessment information. Written patient assessment information shall include, but not be limited to the following:

1. Purpose of the visit;
2. Presence and location of pain and any preexisting conditions;
3. Allergies and current medication used and for what purpose;
4. If the patient is under the care of any health or mental health care professional;
5. Surgical history;
6. Signed consent for treatment and date signed;
7. Inform patient concerning fees and financial arrangements;

(F) Update patient records at each session. Such updated patient record information shall include, but shall not be limited to the following:

1. Changes or additions regarding patient assessment;
2. Date and type of acupuncture service provided;

3. The signature of the acupuncturist and when applicable the name of the detox technician or acupuncture trainee that provided the acupuncture service;

(G) Provide current information concerning anticipated course of treatment;

(H) Safeguard the maintenance, storage, and disposal of records of patients so that unauthorized person(s) shall not have access to patient records; and

(I) Inform a patient regarding the limits of confidentiality when providing services.

(3) An acupuncturist shall not delegate acupuncture duties to a person that is not qualified or licensed to perform acupuncture.

(4) For the purpose of this rule, but not necessarily for other legal purposes, an acupuncturist shall maintain patient records for a minimum of five (5) years after the date of service is rendered, or not less than the time required by other applicable regulations, if that time is longer than five (5) years.

(5) If a licensed acupuncturist discontinues practice in Missouri, the licensee shall notify the patient in writing at least thirty (30) days in advance of discontinuing practice that the patient records shall be made available to either the patient or another licensed acupuncturist of the patient's choosing. The board may waive the thirty (30)-day requirement if the licensee can make a showing of good cause for failing to comply.

(6) If services are to be provided by an acupuncturist trainee or detox technician the patient shall be advised in advance.

(7) Acupuncturists, auricular detox technicians, and acupuncturist trainees under the supervision of a licensed acupuncturist shall follow the standards for Clean Needle Technique (CNT) as published by the National Acupuncture Foundation in effect at the time the acupuncture service is performed, and shall follow universal precautions.

(A) For the purpose of this rule, "universal precautions" is an approach to infection control as defined by the Center for Disease Control (CDC). According to the concept of universal precautions, all human blood and certain body fluids are treated as if known to be infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and other blood borne pathogens.

(8) All disposable needles shall be disposed of immediately after use and placed in a bio-hazard container as required by the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA).

(9) When reusable needles are used, a basic, double sterilization procedure protocol shall be utilized. Specific procedures of the protocol are outlined in the *Clean Needle Technique Manual* published by the National Acupuncture Foundation. The procedures include, but are not limited to the following:

(A) Immediately after each use, the reusable needle shall be stored in a container designated for contaminated needles. Initial sterilization may be obtained by using a chemical sterilant;

(B) After the first sterilization, the needle shall be soaked in a chemical disinfectant as defined in section (11) of this rule; and

(C) Final sterilization procedures shall conform to one of the following:

1. Pressurized steam bath, such as an autoclave, at a required two hundred fifty degrees Fahrenheit (250°F), at fifteen (15) pounds pressure for thirty (30) minutes. The pressure must be released quickly at the end of the sterilization cycle; or

2. Dry heat sterilization at a required three hundred thirty-eight degrees Fahrenheit (338°F) for two (2) hours.

(10) Glass bead devices, boiling water, alcohol and pressure cookers shall not be acceptable forms of sterilization.

(11) After each patient, a chemical disinfectant shall be used on all equipment that does not penetrate the skin, come into direct contact with needles, or is made of rubber or plastic. Chemical disinfectants include, but are not limited to:

(A) Chlorine-based agents, such as bleach;

(B) Aqueous solution of two percent (2%) glutaraldehyde;

(C) Seventy percent (70%) ethyl or isopropyl alcohol.

AUTHORITY: sections 324.481 and 324.496, RSMo 2000. This rule originally filed as 4 CSR 15-3.010. Original rule filed July 24, 2001, effective Feb. 28, 2002. Amended: Filed March 15, 2004, effective Sept. 30, 2004. Amended: Filed Feb. 15, 2005, effective Aug. 30, 2005. Moved to 20 CSR 2015-3.010, effective Aug. 28, 2006.*

**Original authority: 324.481, RSMo 1998, amended 1999 and 324.496, RSMo 1998, amended 1999.*

20 CSR 2015-3.020 Code of Ethics

PURPOSE: This rule establishes the code of ethics for applicants and acupuncturists.

(1) All applicants and licensees shall:



(A) Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession of acupuncture;

(B) Conduct business and activities relating to acupuncture with honesty and integrity;

(C) Respect and protect the legal and personal rights of the patient/client, including the right to informed consent, refusal of treatment, and refrain from endangering patient health, safety or welfare;

(D) Refuse to participate in illegal or unethical acts, or conceal illegal, unethical or incompetent acts of others;

(E) When conducting research the acupuncturist shall comply with federal, state and local laws or rules and applicable standards of ethical procedures regarding research with human subjects;

(F) Comply with all state and federal laws and regulations regarding the practice of acupuncture;

(G) Not allow the pursuit of financial gain or other personal benefit to interfere with the exercise of sound professional judgment and skills;

(H) Within the limits of the law, an acupuncturist shall report to the advisory committee all knowledge pertaining to known or suspected violations of the laws and regulations governing the practice of acupuncture that is not confidential and/or any other applicable state or federal laws and rules. The acupuncturist shall cooperate with any investigation or proceeding.

(2) An acupuncturist shall not:

(A) Encourage unnecessary or unjustified acupuncture services;

(B) Engage in any verbally or physically abusive behavior with a patient/client, detox technician or trainee;

(C) Exploit a patient/client, detox technician or trainee for the purpose of financial gain. For the purpose of this rule exploitation shall be defined as any relationship between the acupuncturist, patient/client, technician, or trainee that may cause harm to the patient/client, technician or trainee;

(D) Accept gifts or benefits intended to influence a referral, decision or treatment that are primarily for personal gain;

(E) Engage in or exercise influence concerning sexual activity with a patient, trainee(s) or detox technician during an ongoing professional relationship with such person or within six (6) months after termination of such professional relationship:

1. For the purpose of this rule sexual activity shall include but not be limited to kissing, touching, caressing by any person or between persons that is intended to erotically

stimulate either person, or which is likely to cause such stimulation and includes sexual intercourse, sodomy, fellatio, cunnilingus, masturbation, oral copulation, and penetrating the anal or vaginal opening with any thing. Sexual activity can involve the use of any device or object and is not dependent on whether penetration, orgasm or ejaculation has occurred. For the purpose of this rule, masturbation means the manipulation of any body tissue with the intent to cause sexual arousal.

(3) Failure of an applicant to adhere to the code of ethics constitutes unprofessional conduct and may be grounds for denial or discipline of a license.

AUTHORITY: sections 324.481 and 324.496, RSMo 2000. This rule originally filed as 4 CSR 15-3.020. Original rule filed July 24, 2001, effective Feb. 28, 2002. Moved to 20 CSR 2015-3.020, effective Aug. 28, 2006.*

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