



January 15, 2014

MEMO TO: Members, WMS Board of Trustees
FROM: Bradley Hanebrink, DO – WMS President
RE: Winter Meeting ~ January 25, 2014

Enclosed please find an agenda and supporting information for the winter Board meeting. The meeting is scheduled for:

Saturday, January 25, 2014
8:00 am – 12:00 pm
avi engineering/professional building
1103 Old Town Lane, Ste. 101
Cheyenne, WY 82009

Conference Call #: 1-800-944-8766
Passcode: 41778

Thank you for your participation! If you have any questions, please call Wyoming Medical Society Executive Director Sheila Bush at 307-635-2424.



Wyoming Medical Society 2013-2014 Officers & Board of Trustees

Board of Trustees Executive Committee

President	Bradley Hanebrink, DO (AN)	Sheridan
Vice President	Dean Bartholomew, MD (FP)	Saratoga
Past President	Michael Tracy, MD (IM/PD)	Powell
Sec./Treasurer	Sigsbee Duck, MD (OT)	Rock Springs
Open Trustee	Paul Johnson, MD (OT)	Cheyenne
AMA Delegate	Robert Monger, MD (RH)	Cheyenne
AMA Alternate	Stephen Brown, MD (PS)	Casper

County Society Positions

<u>County</u>	<u>Trustee</u>	<u>Alternate #1</u>	<u>Alternate #2</u>
Albany	Travis Klingler, MD (OG)	Joel Higgins, MD (OG)	
Campbell	Alan Mitchell, MD (RA)		
Carbon	Vacant	Raja Chandra, MD	
Converse	Mark G. Murphy, MD (OS)		
Fremont	Richard Barnes, MD (PD)		
Goshen	Jose Luis Lopez, MD (FP)	Marion Smith, MD (FP)	
Johnson	Lawrence Kirven, MD (FP)	Kim Fehir, MD	
Laramie	Kristina Stefka, MD (IM)	Kristina Behringer, MD (FP)	
Natrona	Joe McGinley, MD (RA)	Bert Toews, MD (FM)	
Northeastern	Aaron Jagelski, MD (FP)	Bob Cummings, PA -C	Janice Lumnitz, MD (FP)
Northwestern	Allen Gee, MD (NR)		
Platte	Ty Battershell, MD (EM)	Jeffrey Cecil, MD	Steve Peasley, MD
Sheridan	Vacant		
Sweetwater	Brianne Crofts, MD		
Teton Mtn.	Lisa Finkelstein, DO (UR)		
Uinta	Michael Adams, MD (FP)	Thomas Simon, MD	
Retired Physician	Robert Kanard, MD (IM)		
Phys. Asst.	Bob Cummings, PA-C	Nancy Brewster, PA -C	
Resident			
Student	Sarah Gregory		



WMS Fall Board of Trustees Meeting
Saturday, January 25, 2014 ~ 8:00 am – 12:00 pm
Cheyenne, Wyoming
AGENDA

Call To Order / Introductions

Welcome and Introduction of New Board Members 8:00 am

- 1. Review of the 2013 Budget – Approval of the 2014 Budget** **S. Duck, MD**
 - Friends of WMS - 2014
- 2. Mountain Pacific Quality Health Update** **M. Smith, MD**

Morning Break 10:00 am

- 3. County Medical Societies** **L. Finkelstein, DO**
 - Legal and Tax Structure of WMS County Medical Societies
 - Establishment of the Sublette County Medical Society
 - Natrona County Medical Society Update **J. McGinley, MD**
- 4. WMS at the Capitol – Advocacy News** **S. Duck, MD**
 - Scope of Practice on the Horizon
 - Acupuncture Licensure
 - Board of Pharmacy Rules Update
 - Vaccinations – proactive strategy for future planning **S. Bush**
 - Medicaid Expansion **B. Hanebrink, DO**
 - Physician-Owned Hospital Licensure **S. Brown, MD**
 - Doc of the Day Status Update **S. Bush**
- 5. Federal Advocacy Update** **M. Tracy, MD**
 - Two Midnight Rule – Federal Guidelines
 - Sustainable Growth Rate (SGR) a.k.a. The Doc Fix
- 6. IPA Progress Report** **P. Johnson, MD/N. Healey, JD**
- 7. WMS Annual Meeting & Patient Safety Summit**
 - 2014 progress report **B. Hanebrink, DO**
 - 2015 location selection and approval **S. Duck, MD**
 - Patient Safety Summit 2013 report – 2014 Planning Committee **M. Tracy, MD**
- 8. Member Engagement and Benefits**
 - Linden survey report – sponsor and member interest areas **R. Monger, MD**
 - Board member to member outreach **R. Monger, MD**
 - Employment contract – resource document **A. Gee, MD**
 - Part-time physician definition for disability purposes approval **A. Gee, MD**
- 9. WINhealth Insurance Project Update** **J. Gardner – WINhealth/S. Bush**
- 10. Consent Agenda** **B. Hanebrink, DO**
 - October 19, 2013 Board Minutes
 - Reports

- Finance
 - Finance Charts
 - Balance Sheet
 - Profit and Loss Statement
 - Wells Fargo Investment Report
- Membership
 - Report
 - Chart
- WHRN Report and Update

11. Adjournment 12:00

Upcoming WMS Board of Trustees Meetings

- Spring ~ Saturday, April 12, 2014 ~ Conference Call
- Summer ~ Thursday, June 5, 2014 ~ Cheyenne, WY
- Fall ~ October 18, 2014 ~ Laramie, WY (Subject to change based on UW game schedule)
- Winter 2015 ~ January 17, 2015

Agenda Item #1
Review of the 2013 Budget – Approval of the 2014 Budget

2013 WMS Budget:

2013 income totaled \$490,000 with total expenses coming in at \$469,000 leaving a net income of \$20,000 excluding depreciation and Gain/(Loss) on investments. Taking investment and depreciation into account, net income for 2013 totaled \$39,373.

Favorable variances between actual and budgeted include:

- \$6,000 more in dues income than budgeted (30 new members joined WMS in 2013),
- \$16,000 more in annual meeting income than was budgeted solely due to increased sponsorship in 2013,
- \$18,000 decrease in salary/benefits due to the departure of Communications Director, Christy Chadwick, and
- \$4,000 decrease in office operations expense due to a new telephone contract and new copier lease.

Unfavorable variances between actual and budgeted include:

- \$5,000 revenue decrease in TDC grant income,
- \$8,000 revenue decrease in newsletter advertising due to an inability to get partners to underwrite the newsletter printing and postage,
- \$6,000 revenue decrease in specialty society contract management fees,
- \$5,000 more in expenses for contract services (\$4,000 in legal fees for CRNA opt-out research plus \$1,000 in legal fees for IPA investigation in 2013),
- \$8,000 more in expenses than was budgeted for the Patient Safety Summit.

Budget document included for review and discussion.

2014 Proposed Budget for Review and Approval:

2014 income is projected to be \$474,000 with total expenses coming in around \$464,000 for a net income of \$1,000 excluding depreciation and investment income.

Income Detail:

- \$210,000 in membership renewal reflecting 90% retention rate in 2014,
- \$9,000 in new member recruitment,
- \$42,000 for TDC grant based on 1% of all premium collected on WMS members,
- \$62,500 in magazine, Friends and website revenue,

- \$78,000 in annual meeting revenue, \$15,000 less than 2013 due to anticipation of fewer sponsors who committed one-time funds for 2013.

Expense Detail:

- \$24,000, an increase from \$12,000 for WMS legal counsel, Nick Healey, JD,
- \$12,000 decrease as WMS does not plan to retain contract lobbying services in 2014,
- Salaries reflect an increase in 2014, however benefits are lower in 2014 to reflect lower health insurance benefits due to the departure of WMS Communications Director.
- Member communications will increase in 2014 due to the contract in place with Linden Group to assist with the WMS magazine, and member communication strategies.

The 2014 proposed budget is available for review and discussion. This document will have been vetted by the WMS Finance Committee with their recommendations prepared prior to the January 25 meeting.

Friends of WMS – 2014

The WMS Friends program is set to have its biggest year in 2014. In 2013 the Friends program earned WMS \$45,880 which we were very happy with. However, in 2014 the program is set to earn WMS \$62,500 in revenue which will be used to pay for Linden services in designing and publishing the magazine, an expense of \$23,000 annually as well as postage and printing costs for the magazine to total an expense of \$27,000 to publish the magazine.

A robust analysis document is included detailing all outside support, from annual meeting vendors to WMS Friends in 2013. Income to WMS from outside partner support in 2013 totaled \$115,575. In 2013 this amount accounted for 23.5% of WMS income.

**Wyoming Medical Society
Profit Loss Statement
2013 Actual Compared to 2013 Budget**

	2013	2013	Fav/ (Unfav)
	(Preliminary)		
	Actual	Budget	Variance
Revenue:			
Dues Income-Renewal Members	\$ 218,775	\$ 215,680	\$ 3,095
Dues Income-New Members	12,165	9,000	3,165
Dues - CME Tracking	1,159	1,300	(141)
Drs. Company - Grant	43,148	48,000	(4,852)
MBNA	1,463	1,500	(37)
Interest	14,686	12,000	2,686
AMA Dues Commission	975	1,200	(225)
Newsletter Advertising	-	7,875	(7,875)
Magazine Advertising	22,380	19,650	2,730
Website	23,500	23,500	-
County Dues Administration	-	3,000	(3,000)
Specialty Society Administration	35,350	41,400	(6,050)
Annual Meeting	93,450	71,150	22,300
Patient Safety Summit	13,158	13,500	(342)
Rent Income-VWAMI	9,600	9,600	-
Total Revenue	\$ 489,809	\$ 478,355	\$ 11,454
Expenses:			
Salaries	\$ 176,314	\$ 186,249	\$ 9,935
Employee Benefits	35,671	43,283	7,612
Consultants	38,611	33,500	(5,111)
Dues, Ins., Subscriptions	14,319	16,498	2,179
Office Operations	39,508	43,571	4,063
Travel/Meetings	23,441	21,000	(2,441)
Standing Committees	13,001	9,700	(3,301)
Annual Meeting	55,507	48,730	(6,777)
Regional Meetings	14,318	6,500	(7,818)
Member Communications	27,599	24,500	(3,099)
Doctor for a Day	607	600	(7)
Taxes	17,121	18,330	1,209
Presidential Fund	1,887	3,500	1,613
Miscellaneous	11,490	13,550	2,060
Total Expenses	\$ 469,394	\$ 469,511	\$ 117
Total Income	\$ 489,809	\$ 478,355	\$ 11,454
Net Inc/(Exp) excl. Gain/(Loss) & Depr.	\$ 20,415	\$ 8,844	\$ 11,571
Depreciation (Expense)	(9,363)	(11,000)	(1,637)
Gain/(Loss) on Investments	28,321	-	28,321
Net Income/(Expense)	\$ 39,373	\$ (2,156)	\$ 38,255

**Wyoming Medical Society
2014 Budget
Compared to 2013, 2012, 2011 and 2010 Actual**

	2010	2011	2012	2013	2014
	Actual	Actual	Actual	Preliminary	Budget
Revenue:					
Dues Income-Renewal Members	\$ 200,750	\$ 218,425	\$ 214,846	\$ 218,775	\$ 209,995
Dues Income-New Members	13,370	13,630	18,035	12,165	9,000
Dues - CME Tracking	1,850	1,100	1,333	1,159	1,100
Drs. Company - Grant	55,103	47,536	46,565	43,148	42,000
MBNA	1,953	1,674	1,510	1,463	-
Interest	13,705	15,242	13,366	14,686	12,000
AMA Dues Commission	1,647	1,485	1,206	975	1,200
Newsletter Advertising	7,196	350	150	-	-
Magazine Advertising	12,365	21,219	15,585	22,380	28,100
Website	-	25,900	28,700	23,500	34,400
Recruitment	-	-	35,000	-	-
Specialty Society Administration	18,000	18,000	35,400	35,350	35,350
Annual Meeting	75,978	77,233	83,544	93,450	78,000
Patient Safety Summit	-	-	10,350	13,158	13,000
Voluntary Contributions	51	217	51	-	-
Rent Income-WWAMI	4,800	9,600	9,600	9,600	9,600
Grants	11,500	-	-	-	-
Total Revenue	\$ 418,268	\$ 451,611	\$ 515,241	\$ 489,809	\$ 473,745
Expenses:					
Salaries	\$ 150,602	\$ 136,734	\$ 165,733	\$ 176,314	\$ 179,938
Employee Benefits	38,644	39,807	36,607	35,671	32,375
Consultants	31,401	32,310	44,559	38,611	32,000
Dues, Ins., Subscriptions	13,414	13,679	14,757	14,319	15,683
Office Operations	64,757	44,601	49,184	39,508	38,170
WWAMI	(4,658)	(5,859)	(1,948)	-	-
Travel/Meetings	18,403	24,778	24,927	23,441	21,000
Standing Committees	10,510	8,495	8,959	13,001	5,200
Ad Hoc Committees	63	-	-	-	-
Annual Meeting	54,298	45,857	77,043	55,507	57,500
Regional Meetings	514	-	7,440	14,318	6,500
Member Communications	19,963	42,496	25,891	27,599	41,000
Doctor for a Day	264	232	575	607	600
Recruitment Website	-	-	35,904	-	-
Taxes	14,128	13,436	16,713	17,121	17,307
Presidential Fund	7,418	1,794	4,312	1,887	3,500
Miscellaneous	17,389	12,239	15,406	11,490	13,050
Total Expenses	\$ 437,110	\$ 410,599	\$ 526,061	\$ 469,394	\$ 463,823
Total Income	\$ 418,268	\$ 451,611	\$ 515,241	\$ 489,809	\$ 473,745
Net Inc/(Exp) excl. Gain/(Loss) & Depr.	\$ (18,843)	\$ 41,012	\$ (10,820)	\$ 20,415	\$ 9,922
Depreciation (Expense)	(10,152)	(11,408)	(11,109)	(9,363)	(9,000)
Gain/(Loss) on Investments	21,989	(20,043)	35,648	28,321	-
Net Income/(Expense)	\$ (7,006)	\$ 9,561	\$ 13,719	\$ 39,373	\$ 922

2013 WMS Vendor and Sponsor Support Analysis

Company	Address	City	State	Zip	Phone	Exhibitor Booth	Program Ad	Sponsorship	Friends \$\$	Magazine Ads	Total Support
University of Colorado Health	2695 Rocky Mountain Ave. Ste.	Loveland	CO	80538	970-624-4446	\$ 950.00	\$ 300.00	\$ 2,250.00	\$ 5,000.00	\$ 2,700.00	\$ 11,200.00
The Doctors Agency	PO Box 51950	Casper	WY	82605	307-473-1578		\$ 350.00	\$ 4,398.00	\$ 5,000.00		\$ 9,748.00
Cheyenne Regional Medical Center									\$ 9,000.00		\$ 9,000.00
Children's Hospital Colorado	13123 E. 16th Ave B425	Aurora	CO	80045	720-777-6952	\$ 950.00	\$ 275.00	\$ 1,275.00	\$ 5,000.00		\$ 7,500.00
BCBS of Wyoming	4000 House Ave	Cheyenne	WY	82001	800-442-2376	\$ 950.00	\$ 350.00	\$ 3,700.00		\$ 1,600.00	\$ 6,600.00
Willis of Wyoming	904 Warren Ave	Cheyenne	WY	82001	307-637-2529	\$ 950.00		\$ 628.00	\$ 5,000.00		\$ 6,578.00
ProAssurance	1002 Deming Way	Madison	WI	53117	608-826-5807	\$ 950.00	\$ 350.00	\$ 1,000.00	\$ 3,700.00	\$ 550.00	\$ 6,550.00
Premier Bone & Joint	1909 Vista Drive	Laramie	WY	82070	307-745-8851	\$ 950.00	\$ 350.00	\$ 3,700.00		\$ 550.00	\$ 5,550.00
WinHealth	1200 E. 20th St.	Cheyenne	WY	82001	307-773-1334	\$ 950.00	\$ 300.00	\$ 2,250.00		\$ 900.00	\$ 4,400.00
Mountain Pacific Quality Health	145 South Durbin #105	Casper	WY	82601	307-472-1791	\$ 1,150.00		\$ 2,000.00			\$ 3,150.00
Centene								\$ 3,000.00			\$ 3,000.00
Cigna HealthCare	5295 South 320 West, #280	Salt Lake City	UT	84095	801-282-4684	\$ 950.00	\$ 275.00	\$ 1,275.00			\$ 2,500.00
Physicians Insurance	421 W. Riverside Ave, Ste. 1200	Spokane	WA	99201	509-458-3381	\$ 950.00	\$ 275.00	\$ 1,275.00			\$ 2,500.00
Take Care Health Systems	3625 11th St S #208	Fargo	ND	58104	701-318-1750	\$ 950.00	\$ 275.00	\$ 1,275.00			\$ 2,500.00
Wyoming Medical Center								\$ 750.00		\$ 1,600.00	\$ 2,350.00
Mountain View Regional Hospital (WAPA)								\$ 1,500.00		\$ 800.00	\$ 2,300.00
Xerox Care and Quality Solutions	10121 Branding Iron	Cheyenne	WY	82009	307-349-9745	\$ 950.00		\$ 1,000.00			\$ 1,950.00
Utah Medical Insurance Association	310 E. 4500 So #550	Salt Lake City	UT		801-531-0375	\$ 950.00		\$ 628.00			\$ 1,578.00
Ivinson Memorial Hospital - Laramie								\$ 1,500.00			\$ 1,500.00
WWAMI								\$ 1,500.00			\$ 1,500.00
United Healthcare	6465 S. Greenwood Plaza Blvd	Centennial	CO	80111	307-635-1447	\$ 950.00			\$ 500.00		\$ 1,450.00
Children's Hospital Omaha										\$ 1,100.00	\$ 1,100.00
Polycom						\$ 1,050.00					\$ 1,050.00
Wyoming Institute of Population Health	214 E. 23rd Street	Cheyenne	WY	82001	307-773-8185	\$ 1,050.00					\$ 1,050.00
Powell Valley Health Care								\$ 1,000.00			\$ 1,000.00
Amgen	3541 E. 22nd Street	Casper	WY	82609	307-259-4815	\$ 950.00					\$ 950.00
City Drug	131 10th St.	Evanston	WY	82930	307-444-4000	\$ 950.00					\$ 950.00
Deer Trail & Mountain Plaza Assisted Living	2360 Reagan Ave	Rock Springs	WY	82901	307-362-0100	\$ 950.00					\$ 950.00
Interim HealthCare	1010 E. 1st Street Ste. A	Casper	WY	82601	307-266-1152	\$ 950.00					\$ 950.00
Medical Protective	5814 Reed Road	Fort Wayne	IN	46835	260-486-0334	\$ 950.00					\$ 950.00
North Platte Physical Therapy (WAPA)	453 Vandehel Ave. Ste. 140	Cheyenne	WY	82009	307-514-5837	\$ 950.00					\$ 950.00
Rocky Mountain Oncology (WAPA)	6501 E. 2nd Street	Casper	WY	82609	307-233-4718	\$ 950.00					\$ 950.00
WHRN	1920 Evans Ave	Cheyenne	WY	82001	307-635-2599	\$ 950.00					\$ 950.00
Wy Dept of Health/Hospital Preparedness Pr	1735 Sherida Ave #221	Cody	WY	82414	307-587-5366	\$ 950.00					\$ 950.00
WY EDHI Program	715 Shield St.	Laramie	WY	82072	307-721-6313	\$ 950.00					\$ 950.00
Wyoming Behavior Institute	348 S. Socony	Casper	WY	82609	307-262-0362	\$ 950.00					\$ 950.00
Wyoming Dept. of Health/EHR Incentive Prog	6101 Yellowstone Rd. Ste # 240	Cheyenne	WY	82002	307-777-5114	\$ 950.00					\$ 950.00
Wyoming Dept. of Health/MCH	6101 Yellowstone Rd. Ste. 420	Cheyenne	WY	82009	307-777-6921	\$ 950.00					\$ 950.00
Wyoming Dept. of Health/Oral Health	6101 Yellowstone Rd. Ste. 420	Cheyenne	WY	82009	307-777-6921	\$ 950.00					\$ 950.00
Strategic Media Services										\$ 900.00	\$ 900.00
Wyoming eHealth Partnership, Inc.										\$ 900.00	\$ 900.00
Aspen Wind										\$ 550.00	\$ 550.00
Abilify - (WAPP)							\$ 500.00				\$ 500.00
Memorial Hospital of Sheridan County									\$ 500.00		\$ 500.00
Sheridan County Medical Society							\$ 500.00				\$ 500.00
Sweetwater County Medical Society							\$ 500.00				\$ 500.00
Wyoming Medical Alliance							\$ 321.00				\$ 321.00
Videolink	3401 Quebec St. Ste. 9000	Denver	CO	80203							\$ -
Wilderness Medicine	284 Lincoln St	Lander	WY	82520	307-335-2368						\$ -
Wyoming Health Solutions											\$ -
Wyoming Hospital Association											\$ -
											\$ -
						\$ 28,900.00	\$ 3,100.00	\$ 37,725.00	\$ 33,700.00	\$ 12,150.00	\$ 115,575.00

Agenda Item #2
Mountain Pacific Quality Health Update

Mountain Pacific Quality Health – Wyoming (MPQH-WY) is committed to excellence, partnering with healthcare providers, patients and other quality health advocates to share knowledge, tools and best practices to forge wide-scale improvement in patient care. They convene providers, practitioners and patients to build and share knowledge, spread best practices and achieve rapid, wide-scale improvements in patient care, increases in population health and decreases in healthcare costs.

They focus on improving health care in the areas of data reporting, prevention, PQRS, care transitions, drug safety, nursing homes and hospitals.

MPQH-WY has been a strong partner of WMS as sponsors of both our annual meeting and our patient safety summit. Dr. Marion Smith serves as the medical director and will provide an update on the activities of MPQH in 2013 and what is on the horizon in 2014.

Agenda Item #3 County Medical Societies

County Medical Societies Structure

Question: How should the county medical societies be structured in relationship to the Wyoming Medical Society?

Background: The WMS Bylaws provide for Component Societies in Chapter III. Sections 1-2. Here it outlines that the county societies must hold charters from the WMS. A charter from WMS requires the component society to include all provisions of the WMS Bylaws as an integral part of the component society Bylaws, and that the component society Bylaws never be written to conflict with the WMS Bylaws.

Problem: WMS has no record of issuing or maintaining said charters to any of the currently existing county medical societies creating a rather ambiguous relationship between the counties and WMS. Most county medical societies do not have Bylaws in place to govern elections, disposition of funds, or dissolution proceedings. Furthermore, some counties have tried to obtain separate tax identification numbers, and file postcard 990's indicating that they intend to be separate entities from WMS. This practice, among other things, may expose the county societies' members to personal liability for debts incurred in the county society's name. It also raises questions about whether the county societies should have been paying tax on their income, and may be risking IRS penalties for failing to properly file tax returns or pay taxes.

Proposed Resolutions: WMS legal counsel, Nick Healey, JD, and executive director Bush with Finance Director, Maria Cowley, and the McGee, Hearne, and Paiz accounting firm investigated and discussed this issue at length and found two possible solutions.

1. Apply for a "group exemption" with the IRS, allowing all the county societies to claim exemption from federal tax under WMS' exemption; or
2. Re-form all the county societies as "single member" limited liability companies (LLC's), with the WMS as the single "member", allowing the county societies to be considered federally tax-exempt because their single member (the WMS) is tax exempt. "Member" in this context does not equate to member of the county society or WMS, but is used in the sense of "shareholder" or "owner".

Legal Recommendation: It is the recommendation of WMS legal counsel to reform the county societies as single-member LLC's. This will give the county societies' uniform Bylaws (in the form of the LLC's Operating Agreement), protection from liability for debts or obligations incurred in the county society's name, and provide for disposition of the county society's funds on dissolution. It would also clear up the tax status of the county societies with the IRS going forward, and allow the WMS

to file one 990 with all the county societies list as “activities” of the WMS. The county societies would not have to concern themselves with tax issues at all.

****Action Required****

Establishment of the Sublette County Medical Society

Question: Is the WMS Board supportive of allowing the Sublette County physicians to break away from the Teton Counties Medical Society and form their own county medical society?

Background: Sublette County physicians contacted the WMS office in the fall of 2013 seeking to establish a county medical society. At that time, they did not understand or recognize that they were already part of a county medical society, that being the Teton Mountain Counties Medical Society. After consideration on their part, they decided they wanted to form an independent county society for Sublette County physicians. WMS legal counsel and staff have worked with their representative, Malenda Hoelscher, to assist with investigating the process. WMS has recommended that the Sublette County physicians first contact the President of the Teton Mountain Counties Medical Society to express interest in breaking away. Once that relationship is redefined next steps will depend on the Board’s decision related to county medical structures outlined above.

Considerations: The formation of a Sublette County Medical Society will increase WMS Board size from 27 seats to 28 assuming no Bylaws changes will be made to county medical society representation on the WMS Board.

Recommendation: WMS approve the establishment of an additional county medical society in Sublette. The interest of the physicians in this county demonstrates engagement and WMS should respond favorably in support of that interest and engagement. Furthermore, the WMS Bylaws Committee must address the section of the WMS Bylaws relating to component/county medical societies to remove language of charters and insert language that better reflects reality and actual practice of the Society.

****Action Required****

Natrona County Medical Society Update

NCMS Representative, Joe McGinley, MD, will provide an update on the status of the NCMS related to Bylaws, elections and overall health of the Natrona County Medical Society.

Agenda Item #4 Advocacy News

2014 Legislative Session

2014 will be a short, 20-day, Session focused primarily on approving the State Budget for the 2015-2016 Biennium. Session begins February 10, 2014 and is sure to again be an interesting year with Medicaid Expansion at the forefront of the media's attention, and concerning for legislators with positions on both sides. As of writing this summary, no legislation has been filed with the state related to healthcare. However, below are items that WMS anticipates will surface requiring us to weigh-in, or monitor.

Scope of Practice:

Acupuncture Licensure: Mark Reed, a Laramie chiropractor and acupuncturist, contacted WMS last fall to seek our input on legislation aimed to require licensure of Wyoming acupuncturists. I contacted the AMA Scope of Practice Partnership (AMA-SOPP) attorneys to gain their perspective and feedback. The AMA has not significantly engaged on this issue to date, and only has policy, H-270.974, stating that non-physician boards should not regulate the clinical practice of medicine (CME Rep. M, A-93; Modified: CME Rep. 2, A-03). If WMS believes acupuncture to be the practice of medicine, and wants to remain in alignment with the AMA, we would have to take the position that if acupuncturists are licensed that they be regulated by the Wyoming Board of Medicine. This obviously raises multiple concerns including opening the medical practice act to include acupuncture, giving credibility to the field of acupuncture by defining it as the practice of medicine, and adding burden to the Board of Medicine.

Not supporting licensure of acupuncture, one way or another, leaves open the opportunity for untrained practitioners to potentially harm patients without any means of recourse or remedy for the harmed patient. Licensure provides accountability as well as education and training requirements to the profession. Additionally, a licensure board would then be responsible for regulating and disciplining acupuncturists in the state. Recently, WMS has taken positions of support for licensure bills, i.e. midwifery, but can make a decision on this independent of that history.

Included in your packets is a state laws survey conducted by the AMA outlining where every state stands with regard to acupuncture regulation and licensure. Also included is the draft legislation, not actually filed yet, sent to me by M. Reed for your consideration and review.

****Action Required****

Pharmacists Administering Vaccines to Minors: The Board of Pharmacy, thanks in part to the strong work of WMS Board Member Sigsbee Duck, MD and input from WMS members from across the state, met in November and voted to restrict administration of vaccines by a pharmacist to minors to only influenza. The rules and regulations promulgated by the Board of Pharmacy are currently in the Governor's office awaiting Governor approval and signature. WMS sent an email request to the membership in December to contact the Governor's office to express support of the Board of Pharmacy rules as submitted.

Vaccinations – Proactive Strategy for Future Planning: WMS, and the Wyoming Chapter of the American Academy of Pediatrics (WY-AAP) started meeting with representatives of the pharmaceutical industry in summer of 2013 to negotiate action to be taken in the 2014 Legislative Session related to Wyoming's Universal Select Vaccine Program, WyVIP. WMS has been given word that the pharmaceutical industry will not actively work to destroy the program in 2014 as they have done in past years. Whether through sneaky budget footnote amendments designed to defund the program without anyone recognizing the true intent, or blatant legislation set to sunset the provision, PhRMA, GSK and Pfizer have committed to staying out of the mix in 2014. This compromise is after lengthy conversations with physician representatives, namely Suzanne Oss, MD, of Sheridan, to explain the necessity of the safety net that the WyVIP program provides. PhRMA claimed to not fully recognize or understand that all children aren't covered with the implementation of the ACA, as it would seem on paper. Groups that fall through the cracks include; 1) children on grandfathered plans who are not required to provide coverage of immunizations, 2) children covered through means of an HRA or HAS that do not require coverage of immunizations, and 3) children insured by plans that provide for such low reimbursement rates that family physicians and pediatricians are incentivized to not contract with them as a preferred provider. If an out-of-network provider administers a vaccine, the insurance company no longer has an obligation to cover the expense of the immunization. In return for PhRMA's agreement to not push to destroy WyVIP in 2014, WMS and WY-AAP committed to investigating ways to incentivize/encourage providers to use privately purchased vaccine whenever possible. The discussion concluded with first attempting to address the problems for all interested parties outside of state regulation, allowing the safety net to remain in existence, while working together to create solutions that provide for a win-win for patients, providers and the industry.

WMS remains leery of PhRMA's commitment and has continued to educate legislators as well as policy advisors in the Governor's office to the discussions taking place with industry representatives to attempt to hold all accountable for good-faith negotiations taking place.

Medicaid Expansion: To Expand Medicaid, or not, truly is the question of the day. It's on everyone's minds, and few conversations with legislators end without them asking what physicians think about all of it. I am always encouraged that WMS remains the perceived voice of physicians, and take that responsibility very

seriously, however, with this topic, it has been harder than it usually is to answer the question honestly. Our membership's strong internal philosophical and political division on this issue continue to make the discussions tricky. My response is that WMS has formal position in support of expansion, but always add that while our membership is unified in the importance of caring for as many people as possible, we do not have consensus on the best, or most appropriate, path forward to accomplishing that goal.

JLHSS met in Cheyenne January 9-10 and voted two Medicaid Expansion bills out of committee to be considered by the full legislature. A bill modeled after the Arkansas plan, with Wyoming specific modifications, was voted to go to the Senate and the WY Department of Health's proposal for a Medicaid Fit will start in the House. In a Budget session, bills require a 2/3 majority vote in their house of origin to be assigned to a Committee for debate. Since both of these bills are joint committee sponsored bills, they will be introduced on a consent list. However, it only takes one member of the body to request a bill be removed from the consent list for individual consideration. No doubt, both of these bills will be removed from consent and then will require the 2/3 majority vote to be returned to each respective labor committee for consideration and debate.

Medicaid expansion – insurance pool (14LSO-0262.C1) – Senate: This bill creates the Healthcare Independence Act of 2014 and authorizes a private insurance option within the Medicaid program. The intent of this model is to expand and reform the Medicaid program so it is a fiscally sustainable, cost effective, personally responsible and opportunity driven program utilizing competitive and value based purchasing. Eligible individuals would include adults between nineteen and sixty-five years of age with an income that is equal to or less than 138% FPL. The program provides premium assistance through Medicaid funds for eligible individuals to enable their enrollment in a qualified health plan through the health insurance exchange. Covered individuals are required to work no less than 20 hours per week, but this provision can be waived for good cause. The cost sharing agreements for individuals covered through this Medicaid funded insurance pool must be comparable to that for individuals in the same income range in the private insurance market, and the amount of subsidy provided for purchasing insurance will be dictated by a formula that will be established by the Dept. of Health if the legislation is enacted. (Draft legislation included for review).

Medicaid expansion – limited benefits *Medicaid Fit* (14LSO-0139.C1) – House: This bill creates the Medicaid Fit program recommended by the Wyoming Department of Health as the most efficient and appropriate way for Wyoming to expand Medicaid outside of expanding the traditional program to a new population. Medicaid Fit essentially expands the current existing Medicaid program, but partially limits some of the benefits with the maximum level allowable for cost sharing under federal law and regulations. (Draft legislation included for review).

Representative Eric Barlow, DVM (R-Gillette) Proposal: Representative Eric Barlow, DVM is a freshman legislator who sits on the House Labor, Health and Social

Services Committee. He has demonstrated his commitment to healthcare in Wyoming and has acted, and voted, as a sincere friend of medicine in Wyoming. Rep. Barlow recently convened a group of all organizations and parties he believed pertinent to the discussion of reforming access to care in Wyoming. He asked WMS to submit our most important 3-5 components of healthcare access reform, as well as our 3-5 components that would compel us to withdraw support from any proposed legislation. The WMS Legislative Committee discussed the issue via email and will be holding conference call before the winter Board meeting to formulate the WMS response to Dr. Barlow.

Physician-Owned Hospital Licensure: Neutera, LLC, continues to move forward with plans to build private, physician-owned, hospitals in several Wyoming communities. They are already breaking ground in Casper, presenting a perceived threat to Wyoming Medical Center. WMS members Dana Ideen, MD, Matthew Mitchell, MD and Samuel Vigneri, MD testified in support of the private hospital as physician-owners/investors in the facility. JHSS considered three pieces of draft legislation all aimed at thwarting, at least temporarily, the effort to build a private, third hospital in Casper. All three initiatives died on close votes. WMS did not speak to the bills, nor did we announce any position on them. More legislative action related to this hospital is not anticipated during session unless Senator Charlie Scott (R-Casper) attempts to introduce his moratorium on granting of new hospital licenses as a personal bill in the Senate.

Doc of the Day - 2014: With a huge thanks to WMS staff member Tana Johnson and Laramie County Medical Society President, Kristina Behringer, MD, all but two openings to serve as Doctor of the Day during the 2014 Legislative Session are filled. WMS is very proud of this program and the service it provides to the legislators and LSO staff.

**DRAFT ONLY
NOT APPROVED FOR
INTRODUCTION**

HOUSE BILL NO. _____

Medicaid expansion-limited benefits.

Sponsored by: Joint Labor, Health and Social Services
Interim Committee

A BILL

for

1 AN ACT relating to Medicaid; creating the Medicaid fit
2 program; authorizing expansion of the Medicaid program with
3 limited benefits as specified; providing eligibility
4 criteria for Medicaid clients as specified; providing an
5 appropriation; and providing for an effective date.

6

7 *Be It Enacted by the Legislature of the State of Wyoming:*

8

9 **Section 1.** W.S. 42-4-401 through 42-4-404 are created
10 to read:

11

12

ARTICLE 4

13

MEDICAID FIT

1

2 **42-4-401. Medicaid fit program created.**

3

4 (a) There is created the Medicaid fit program within
5 the Medicaid program to provide limited medical assistance
6 to eligible individuals.

7

8 (b) Except as provided in this article, all
9 provisions of the Medicaid program under this chapter shall
10 apply to the Medicaid fit program.

11

12 **42-4-402. Medicaid fit program; eligibility.**

13

14 The department shall provide for all persons described
15 under section 1902(a)(10)(A)(i)(VIII) of the Social
16 Security Act, 42 U.S.C. § 1396a(a)(10)(A)(i)(VIII), to be
17 eligible for Medicaid under this article beginning January
18 1, 2015.

19

20 **42-4-403. Medicaid fit program; limited benefits.**

21

1 (a) Medicaid benefits available under this article
2 shall be more limited than those otherwise available under
3 this chapter, and shall be subject to the following:

4

5 (i) Benefits shall be tailored to the population
6 described in W.S. 42-4-402;

7

8 (ii) Cost sharing shall be set at the maximum
9 level allowable under federal law and regulations, and
10 shall mirror cost sharing in the private insurance market
11 to the extent feasible and appropriate;

12

13 (iii) If greater cost sharing is available, the
14 department shall pursue a demonstration waiver under
15 section 115(a) of the Social Security Act;

16

17 (iv) Benefits shall be benchmarked to,
18 actuarially equivalent to or otherwise similar to a
19 commercial private insurance plan to the extent authorized
20 by section 1937(b)(1) or 1937(b)(2) of the Social Security
21 Act;

22

1 (v) Different benefit packages may be provided
2 to identifiable groups within the population described in
3 W.S. 42-4-402 and to different regions of the state.

4

5 **42-4-404. Medicaid fit program; federal funding**
6 **contingency.**

7

8 The program created by this article shall not be
9 administered during any time period in which the federal
10 medical assistance percentage, pursuant to 42 U.S.C. §
11 1396d(y), is less than ninety percent (90%).

12

13 **Section 2.** There is appropriated one hundred fifty-
14 six million seven hundred thousand dollars
15 (\$156,700,000.00) in federal funds to the department of
16 health. This appropriation shall be for the period
17 beginning with the effective date of this act and ending
18 June 30, 2016. This appropriation shall only be expended
19 for the purpose of Medicaid expansion as provided in this
20 act. Notwithstanding any other provision of law, this
21 appropriation shall not be transferred or expended for any
22 other purpose and any unexpended, unobligated funds

1 remaining from this appropriation shall revert as provided
2 by law on June 30, 2016.

3

4 **Section 3.** This act is effective immediately upon
5 completion of all acts necessary for a bill to become law
6 as provided by Article 4, Section 8 of the Wyoming
7 Constitution.

8

9

(END)

**DRAFT ONLY
NOT APPROVED FOR
INTRODUCTION**

SENATE FILE NO. _____

Medicaid expansion-insurance pool.

Sponsored by: Joint Labor, Health and Social Services
Interim Committee

A BILL

for

1 AN ACT relating to Medicaid; creating the Healthcare
2 Independence Act of 2014; authorizing a private insurance
3 option within the Medicaid program; authorizing payment or
4 subsidy of health insurance premiums for Medicaid clients
5 as specified; declaring legislative intent; providing
6 definitions; providing eligibility criteria for clients and
7 insurers; providing for a continuous appropriation;
8 providing a sunset date; and providing for an effective
9 date.

10

11 *Be It Enacted by the Legislature of the state of Wyoming:*

12

1 **Section 1.** W.S. 42-4-401 through 42-4-409 are created
2 to read:

3

4

ARTICLE 4

5

HEALTHCARE INDEPENDENCE ACT OF 2014

6

7

42-4-401. Title.

8

9 This article shall be known and may be cited as the
10 "Healthcare Independence Act of 2014."

11

12

42-4-402. Purpose.

13

14 (a) The department of health shall explore design
15 options that reform the Medicaid program utilizing this act
16 so that it is a fiscally sustainable, cost effective,
17 personally responsible and opportunity driven program
18 utilizing competitive and value based purchasing to:

19

20

(i) Maximize the available service options;

21

22

(ii) Promote accountability, personal

23

responsibility and transparency;

1

2 (iii) Encourage and reward healthy outcomes and
3 responsible choices; and

4

5 (iv) Promote efficiencies that will deliver
6 value to the taxpayers.

7

8 (b) The purpose of this act is to:

9

10 (i) Improve access to quality healthcare;

11

12 (ii) Attract insurance carriers and enhance
13 competition in the Wyoming insurance market;

14

15 (iii) Promote individually owned health
16 insurance;

17

18 (iv) Strengthen personal responsibility through
19 cost sharing;

20

21 (v) Improve continuity of coverage;

22

1 (vi) Reduce the size of the state administered
2 Medicaid program;

3

4 (vii) Encourage appropriate care, including
5 early intervention, prevention and wellness;

6

7 (viii) Increase quality and delivery system
8 efficiencies;

9

10 (ix) Facilitate Wyoming's continued payment
11 innovation, delivery system reform and market driven
12 improvements;

13

14 (x) Discourage overutilization; and

15

16 (xi) Reduce waste, fraud and abuse.

17

18 **42-4-404. Definitions.**

19

20 (a) As used in this act:

21

1 (i) "Carrier" means a private entity certified
2 by the department of insurance and offering plans through
3 the health insurance exchange;

4

5 (ii) "Cost sharing" means the portion of the
6 cost of a covered medical service that must be paid by or
7 on behalf of eligible individuals, consisting of copayments
8 or coinsurance but not deductibles;

9

10 (iii) "Eligible individuals" means individuals
11 who:

12

13 (A) Are adults between nineteen (19) years
14 of age and sixty-five (65) years of age with an income that
15 is equal to or less than one hundred thirty-eight percent
16 (138%) of the federal poverty level, including individuals
17 who would not be eligible for Medicaid under laws and rules
18 in effect on January 1, 2014;

19

20 (B) Have been authenticated to be a United
21 States citizen or documented qualified alien according to
22 the federal Personal Responsibility and Work Opportunity

1 Reconciliation Act of 1996, P.L. No. 104-193, as existing
2 on January 1, 2014; and

3

4 (C) Are not determined to be more
5 effectively covered through the standard Medicaid program,
6 such as an individual who is medically frail or other
7 individuals with exceptional medical needs for whom
8 coverage through the health insurance exchange is
9 determined to be impractical, overly complex or would
10 undermine continuity or effectiveness of care.

11

12 (iv) "Healthcare coverage" means healthcare
13 benefits as defined by certification or rules, or both,
14 promulgated by the Wyoming department of insurance for the
15 qualified health plans or available on the exchange;

16

17 (v) "Health insurance exchange" means the
18 vehicle created pursuant to P.L. 111-148 known in federal
19 regulations in effect on August 1, 2013 as the "health
20 insurance marketplace";

21

1 (vi) "Independence account" means individual
2 financing structures that operate similar to a health
3 savings account or a medical savings account;

4

5 (vii) "Premium" means a charge that must be paid
6 as a condition of enrolling in healthcare coverage;

7

8 (viii) "Program" means the healthcare
9 independent program established by this act;

10

11 (ix) "Qualified health plan" means a department
12 of insurance certified individual health insurance plan
13 offered by a carrier through the health insurance exchange
14 provided the carrier has agreed to manage the independence
15 account for any individuals enrolling as part of the
16 Medicaid program and to continue to manage the independence
17 account for at least two (2) years, if needed, after an
18 individual leaves the Medicaid program;

19

20 (x) "Wages" means any remuneration subject to
21 social security taxes;

22

1 (xi) "This act" means W.S. 42-4-401 through
2 42-4-409.

3

4 **42-4-405. Administration of the healthcare**
5 **independence program.**

6

7 (a) The department of health shall:

8

9 (i) Create and administer the healthcare
10 independence program;

11

12 (ii) Submit and apply for any:

13

14 (A) Federal waivers necessary to implement
15 the program in a manner consistent with this act, including
16 approval for a comprehensive waiver under Section 1115 of
17 the Social Security Act, 42 U.S.C. § 1315; and

18

19 (B) Medicaid state plan amendments
20 necessary to implement the program in a manner consistent
21 with this act.

22

1 (b) The department of health shall submit only those
2 Medicaid state plan amendments under this section that are
3 optional and therefore may be revoked by the state at its
4 discretion.

5

6 (c) As part of its actions under subparagraph
7 (a)(ii)(A) of this section, the department of health shall
8 confirm that employers shall not be subject to the
9 penalties, including an assessable payment, under Section
10 1513 of P.L. No. 111-148, as existing on January 1, 2014,
11 concerning shared responsibility, for employees who are
12 eligible individuals if the employees:

13

14 (i) Are enrolled in the program; and

15

16 (ii) Enroll in a qualified health plan through
17 the health insurance exchange.

18

19 (d) If the department of health is unable to confirm
20 provisions under subsections (b) and (c) of this section,
21 the program shall not be implemented. If the center for
22 Medicare and Medicaid services does not approve the use of
23 the independence account, a premium paid by individuals and

1 the work requirement as set forth in this act, the program
2 shall not be implemented.

3

4 (e) Implementation of the program is conditioned upon
5 the receipt of necessary federal approvals. If the
6 department of health does not receive the necessary federal
7 approvals, the program shall not be implemented.

8

9 (f) The program shall include premium assistance for
10 eligible individuals to enable their enrollment in a
11 qualified health plan through the health insurance
12 exchange.

13

14 (g) The department of health is specifically
15 authorized to use Medicaid funds to pay premiums and
16 contributions to independence accounts and supplemental
17 contributions to independence accounts directly to the
18 qualified health plans for enrolled eligible individuals.
19 The amount of the contributions to independence accounts
20 shall be determined by a formula set forth in rule and
21 regulation, in the state plan or in the section 1115
22 waiver. The amount plus expected incentive contributions
23 authorized by this act shall be enough to enable an

1 ordinary individual to make required cost sharing payments.
2 The intent of the payments under this subsection is to
3 increase participation and competition in the health
4 insurance market, intensify price pressures and reduce
5 costs for both publicly and privately funded healthcare.

6

7 (h) If an individual's independence account has
8 insufficient funds to make a needed copayment, the
9 department shall make a supplemental contribution to the
10 independence account to enable the enrolled individual to
11 pay required copayments. To the extent there are unrepaid
12 supplemental payments, the individual's required premium
13 contribution shall be increased by fifty percent (50%) and
14 shall be entirely used to repay supplemental contributions.
15 The repayment shall be on a first in, first out basis
16 except that after a supplemental contribution has been
17 outstanding for one (1) year, it's unpaid balance shall be
18 forgiven. If the individual leaves the Medicaid program,
19 any positive balance in that individual's independence
20 account shall be retained for use in paying the
21 individual's further health insurance premiums and
22 copayments and, if there are outstanding unrepaid
23 supplemental contributions, the individual's required

1 premium contribution shall be continued until the
2 supplemental contributions are repaid or forgiven as
3 provided by this subsection. If provided in the state plan
4 or section 1115 waiver, the department shall continue to
5 make supplemental contributions through the Medicaid
6 program for up to one (1) year or until the individual's
7 income exceeds the percentage of poverty level stated in
8 the state plan or section 1115 waiver.

9

10 (j) An individual who leaves the Medicaid program may
11 retain the independence account for up to two (2) years and
12 may, at any time during that period, transfer the balance
13 of the independence account into a private health savings
14 account or similar account. If an individual switches to a
15 different carrier participating in the program, the
16 individual may transfer the independence account to that
17 carrier.

18

19 (k) Individuals participating in the program
20 established by this act shall pay a premium to the carrier
21 based on the individual's earnings. The carrier shall
22 deposit the premium in the individual's independence
23 account unless it is needed to repay a supplemental

1 contribution, in which case the company shall forward the
2 premium to the Medicaid program. The premium shall be set
3 in accordance with department rules and regulations and
4 shall be on a sliding scale according to income as
5 authorized in the state plan or section 1115 waiver. The
6 department shall not implement the program authorized by
7 this act without further legislative authorization if the
8 center for Medicare and Medicaid services does not approve
9 a section 1115 waiver with a minimum premium of at least
10 one-half of one percent (.5%) of income and an enhanced
11 premium to repay supplemental contribution of at least
12 fifty percent (50%) of the original premium, or demands a
13 maximum premium, including base premium and enhanced
14 premium, of more than five percent (5%) of income. The
15 department may by rule and regulation require employers to
16 deduct premium amounts from participating individuals'
17 wages and forward the premium to the appropriate carrier.

18

19 (m) Individuals participating in the program shall be
20 required to work at least twenty (20) hours per week,
21 averaged over a period to be specified in the state plan or
22 the section 1115 waiver. This requirement may be waived

1 for good cause as provided in the state plan or section
2 1115 waiver.

3

4 (n) To the extent allowable by law:

5

6 (i) The department of health shall pursue
7 strategies that promote insurance coverage of children in
8 their parents' or caregivers' plan, including children
9 eligible for the child health insurance program pursuant to
10 title 35, chapter 25, article 1; and

11

12 (ii) Upon the receipt of necessary federal
13 approval, during calendar year 2015 the department of
14 health shall include and transition to the health insurance
15 exchange:

16

17 (A) Children eligible for the child health
18 insurance program; and

19

20 (B) Populations under Medicaid from zero
21 percent (0%) of the federal poverty level to seventeen
22 percent (17%) of the federal poverty level.

23

1 (iii) The department of health shall develop and
2 implement a strategy to inform Medicaid recipient
3 populations whose needs would be reduced or better served
4 through participation in the health insurance exchange.

5

6 (o) The program shall include allowable cost sharing
7 for eligible individuals that is comparable to that for
8 individuals in the same income range in the private
9 insurance market and is structured to enhance eligible
10 individuals' investment in their healthcare purchasing
11 decisions.

12

13 (p) The department of insurance and department of
14 health shall administer and promulgate rules to administer
15 the program authorized under this act on or before October
16 1, 2014.

17

18 (q) The program authorized under this act shall
19 terminate within one hundred twenty (120) days after a
20 reduction in any of the following federal medical
21 assistance percentages:

22

1 (i) One hundred percent (100%) in 2014, 2015 or
2 2016;

3

4 (ii) Ninety-five percent (95%) in 2017;

5

6 (iii) Ninety-four percent (94%) in 2018;

7

8 (iv) Ninety-three percent (93%) in 2019; and

9

10 (v) Ninety percent (90%) in 2020 or any year
11 after 2020.

12

13 (r) An eligible individual enrolled in the program
14 shall affirmatively acknowledge that:

15

16 (i) The program is not a perpetual federal or
17 state right or a guaranteed entitlement;

18

19 (ii) The program is subject to cancellation upon
20 appropriate notice; and

21

22 (iii) The program is not an entitlement program.

23

1 (s) The department of health shall develop a model
2 and seek from the center for Medicare and Medicaid services
3 all necessary waivers and approvals to allow nonaged,
4 nondisabled program eligible participants to enroll in a
5 program that will create and utilize independence accounts
6 that operate similar to a health savings account or medical
7 savings account during the calendar year 2015. The
8 independence accounts shall:

9

10 (i) Allow a participant to purchase cost
11 effective high deductible health insurance; and

12

13 (ii) Promote independence and self sufficiency.

14

15 (t) The department of health shall implement cost
16 sharing and copays and, as a condition of participation,
17 earnings shall exceed fifty percent (50%) of the federal
18 poverty level. Participants may receive rewards based on
19 healthy living and self sufficiency. At the end of each
20 fiscal year, if there are funds remaining in the account, a
21 majority of the state's contribution will remain in the
22 participant's control as a positive incentive for the
23 responsible use of the healthcare system and personal

1 responsibility of health maintenance. Uses of the funds
2 may include rolling the funds into a private sector health
3 savings account for the participant according to rules
4 promulgated by the department of health.

5

6 (u) State obligations for uncompensated care shall be
7 projected, tracked and reported to identify potential
8 incremental future decreases. The department of health
9 shall recommend appropriate adjustments to the legislature.

10

11 (w) On a quarterly basis, the department of health
12 shall report to the joint labor, health and social services
13 interim committee information regarding:

14

15 (i) Program enrollment;

16

17 (ii) Patient experience;

18

19 (iii) Economic impact including enrollment
20 distribution;

21

22 (iv) Carrier competition; and

23

1 (v) Avoided uncompensated care.

2

3 **42-4-406. Standards of healthcare coverage through**
4 **the health insurance exchange.**

5

6 (a) Healthcare coverage shall be achieved through a
7 qualified health plan at the silver level as provided in 42
8 U.S.C. §§ 18022 and 18071, as existing on January 1, 2014,
9 that restricts cost sharing to amounts that do not exceed
10 Medicaid cost sharing limitations.

11

12 (b) All participating carriers in the health
13 insurance exchange shall offer healthcare coverage
14 conforming to the requirements of this act.

15

16 (c) A participating carrier in the health insurance
17 exchange shall maintain a medical loss ratio of at least
18 eighty percent (80%) for an individual and small group
19 market policy and at least eighty-five percent (85%) for a
20 large group market policy as required under P.L. No. 111-
21 148, as existing on January 1, 2014.

22

1 (d) To assure price competitive choice among
2 healthcare coverage options, the department of insurance
3 shall assure that at least two (2) qualified health plans
4 are offered in each county in the state.

5

6 (e) Health insurance carriers offering healthcare
7 coverage for program eligible individuals shall participate
8 in and shall be reimbursed by Medicaid for payment
9 improvement initiatives including:

10

11 (i) Assignment of primary care clinician;

12

13 (ii) Support for patient centered medical home;

14

15 (iii) Access of clinical performance data for
16 providers; and

17

18 (iv) Additional payments to an individual's
19 independence account for an initial visit with a primary
20 care clinician which establishes the individual's patient
21 centered medical home and for carrying out additional
22 wellness activities recommended by the primary care
23 clinician. The department shall specify in rules and

1 regulations, the state plan or the section 1115 waiver the
2 additional wellness activities that may be recommended and
3 provided without cost to the individual by Medicaid.

4

5 (f) The department may contract with participating
6 carriers for the following third party administrative
7 services:

8

9 (i) A clinical team to assist individuals who
10 have, or are likely to have, expensive medical problems in
11 obtaining appropriate care or taking useful preventive
12 measures; and

13

14 (ii) Provision of health counselors or coaches
15 to assist individuals in adapting to the requirements and
16 opportunities of this program.

17

18 **42-4-407. Enrollment.**

19

20 The department of insurance shall assure that a mechanism
21 within the health insurance exchange is established and
22 operated to facilitate enrollment of eligible individuals
23 under this act. The enrollment mechanism shall include an

1 automatic verification system to guard against waste, fraud
2 and abuse in the program.

3

4 **42-4-408. Healthcare independent program account.**

5

6 (a) The healthcare independence program trust account
7 is created. The account shall consist of monies saved and
8 accrued to the state under this act including:

9

10 (i) Increases in premium tax collections;

11

12 (ii) Reductions in uncompensated care;

13

14 (iii) Other spending reductions resulting from
15 the Healthcare Independence Act of 2014; and

16

17 (iv) Other funds credited to the account as
18 provided by law.

19

20 (b) Funds in the healthcare independence program
21 trust account are continuously appropriated to the
22 department of health to be used only for purposes of this
23 act. The fund may be used by the department of health to

1 pay for future obligations under the healthcare
2 independence program created by this act.

3

4 **42-4-409. Sunset.**

5

6 W.S. 42-4-401 through 42-4-409 are repealed effective June
7 30, 2017.

8

9 **Section 2.** This act is effective immediately upon
10 completion of all acts necessary for a bill to become law
11 as provided by Article 4, Section 8 of the Wyoming
12 Constitution.

13

14

(END)

STATE OF WYOMING

HOUSE BILL NO. HB_____

Acupuncture Practice Act. Sponsored by: Representative(s) Moniz, Greene, Krone

CHAPTER 49 – ACUPUNCTURE AND ORIENTAL MEDICINE

A BILL for AN ACT relating to professions and occupations; providing for the licensure and regulation of acupuncture and Oriental medicine as specified; establishing the board of acupuncture and Oriental medicine as specified; providing regulatory authority; and providing for an effective date.

Be It Enacted by the Legislature of the State of Wyoming:

Section 1. W.S. 33-49-101 through 33-49-410 are created to read:

CHAPTER 49

ACUPUNCTURE AND ORIENTAL MEDICINE PRACTICE ACT

ARTICLE 1 - GENERAL PROVISIONS

33-49-101. Short title.

This chapter is known and may be cited as the "Acupuncture and Oriental medicine Practice Act".

33-49-102. Definitions.

(A) As used in this chapter:

(i) "ABMA" means the American board of medical acupuncture;

(ii) "ACAOM" means the accreditation commission for acupuncture and Oriental medicine;

(iii) "Acupuncture and Oriental medicine" means a form of primary health care based upon traditional Oriental medical concepts that employ Oriental methods of diagnosis, treatment and adjunctive therapies for the promotion, maintenance and restoration of health and the prevention of disease or the treatment of any ailment, disease, pain, injury, deformity or physical condition;

(iv) "Acupuncturist" means any person who provides for compensation, or holds himself out to the public as providing, acupuncture and Oriental medicine services;

(v) "A.O.A." means the American Osteopathic Association;

(vi) "Board" means the Wyoming state board of acupuncture and Oriental medicine;

(vii) "Board counsel" means an attorney designated by the board to provide legal counsel to the board and its staff in the conduct of the board's business;

(viii) "Board prosecutor" means an attorney designated by the board to prosecute, and to provide legal counsel to interviewers and petitioners in, disciplinary cases pending before the board pursuant to this act and the Wyoming Administrative Procedure Act;

(iv) "Condition" means a specific requirement or prohibition imposed by any acupuncture and Oriental medicine licensing board of any jurisdiction, or by any health care facility on an applicant's or licensee's clinical privileges at that facility, that shall be fulfilled by an applicant or licensee in order to obtain or continue to hold a license in that jurisdiction, or clinical privileges at that facility;

(vii) "Errant conduct" means conduct by a licensee which may constitute grounds for discipline as set forth in this act;

(vii) "D.O.M." means Doctor of Oriental Medicine

(viii) "Health care entity" means any hospital, clinic, training program, professional society or committee of doctors or other licensed health care practitioners that follows a peer review process for the purpose of furthering quality health care;

(ix) "Impaired" means a person who is unable to practice medicine with reasonable skill and safety to patients by reason of one (1) or more of the following:

(A) Medical incompetence;

(B) Mental illness;

(C) Physical illness, including but not limited to deterioration through the aging process or loss of motor skill;

(D) Chemical or alcohol impairment, addiction, dependence or abuse.

(x) "L.Ac." means Licensed Acupuncturist

(xi) "Lapsed" means the status of a license when the licensee fails to renew the license by July 1 of any year or when the holder of a temporary license fails to appear for an interview at the next board meeting following the date of issuance or fails to submit a written request for extension of a temporary license or when a written request for extension is not approved by the board;

(xii) "License" means a license to practice acupuncture and Oriental medicine in this state issued by the board pursuant to this chapter;

(xiii) "Licensee" means any person licensed by the board under W.S. 33-49-301;

(xiv) "NCCAOM" means the national certification commission for acupuncture and Oriental medicine;

(xv) "Physician-patient relationship" means a relationship between a licensee and any person formed for the purpose of the licensee providing medical diagnosis or treatment to the person, whether or not for compensation;

(xvi) "Practicing acupuncture and Oriental medicine" means any person who in any manner:

"Practice of Acupuncture" includes: title of L.Ac.

(A) Stimulation of points on the body through the use of needles, lancets, moxibustion, Qigong, thermal methods, herbal preparations, light, sound, vibration, pressure, magnetism, electricity, suction, water or other means;

(B) Manual therapy including massage, acupressure, acupuncture, trigger point dry needling, reflexology, shiatsu, mobilization, manipulation, cupping, tuina and acutotement;

(C) Auricular, hand, nose, face, foot and scalp microsystem therapy;

(D) Adjunctive therapies including dietary and nutritional counseling, recommendation of breathing techniques and therapeutic exercises and lifestyle, behavioral and stress counseling;

(E) Diagnostic techniques including observation, listening, smelling, inquiring, palpitation, electrodermal screenings, thermography and the routine use of functional testing through physical or laboratory tests;

"Practice of Chinese herbal medicine" includes: title of D.O.M.

(A) Sale, recommendation, prescription, administration, preparation or compounding of herbs, vitamins, minerals, animals, homeopathic preparations, enzymes, glandular products, natural substances, dietary supplements or nutritional supplements in the form of raw herbs, decoctions, teas, tinctures, infusions, granules, pills or powders according to Oriental medicine concepts;

"Practice of acupuncture and Oriental medicine" does not include:

(A) "Osteopathic medicine";

(B) "Chiropractic" as defined in W.S. 33-10-101;

(C) "Physical therapy" as defined in W.S. 33-25-101(a)(i);

(D) "Allopathic western medicine" including surgery, prescribing, dispensing or administering any prescription drug or utilization of allopathic western medical diagnostic tests and procedures including magnetic resonance imaging, radiographs, computerized tomography scans and ultrasound.

(xvii) "Reactivation" after a license has lapsed means the completion of all requirements set forth in W.S. 33-49-305(D);

(xviii) "Restriction" means a limitation placed by any acupuncture and Oriental medicine licensing board of any jurisdiction on an applicant's or licensee's scope of practice in that jurisdiction, or by any health care facility on an applicant's or licensee's clinical privileges at that facility;

(xix) "School of acupuncture" means a school in which acupuncture is taught and which is accredited by ACAOM or its equivalent as determined by the board;

(xx) "Sexual misconduct" means:

(A) Any behavior by a licensee, which involves offers of exchange of medical services for some form of sexual gratification;

(B) Sexual contact that occurs concurrent with the physician-patient relationship;
or

(C) Any behavior by a licensee toward a patient, former patient, another licensee, an employee of a health care facility, an employee of the licensee or a relative or guardian of a patient that exploits the position of trust, knowledge, emotions or influence of the licensee.

(xxi) "This act" means the Acupuncture and Oriental medicine Practice Act;

(xxii) "This chapter" means W.S. 33-49-101 through 33-49-410.

(xxiii) "Telemedicine" means the practice of medicine by electronic communication or other means from a doctor in a location to a patient in another location, with or without an intervening health care provider.

33-49-103. Applicability of chapter.

(a) This chapter does not apply to:

(i) Persons rendering medical assistance without compensation at the scene of an emergency;

(iii) Commissioned medical officers of the United States armed services and medical officers of the United States public health service or the United States department of veterans affairs in the discharge of their official duties or within federally controlled facilities or enclaves, provided that the persons who are licensees of the board shall be subject to the provisions of this act and further provided that all such persons shall be the holder of a full and unrestricted license to practice acupuncture and Oriental medicine in one (1) or more jurisdictions of the United States;

(iv) Any individual residing in and licensed in good standing to practice acupuncture and Oriental medicine in another state or country brought into this state for consultation by an acupuncture and Oriental medicine licensed to practice acupuncture and Oriental medicine in this state, provided the provider licensed in this state notifies the board of the consultation in compliance with regulations adopted by the board;

(vi) The treatment of disease, injury, deformity or ailments by prayer or spiritual means provided that federal and state health and sanitation laws, rules and regulations are not violated;

(vii) The gratuitous domestic administration of family remedies;

(viii) Health care providers licensed under any other chapter of this title engaged in the practice of the profession for which he is licensed;

(x) Any person who does not represent himself to be a licensed health care professional who offers health care advice or nonprescription medicine to another person in a social or educational situation in any manner otherwise lawful.

ARTICLE 2 - WYOMING STATE BOARD OF ACUPUNCTURE AND ORIENTAL MEDICINE

33-49-201. State board of ACUPUNCTURE AND ORIENTAL MEDICINE; composition; appointment; terms; qualifications; removal; vacancies; quorum.

(a) The Wyoming state board of acupuncture and Oriental medicine shall consist of five (5) providers licensed to practice acupuncture and Oriental medicine in Wyoming, not less than five (5) of whom shall possess the degree of acupuncture and Oriental medicine, and one (1) lay member, appointed by the governor by and with the consent of the senate as required by W.S. 28-12-101 through 28-12-103. Board members appointed by the governor shall serve at the pleasure of the governor. The board members shall annually elect a president, a vice-president, and a secretary.

(b) Board members shall serve four (4) year terms. No board member shall serve more than three (3) consecutive terms.

(c) Acupuncture and Oriental medicine members shall reside in, hold a full and unrestricted license and actively practice in this state. Lay members shall reside in this state.

(d) The governor shall appoint a new board member if a vacancy occurs. A person appointed to fill a vacancy shall serve for the unexpired portion of the vacated term. A vacancy occurs if a member:

(i) Is absent from three (3) consecutive meetings;

(ii) No longer holds a full and unrestricted license to practice in this state or no longer engages in active practice in this state;

(iii) Resigns; or

(iv) Is removed by the governor.

(e) A quorum of the board consists of three (3) board members, including a lay member, unless otherwise specified in subsection (f) of this section.

(f) If the board president determines that due to conflicts of interest or other circumstances it may not be possible to seat a quorum of board members to hear a disciplinary case brought pursuant to this act, the president may submit a written request to the governor for the appointment of one (1) or more acting board members to hear the disciplinary case in question. Upon receipt of the request, the governor shall appoint the requested number of temporary board members for the sole purpose of hearing the disciplinary case in question. Only persons who previously served as members of the board shall be eligible for temporary appointment to hear disciplinary cases before the board. Appointments made under this subsection shall not require the consent of the senate pursuant to W.S. 28-12-101 through 28-12-103. Persons appointed pursuant to this subsection shall be compensated and have their expenses reimbursed in the same manner as regular board members under W.S. 33-26-203(C). The appointment of a person under this subsection shall automatically terminate upon the entering of a final order in the disciplinary case for which he was appointed.

(g) Of the initial members appointed to the board, one (1) member shall be appointed for a term of three (3) years, two (2) members shall be appointed for a term of two (2) years and two (2) members shall be appointed for a term of one (1) year. Thereafter, the terms of office of the members appointed shall be for four (4) years.

33-49-202. Board; duties; general powers.

(A) The board shall pass upon the qualifications and determine the fitness of all persons desiring to practice acupuncture and Oriental medicine in this state.

- (B) The board is empowered and directed to:
- (i) Grant, refuse to grant, suspend, restrict, revoke, reinstate or renew licenses to practice acupuncture and Oriental medicine;
 - (ii) Investigate allegations and take disciplinary action on the following grounds:
 - (a) A licensee is impaired or has engaged in errant conduct;
 - (b) A person has violated an applicable provision of this chapter or the board's regulations.
 - (iii) Conduct informal interviews and contested case proceedings;
 - (iv) Adopt a seal;
 - (v) Adopt, amend, repeal, enforce and promulgate reasonable rules and regulations necessary to implement the provisions of this chapter;
 - (vi) Develop standards governing the delegation of a licensee's acupuncture and Oriental medical responsibilities to nonphysicians;
 - (vii) Publish annually and submit to the governor a report which includes the following information:
 - (a) A summary of the kind and number of action taken by the board including dates, types and origin of oral or written complaints received and case summaries of providers whose licenses have been suspended or revoked and any other disciplinary actions;
 - (b) Board fiscal transactions for the preceding year, the amount of its accumulated cash and securities and a balance sheet showing its financial condition by means of an actuarial valuation of board assets and liabilities.
 - (viii) Publicize information regarding the filing of complaints;
 - (ix) Comply with all applicable federal law;
 - (x) Verify the status of licenses and privileges held by licensees and applicants for licensure with the acupuncture and Oriental medicine licensing boards in other jurisdictions, and to provide verification of the status of licenses held in this state by licensees to the entities specified in this paragraph;
 - (xi) Annually review any licensee whose license is restricted or is issued subject to any condition;
 - (xii) Participate in and contract with a program or programs to assist in the return to practice of licensees who have exhibited disruptive behaviors, substance dependence or abuse or are suffering from physical or mental impairment;
 - (xiii) Take all reasonable action, including the promulgation of rules and regulations, necessary to enforce this chapter;
 - (xiv) Adopt, amend, repeal, enforce and promulgate reasonable rules and regulations necessary to implement and administer continuing acupuncture and

Oriental medicine education requirements of its licensees.

(xv) Publish nonbinding advisory opinions or other guidance on the application and interpretation of this act and the rules and regulations promulgated pursuant to this act;

(xvi) Request criminal history background information for purposes of licensure and discipline, as authorized under W.S. 7-19-106(a);

(xvii) Use, retain or employ investigators, the offices of the attorney general, the state division of criminal investigation, any other investigatory or fact finding agency and medical specialty consultants, as necessary, to investigate and evaluate complaints against licensees and possible violations of this act and the board's rules;

(xviii) Adopt rules and regulations for the practice of acupuncture and Oriental medicine in Wyoming by providers not otherwise licensed in Wyoming in the event of a public health emergency or pandemic;

(xix) Adopt rules and regulations for the practice of telemedicine.

33-49-203. Board; employment and salary of executive director; and other employees; per diem and expenses of members.

(A) The board may employ or contract with an executive director, board counsel, board prosecutor and other necessary staff. The executive director shall not be a board member.

(B) The executive director's compensation and terms of employment shall, and board counsel's and the board prosecutor's compensation may, be set by the board. The compensation of other staff shall be set by the human resources division of the department of administration and information.

(C) Board members shall receive salary in the same manner and amount as members of the Wyoming legislature and shall be reimbursed for actual and necessary expenses and mileage incurred in the performance of their official duties. Any incidental expenses necessarily incurred by the board or any member, if approved by the board, shall be paid from the account from fees collected pursuant to this chapter.

ARTICLE 3 - LICENSING

33-49-301. License required.

(a) No person shall practice acupuncture and Oriental medicine in this state without a license granted by the board, or as otherwise provided by law.

(b) Upon appropriate application, fulfillment of eligibility criteria and successful completion of all other requirements, the board may grant:

(i) A license to practice acupuncture and Oriental medicine, subject to annual renewal;

(ii) A temporary license to practice acupuncture and Oriental medicine pursuant to W.S. 33-49-304(A);

(iii) A restricted or conditional license;

(iv) An inactive license provided the qualifications for and the conditions of this license shall be established by rule;

(v) A acupuncture and Oriental medicine training license pursuant to W.S. 33-49-303(C);

(vi) An emeritus license, allowing retired providers to provide health care without remuneration, provided the qualifications for and the conditions of this license shall be established by rule;

(vii) A volunteer license, allowing providers not otherwise licensed in Wyoming to practice acupuncture and Oriental medicine in the state without remuneration, provided the qualifications for and conditions of this license shall be established by rule;

(viii) An administrative acupuncture and Oriental medicine license for providers not providing patient care provided the qualifications for and the conditions of this license shall be established by rule.

33-49-302. Application for license; qualifications;

(A) Each applicant for licensure under this chapter institution that conforms to standards approved by the board;

(i) Applicant has been in practice receiving remuneration for acupuncture or Oriental medicine in the last 90 days from the date of passage of this bill. This applicant is grandfathered to license and does not need to meet requirements set forth in this chapter.

(ii) Qualifications based on education, experience or training whether inside or outside of the United States which are substantially similar to those provided by paragraph (i) of this subsection which are documented in the form required by the board and accepted by the board in lieu of the education program;

(iii) Current active status as a diplomate of acupuncture title of L.Ac. or diplomate of Oriental medicine title of D.O.M. of the NCCAOM; or

(iv) If the applicant is an allopathic western medical doctor, chiropractor or osteopath, the applicant shall have:

(a) Successfully completed an education program of not less than three hundred (300) hours that is approved by the ABMA or equivalent or have a certification from the ABMA; or

(b) Qualifications based on education, experience or training whether inside or outside of the United States which are substantially similar to those provided by subparagraph (A) of this paragraph which are documented in the form required by the board and accepted by the board in lieu of the education program.

(c) An acupuncturist may also apply to the board for certification to practice Chinese herbal medicine. Title of D.O.M. In order to qualify for certification under this subsection, the acupuncturist shall have:

(i) Passed a nationally recognized examination approved by the board or have current active status as a diplomate of Chinese herbology or diplomate of Oriental medicine of the NCCAOM; or

(ii) If the applicant is an allopathic western medical doctor, chiropractor or osteopath and the scope of practice of the allopathic western medical doctor, chiropractor or osteopath does not permit the practice of herbal medicine; the applicant shall be subject to the requirements of paragraph (i) of this subsection.

(d) Each applicant for licensure or certification shall pay any required license, certification, renewal or reinstatement fees established by the board under this chapter. Licenses and certifications shall be renewed every two (2) years or reinstated pursuant to a schedule established by the board pursuant to this chapter. The board may establish renewal fees and delinquency fees for reinstatement. If a person fails to renew his license or certification pursuant to the schedule established by the board, the license or certification shall expire as provided in W.S. 33-49-113. Any person whose license or certification has expired shall be subject to the penalties provided in this chapter.

(e) Each acupuncturist shall report to the board any judgment or administrative action, as well as the terms of any settlement or other disposition of any such judgment or action, against the acupuncturist involving malpractice or improper practice of acupuncture, whether occurring in Wyoming or in any other jurisdiction. The acupuncturist shall make such report either within thirty (30) days after the judgment or action or upon application for licensure or reinstatement, whichever occurs earlier.

(v) Has paid the appropriate fees pursuant to W.S. 33-49-307;

(vi) Has completed to the satisfaction of a majority of board members, if required pursuant to board rule, a personal interview consisting of inquiry and oral response to acupuncture and Oriental medicine knowledge, personal and professional history and intentions for practicing acupuncture and Oriental medicine in this state; and

(vii) Meets any additional requirements that the board may impose by regulation which are necessary to implement this act.

(B) A person who has pled guilty to or has been convicted of a felony or any crime that is a felony under Wyoming law in any state or federal court or in any court of similar jurisdiction in another country may apply for licensure provided, the board may deny licensure based upon the plea or conviction alone.

(C) A person whose acupuncture and Oriental medicine license has been revoked, suspended, restricted, had conditions placed on it or been voluntarily or involuntarily relinquished or surrendered, by or to another state acupuncture and Oriental medicine or licensing board, or has a disciplinary action pending before another state acupuncture and Oriental medicine or licensing board, may apply for licensure provided, however, the board may deny licensure based upon the revocation, suspension, restrictions, conditions, relinquishment, surrender of licensure or pending disciplinary action alone.

(D) A person whose clinical privileges at a health care facility have been revoked, suspended, restricted, had conditions placed upon them or been voluntarily or

involuntarily resigned, or against whom a clinical privilege action is pending at a health care facility, may apply for licensure provided, however, the board may deny licensure based upon the revocation, suspension, restrictions, conditions, resignation of privileges or pending clinical privilege action alone.

33-26-303. Temporary license to practice acupuncture and Oriental medicine; acupuncture and Oriental medicine training license; application; qualifications.

(A) The board may issue a temporary license for a term that expires at 8:00 a.m. on the first day of the next regularly scheduled board meeting to a person who:

- (i) Completes an application as approved by the board for temporary licensure;
- (ii) Meets all licensing requirements of W.S. 33-49-303 except that the board may defer the interview required by W.S. 33-49-302(A)(vii) at its discretion until no later than the next board meeting;
- (iii) Pays a temporary license fee in an amount set by the board.

(B) The board, in its discretion may extend a temporary license for an additional term no longer than 8:00 a.m. on the first day of the second regularly scheduled board meeting following the date of the initial issuance of a temporary license.

(C) The board may issue an acupuncture and Oriental Medicine training license for a term that expires at 12:01 a.m. July 1 of each year to a person who:

- (i) Has paid the appropriate fees pursuant to W.S. 33-49-307; and
- (ii) Meets any additional requirements that the board may impose by regulation which are necessary to implement this act.

(D) A person who has pled guilty to or has been convicted of a felony or any crime that is a felony under Wyoming law in any state or federal court or in any court of similar jurisdiction in another country may apply for licensure, provided the board may deny licensure based upon the plea or conviction alone.

(E) A person whose medical license has been revoked, suspended, restricted, had conditions placed on it or been voluntarily or involuntarily relinquished or surrendered, by or to another state medical or licensing board, or has a disciplinary action pending before another state medical or licensing board, may apply for licensure provided, however, the board may deny licensure based upon the revocation, suspension, restrictions, conditions, relinquishment, surrender of licensure or pending disciplinary action alone.

(F) A person whose clinical privileges at a health care facility have been revoked, suspended, restricted, had conditions placed upon them or been voluntarily or involuntarily resigned, or against whom a clinical privilege action is pending at a health care facility, may apply for licensure provided, however, the board may deny licensure based upon the revocation, suspension, restrictions, conditions, resignation of privileges or pending clinical privilege action alone.

33-26-305. Annual renewal; expiration; reactivation of lapsed and inactive licenses; restoration of emeritus licenses to active status; duplicates.

(A) All licenses other than temporary licenses and acupuncture and Oriental medicine training licenses shall lapse annually on a date or dates to be established by rules adopted by the board. A licensee may renew his license each year by submitting a

renewal application containing information required by the board, accompanied by proof of compliance with and fulfillment of continuing acupuncture and Oriental medicine education requirements of the board in the manner set forth in the board's continuing acupuncture and Oriental medicine education rules and regulations and a renewal fee to the board in an amount set by the board pursuant to W.S. 33-49-307. The licensee additionally shall report any disciplinary action pending or taken by a state examining board, a health care entity or the grievance committee of a medical society during the preceding year.

(B) The board may reactivate a lapsed or inactive license if the applicant meets the requirements established by the rules and regulations promulgated by the board.

(C) A licensee shall apply to the board for a duplicate license if his license is stolen, lost or destroyed. Upon proof of proper identification, the required fee and submission of other information as the board may require, the board shall issue a duplicate license bearing on its face the word "DUPLICATE".

(D) The board may restore an emeritus license to active status if the applicant meets the requirements established by the rules and regulations promulgated by the board.

33-26-307. Fees.

(A) The board shall set by regulation appropriate license application, renewal and reactivation fees, examination fees and fees for information verification or document production and other services of the board to be charged under this chapter.

(B) All money received or collected under this chapter shall be paid to the state treasurer for deposit in a separate account. The money in the account is subject at all times to the warrant of the state auditor drawn upon written requisition attested by the executive director of the board for the payment of any board expenses.

ARTICLE 4 - INVESTIGATIONS AND DISCIPLINARY PROCEEDINGS

33-49-401. Board duties; investigation; interview.

(A) The board shall investigate, upon a written and signed complaint or by its own motion, any information that if proven would fall within the jurisdiction of the board and would constitute a violation of this act.

(B) Before holding a contested case hearing, the board shall conduct an informal interview with the licensee unless the licensee waives an interview.

(C) Notwithstanding any other provision of law the board may require, by administrative subpoena, the testimony of licensees and witnesses and the production of evidence relating to any matter under investigation.

(D) All evidence admitted into the record of any contested case hearing held before the board shall be subject to the confidentiality provisions set forth in W.S. 33-49-408 unless waived by the licensee.

(E) The board retains jurisdiction over only those licensees to whom temporary or full licenses were granted and who are subject to ongoing investigation by the board, regardless of whether the license expired, lapsed or was relinquished during or after the alleged occurrence of conduct proscribed by W.S. 33-49-402 by the licensee.

33-49-402. Grounds for suspension; revocation; restriction; imposition of conditions;

refusal to renew or other disciplinary action.

(A) The board may refuse to renew, and may revoke, suspend or restrict a license or take other disciplinary action, including the imposition of conditions or restrictions upon a license on one (1) or more of the following grounds:

- (i) Renewing, obtaining or attempting to obtain or renew a license by bribery, fraud or misrepresentation;
- (ii) Impersonating another licensee or practicing medicine under a false or assumed name;
- (iii) Making false or misleading statements regarding the licensee's skill or the efficacy or value of his treatment or remedy for a human disease, injury, deformity, ailment, pregnancy or delivery of infants;
- (iv) Permitting or allowing any person to use his diploma, license or certificate of registration;
- (v) Advertising the practice of acupuncture and Oriental medicine in a misleading, false or deceptive manner;
- (vi) Obtaining any fee or claim for payment of a fee by fraud or misrepresentation;
- (vii) Sexual misconduct;
- (viii) Conviction of or pleading guilty or nolo contendere to a felony or any crime that is a felony under Wyoming law in any jurisdiction;
- (ix) Aiding or abetting the practice of acupuncture and Oriental medicine by a person not licensed by the board;
- (x) Violating or attempting to violate or assist in the violation of any provision of this chapter or any other applicable provision of law;
- (xi) Except as permitted by law, repeatedly prescribing or administering, selling or supplying any drug legally classified as a narcotic, addicting or scheduled drug to a known abuser;
- (xii) Failing or refusing to properly guard against the spread of contagious, infectious or communicable diseases;
- (xiii) Failure to appropriately supervise nonphysicians to whom the licensee has delegated acupuncture and Oriental medicine responsibilities;
- (xiv) Delegating responsibilities to a person who is not qualified by training, experience or licensure;
- (xv) Delegating acupuncture and Oriental medicine responsibilities to a person who is unable to safely, skillfully and competently provide acupuncture and Oriental medicine care to patients or that are beyond the scope of the specialty areas in which the licensee and the person are trained and experienced;
- (xvi) Willful and consistent utilization of acupuncture and Oriental medicine service or treatment which is inappropriate or unnecessary;

- (xvii) A manifest incapacity to practice acupuncture and Oriental medicine with reasonable skill and safety to patients;
- (xviii) Possession of any physical or mental disability including deterioration due to aging which renders the practice of acupuncture and Oriental medicine unsafe;
- (ixx) Use of a drug or intoxicant to such a degree as to render the licensee unable to practice acupuncture and Oriental medicine or surgery with reasonable skill and safety to patients;
- (xx) Practicing acupuncture and Oriental medicine below the applicable standard of care, regardless of causation or damage;
- (xxi) Failure to submit to an informal interview or a mental, physical or medical competency examination following a proper request by the board pursuant to W.S. 33-49-403;
- (xxii) Failure to report a personal injury claim as required by W.S. 33-49-409;
- (xxiii) Suspension, probation, imposition of conditions or restrictions, relinquishment, surrender or revocation of a license to practice acupuncture and Oriental medicine in another jurisdiction;
- (xxiv) Any action by a health care entity that:
 - (a) Adversely affects clinical privileges for a period of thirty (30) or more consecutive days;
 - (b) Results in the surrender of clinical privileges to the health care entity while the licensee is under investigation by the health care entity for possible professional incompetence or improper professional conduct; or
 - (c) Results in the surrender of clinical privileges in return for the health care entity not conducting an investigation for possible professional incompetence or improper professional conduct.
- (xxvii) Unprofessional or dishonorable conduct not otherwise specified in this subsection, including but not limited to:
 - (a) Violation of any board rule or regulation;
 - (b) Failure to conform to the applicable standard of care;
 - (c) Willful or careless disregard for the health, welfare or safety of a patient;
 - (d) Engaging in any conduct or practice that is harmful or dangerous to the health of a patient or the public;
 - (e) Engaging in conduct intended to or likely to deceive, defraud or harm the public;
 - (f) Using any false, fraudulent or deceptive statement in any document connected with the practice of acupuncture and Oriental medicine including the intentional falsification or fraudulent alteration of a patient or health care facility record;

(g) Failing to prepare and maintain legible and complete written medical records that accurately describe the medical services rendered to the patient, including the patient's history, pertinent findings, examination, results, test results and all treatment provided;

(h) Practicing outside of the scope of the licensee's expertise and training;

(i) Repeatedly engaging in harassing, disruptive or abusive behavior directed at staff, co-workers, a patient or a patient's relative or guardian or that interferes with the provision of patient care;

(j) Engaging in conduct that constitutes moral turpitude, including but not limited to conviction of or pleading guilty or nolo contendere to domestic abuse, stalking, sexual assault, sexual abuse or unlawful exploitation of a minor, indecent exposure, incest or distribution of pornography;

(k) Failing or neglecting to attempt to inform a patient within a reasonable time of the results of a laboratory test indicating the need for further clinical review;

(l) Improperly terminating a physician-patient relationship;

(m) Representing that a manifestly incurable disease or condition can be permanently cured or that any disease or condition can be cured by a secret method, procedure, treatment, medicine or device if the representation is untrue;

(n) Intentionally or negligently releasing or disclosing confidential patient information. This restriction shall not apply to disclosures permitted or required by state or federal law or when disclosure is necessary to prevent imminent risk of harm to the patient or others;

(o) Failing or refusing to transfer a copy of patient records to the patient or the patient's legally designated representative within thirty (30) days after receipt of a written request;

(p) Utilization of experimental forms of therapy without proper informed consent from the patient, without conforming to generally-accepted criteria or standard protocols, without keeping detailed, legible records or without having periodic analysis of the study and results reviewed by a committee of peers;

(q) Except in emergency situations where the consent of the patient or the patient's legally designated representative cannot be reasonably obtained, assisting in the care or treatment of a patient without the consent of the patient, the attending physician or the patient's legal representative;

(r) Using or engaging in fraud or deceit to obtain third party reimbursement.

(xxviii) Upon proper request by the board, failure or refusal to produce documents or other information relevant to any investigation conducted by the board, whether the complaint is filed against the licensee or any other licensee;

(xxix) Acquiring or attempting or conspiring to acquire any drug classified as a narcotic, addicting or scheduled drug by fraud or deception;

(xxx) Initially prescribing any controlled substance specified in W.S. 35-7-1016 through 35-7-1022 for any person through the Internet, the World Wide Web or a similar proprietary or common carrier electronic system absent a documented

doctor-patient relationship;

(xxxi) Violating any final order, consent decree or stipulation between the board and the licensee.

(b) Upon a finding of ineligibility for licensure or refusal to grant a license under subsection (a) of this section, the board shall file its written order and findings.

33-49-403. Impaired providers.

(A) The board may order a licensee to undergo one (1) or more mental, physical or medical competency examinations by examiners deemed appropriate by the board if it has reasonable cause to believe that the licensee may be impaired. If a disciplinary proceeding is pending against the licensee at the time of the order, the proceeding shall be stayed until the results of the examination have been finalized and submitted to the board.

(B) Every licensee is deemed to have consented to and shall submit to a board ordered mental, physical, or medical competency examination and to have waived all objections to the production of the report of the examination to the board and the admissibility of the report of the examination in any board proceedings in which the licensee is or may become a respondent. If a licensee fails to submit to an examination when ordered by the board, the board may initiate a disciplinary proceeding against the licensee or amend a pending complaint to include a claim based upon a violation of this section.

(C) The licensee may submit additional information to the board, including but not limited to medical reports, consultations or laboratory reports obtained through an examination performed by a practitioner designated by the licensee.

(D) The results of any board ordered mental, physical competency or medical competency examination shall be provided to the licensee and the board prior to any further board action.

33-49-404. Voluntary and mandatory revocation; restriction; suspension.

(A) A licensee may request the board, in writing, to accept the voluntary relinquishment, restriction or suspension of his or her license. The board may, but shall not be required to accept the relinquished license, grant the request for restriction or suspension, attach conditions to the license or waive the commencement of any proceedings under this article. Removal of a voluntary relinquishment, restriction or suspension is subject to the procedure for reinstatement of a license as provided in this article.

(B) Unless the board and the licensee have agreed to the relinquishment of or imposition of restrictions or conditions on a license, the board shall conduct a proceeding to refuse to renew or reinstate, revoke, restrict or suspend a license on the grounds set forth in W.S. 33-26-402(A) as a contested case under the Wyoming Administrative Procedure Act.

(C) The board may temporarily suspend the license of any licensee without a hearing pursuant to W.S. 16-3-113(c).

(D) Upon receipt from the department of family services of a certified copy of an order from a court to withhold, suspend or otherwise restrict a license issued by the board, the board shall notify the party named in the court order of the withholding, suspension or restriction of the license in accordance with the terms of the court order. No appeal under the Wyoming Administrative Procedure Act shall be allowed for a license withheld,

suspended or restricted under this subsection.

33-49-405. Order of the board.

(A) Following a hearing to refuse to renew or reinstate, revoke, restrict or suspend a license on the grounds set forth in W.S. 33-26-402(A), the board shall enter its order and findings pursuant to the Wyoming Administrative Procedure Act. The board may take one (1) or more of the following actions:

- (i) Dismiss the proceedings;
- (ii) Issue a public or private reprimand;
- (iii) Order probation and provide terms;
- (iv) Impose a civil fine not exceeding twenty-five thousand dollars (\$25,000.00);
- (v) Suspend the license;
- (vi) Revoke the license;
- (vii) Place restrictions on the license;
- (viii) Assess part or all of the cost of the proceeding against a disciplined licensee;
- (ix) Take other action as the board in its discretion finds proper;
- (x) Place the licensee on probation.

(B) Restriction of a license may include, but is not limited to, the following:

- (i) Restricting the practice to certain areas of acupuncture and Oriental medicine or forbidding the practice of certain areas of acupuncture and Oriental medicine;
- (ii) Requiring the licensee to practice acupuncture and Oriental medicine under the supervision of another provider in a clinic or other controlled setting, and setting the conditions of the licensee's practice of acupuncture and Oriental medicine;
- (iii) Forbidding the use of certain acupuncture and Oriental medicine procedures without consultation with and approval by another provider.

33-49-406. Reinstatement of license; removal of restrictions or conditions from a license.

(A) A person whose license has been voluntarily relinquished, revoked, restricted or suspended, or had conditions or restrictions placed upon his or her license, voluntarily or by action of the board, may petition for reinstatement of his license or for removal of any restrictions or conditions placed upon his license pursuant to W.S. 33-49-405 not less than six (6) months after final judicial review of a board order accepting relinquishment of, or revoking, restricting, placing conditions upon or suspending the petitioner's license or six (6) months after the date of the board order if there is no judicial review.

(B) The petitioner shall submit a petition in writing to the board that, at a minimum, sets forth and provides information regarding the petitioner's fulfillment of any and all conditions or compliance with all restrictions imposed upon petitioner by any prior order of the board or success in correcting the conduct that formed the basis for revocation or

relinquishment of petitioner's license.

(C) Upon receipt of the petition, the board shall set the matter for hearing in accordance with the provisions of the Wyoming Administrative Procedure Act. The burden of proof upon the petitioner at the hearing shall be to demonstrate, by a preponderance of evidence, that:

(i) Petitioner has corrected the conduct that formed the basis for the revocation or relinquishment of petitioner's license and that petitioner is able to safely, skillfully and competently resume the practice of acupuncture and Oriental medicine; or

(ii) Petitioner has fulfilled all conditions or complied with all restrictions imposed upon petitioner by any prior order of the board, has otherwise corrected the conduct or condition, which formed the basis for the restrictions, or conditions placed on petitioner's license and is able to safely, skillfully and competently practice acupuncture and Oriental medicine in this state.

(D) After a hearing conducted pursuant to subsection (c) of this section, the board shall issue specific findings of facts, conclusions of law and a final order:

(i) Reinstating the license;

(ii) Reinstating the license subject to restrictions or conditions;

(iii) Removing or modifying the restrictions or conditions of the license; or

(iv) Denying reinstatement of the license or removal of the restrictions or conditions on the license.

(E) Any final order issued by the board hereunder shall be subject to judicial review as provided for by W.S. 33-49-407.

(F) If the board denies a reinstatement or removal of restrictions or conditions, future petitions for reinstatement or removal of restrictions or conditions may be submitted not less than one (1) year after the board's final order denying reinstatement or removal of restrictions or conditions.

(G) Notwithstanding subsections (A) through (D) of this section, if a license is suspended under W.S. 33-49-404(D), the license may be reissued without a hearing as provided in this section upon receipt from the department of family services of notice that the applicant has complied with the terms of the court order that resulted in the suspension or restriction of the license under W.S. 33-26-404(D).

33-49-407. Judicial review.

(A) Judicial review of the findings of the board may be obtained pursuant to the Wyoming Administrative Procedure Act. All final administrative orders of the board shall remain effective pending any judicial review, except where the board finds that the licensee's continued practice presents no danger to the public.

(B) In any disciplinary proceeding against a licensee, the board shall bear the burden of proving a violation of this act by clear and convincing evidence.

33-49-408. Protected action and communication.

(A) There shall be no liability on the part of and no action for damages against:

(i) Board and examination committee members acting within the scope of their functions without malice and in the reasonable belief that their actions were warranted;

(ii) Any person providing information voluntarily or pursuant to a subpoena, in good faith to a peer review committee or in good faith to the board or the examining committee without malice and in reasonable belief that the information is accurate.

(B) All board records shall be maintained and protected from harm.

(C) Final findings of fact, conclusions of law, orders of the board entered and any consent decree, stipulation or agreement to which the board is a party in any disciplinary docket of the board are public documents. The board may order, under special circumstances and upon entry of specific findings setting forth those circumstances, that a consent decree, stipulation or agreement to which the board is a party in any disciplinary docket is not a public document.

(D) The board shall promptly report and provide all final orders entered by it to the chief of the medical staff and hospital administrator of each hospital in which the licensee has medical staff privileges and to all appropriate agencies including the federation of state acupuncture and Oriental medicine boards.

(E) This section shall not be construed to prohibit the United States or the state of Wyoming from obtaining information from the board concerning a provider who is the subject of a criminal investigation. Upon petition to a state or federal district court, supported by affidavit, the judge may order the Wyoming board of acupuncture and Oriental medicine to release records of any proceedings, testimony of witnesses and reports or investigation for in-camera inspection by the judge, or the judge may deny the petition for failure to show good cause. The petition shall state the nature of the criminal investigation and the identity of the provider who is under investigation. If the judge grants the petition and orders the board to produce the board's records for in-camera inspection, the board shall comply within ten (10) days after entry of the order or as otherwise ordered by the court. Upon receipt of the records, the judge shall inspect them to determine what material, if any, is relevant to the criminal investigation. Material deemed to be relevant shall be made available to the investigation if otherwise admissible under the Wyoming Rules of Evidence. All records and material deemed by the court to be irrelevant or otherwise inadmissible under the Wyoming Rules of Evidence shall be returned to the board and the contents thereof shall not be divulged.

(F) The following documents are not public documents and are not subject to disclosure by the board to any person or entity nor are they subject to discovery in any civil or administrative action or admissible in any nonboard proceeding except when necessary for further board action, in any action in which the board may be named as a party or upon judicial review of a board order:

(i) Investigative notes, attorney's notes and work product and reports, pleadings, correspondence, witness statements and deposition transcripts and copies of original medical and prescription records in the possession of the board, whether acquired by the board, by any agent of the board or by any agency that has cooperated with or provided information to the board regarding the investigation of a disciplinary docket; and

(ii) Any and all records of the board regarding licensure applications and proceedings thereon.

(G) A respondent in a disciplinary case shall not be entitled to copies of investigative material unless the material is relevant to an ongoing investigation or a contested case hearing.

(H) The confidentiality of all documents and information described in this section shall exist and continue regardless of whether the confidential material is in the custody of any agency of the United States or any other agency of the state of Wyoming with whom the board has cooperated or is cooperating in an investigation.

(I) This section shall not be construed to prohibit the board from publishing in a directory or otherwise disclosing, general information about its licensees and former licensees including names, practice addresses, dates of licensure, licensure by other states, areas of practice, education, training and specialty board certifications.

33-49-409. Health care entity reports required; malpractice.

(A) Each health care entity shall report:

(i) Any action it takes against a licensee on the grounds that the licensee is impaired, or has engaged in conduct constituting a ground for disciplinary action in W.S. 33-49-402;

(ii) Any action that:

(a) Adversely affects the clinical privileges of a licensee for a period exceeding thirty (30) days;

(b) Accepts the surrender of a provider's clinical privilege:

(I) While the licensee is under investigation by the entity for possible incompetence or improper professional conduct; or

(II) In return for not conducting an investigation as specified in this subparagraph; or

(c) In the case of an entity that is a professional society, takes a professional review action that adversely affects the membership of a licensee in the society.

(B) Each licensee shall report to the board any personal injury or wrongful death claim made because of any alleged act, error or omission of the licensee. Failure to report the claim shall be grounds for disciplinary action by the board. As used in this subsection, "claim" means a properly filed complaint with the district court which names the licensee as defendant or a third party defendant and alleges that damages sustained by the plaintiff are due to an alleged act, error or omission of the licensee while engaged in the practice of medicine.

(C) Each insurer providing health care professional liability insurance in this state shall report to the board all claims for which a reserve has been established against a licensee. Reports required by this subsection shall be made within sixty (60) days of the time the claim comes to the attention of the insurer.

(D) Other reports required by this section shall be made within ninety (90) days of the time the claim comes to the attention of the person responsible for reporting. Reports shall be in the form and contain information required by the board. Any entity or person subject to the reporting requirements of this section shall be subject to a fine up to one hundred dollars (\$100.00) for each violation of this section. Each day that a requirement

of this section is not met shall constitute a separate violation. In the event that the board is required to bring a civil action to enforce this section, the violating party shall additionally be liable to the board for all reasonable attorney's fees and costs incurred by the board in prosecuting the action.

33-49-410. Effect of violation.

(A) Any person engaged in the practice of acupuncture and Oriental medicine or aiding and abetting another in the practice of acupuncture and Oriental medicine without a license granted by the board is guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than one thousand dollars (\$1,000.00) or by imprisonment in the county jail for not more than one (1) year, or both. Each violation constitutes a separate offense for which the penalty in this subsection may be assessed.




(B) Any person filing or attempting to file as his or her own the diploma of another or forged affidavit of identification is guilty of a felony and upon conviction shall be imprisoned in the penitentiary for a term not exceeding three (3) years.

(C) The attorney general, the board, any county or district attorney or any citizen may obtain an injunction in the name of the state of Wyoming upon the relation of a complainant enjoining any person from engaging in the practice of acupuncture and Oriental medicine without a license. The district court of the district in which the offending person resides or the district court of Laramie County has original jurisdiction of any such injunction proceedings. Any defendant who is enjoined and who thereafter violates the injunction shall be punished for contempt of court by a fine of not less than two hundred dollars (\$200.00) or more than one thousand dollars (\$1,000.00) or by imprisonment in the county jail for not less than six (6) months or not more than one (1) year, or both. An injunction may be issued without proof of actual damage sustained and upon proof of one (1) or more acts constituting practice of acupuncture and Oriental medicine without a license. The standard of proof of any violation of this subsection shall be by a preponderance of the evidence.

State survey of acupuncture statutes: definition and practice of acupuncture

State	Where in the statute?	Definition of acupuncture and related information
Alabama		
Alaska	<p>Title 8. Business and Professions Chapter 06. Acupuncture ➔§ 08.06.190. Definitions</p>	<p>(1) “acupuncture” means a form of healing developed from traditional Chinese medical concepts that uses the stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions;</p> <p>(3) “practice of acupuncture” means the insertion of sterile acupuncture needles and the application of Moxibustion to specific areas of the human body based upon acupuncture diagnosis; the practice of acupuncture includes adjunctive therapies involving mechanical, thermal, electrical, and electromagnetic treatment and the recommendation of dietary guidelines and therapeutic exercise.</p>
Arizona	<p>Arizona Revised Statutes Annotated Title 32. Professions and Occupations Chapter 29. Homeopathic Physicians Article 1. Board of Homeopathic and Integrated Medicine Examiners ➔§ 32-2901. Definitions</p>	<ol style="list-style-type: none"> 1. “Acupuncture” means puncturing the skin by thin, solid needles to reach subcutaneous structures, stimulating the needles to affect a positive therapeutic response at a distant site and the use of adjunctive therapies. 2. “Adjunctive therapies” means the manual, mechanical, magnetic, thermal, electrical or electromagnetic stimulation of acupuncture points and energy pathways, auricular and detoxification therapy, ion cord devices, electroacupuncture, herbal poultices, therapeutic exercise and acupressure. 3. “Board” means the acupuncture board of examiners. 4. “Unprofessional conduct” includes the following, whether occurring in this state or elsewhere: <ol style="list-style-type: none"> (a) Wilfully disclosing a professional secret or wilfully violating a privileged communication except as either of these may otherwise be required by law. (b) Committing a felony as evidenced by conviction by a court of competent jurisdiction. (c) Habitual intemperance in the use of alcohol or any substance abuse that interferes with the ability to safely practice acupuncture.

- (d) Conduct that the board determines is gross malpractice, repeated malpractice or any malpractice resulting in the death of a patient.
- (e) Impersonating another acupuncturist or any other practitioner of the healing arts.
- (f) Falsely acting or assuming to act as a member, an employee or an authorized agent of the board.
- (g) Procuring or attempting to procure a license pursuant to this chapter by fraud or misrepresentation.
- (h) Refusing to divulge to the board on demand the acupuncture method used in the treatment of a patient.
- (i) Giving or receiving or aiding or abetting the giving or receiving of rebates, either directly or indirectly.
- (j) Knowingly making any false or fraudulent statement, written or oral, in connection with the practice of acupuncture.
- (k) The refusal, revocation or suspension of a license by any other state, district or territory of the United States or any other country, unless the action was not taken for reasons relating to the person's ability to safely and skillfully practice acupuncture or relating to an act of unprofessional conduct.
- (l) Conduct that is contrary to the recognized standards or ethics of the acupuncture profession or that may constitute a danger to the health, welfare or safety of the patient or the public.
- (m) Any conduct or condition that may impair the ability to safely and skillfully practice acupuncture.
- (n) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of or conspiring to violate this chapter or board rules.
- (o) Advertising in a false, deceptive or misleading manner.
- (p) Failing or refusing to maintain adequate patient health records or failing or refusing to make health records promptly available to the patient or to another health practitioner or provider on request and receipt of proper authorization.

		<p>(q) Deriving direct or indirect compensation from the referral of a patient without disclosing to the patient in writing the extent of the compensation.</p> <p>(r) Deriving a financial interest in products the acupuncturist endorses or recommends to the patient without disclosing to the patient in writing the extent of the financial interest.</p> <p>(s) Sexual intimacies with a patient in the practice of acupuncture.</p> <p>(t) Failing to appropriately exercise control over or supervise an acupuncture student employed by or assigned to the practitioner in the practice of acupuncture.</p> <p>(u) Failing to furnish information in a timely manner to the board or its investigators or representatives if the information is legally requested by the board.</p> <p>(v) Supervising or engaging in a preceptorship or clinical training program in acupuncture without being approved and registered by the board for that preceptorship or clinical training program.</p> <p>(w) Knowingly making a false, fraudulent or misleading statement, written or oral, to the board.</p> <p>(x) Failing to exercise proper care for a patient by abandoning or neglecting a patient in need of immediate care without making reasonable arrangements for the continuation of care or by failing to refer the patient to another appropriate health care provider when necessary.</p> <p>(y) Failing to use needles that have been sterilized according to clean needle technique principles approved by the board.</p>
<p>Arkansas</p>	<p>Title 17. Professions, Occupations, and Businesses Subtitle 3. Medical Professions (Chapters 80 to 107)  Chapter 102. Acupuncturists  Subchapter 1. General Provisions  § 17-102-102. Definitions</p>	<p>(1) “Acupuncture” means the insertion, manipulation, and removal of needles from the body and the use of other modalities and procedures at specific locations on the body for the prevention, cure, or correction of a malady, illness, injury, pain, or other condition or disorder by controlling and regulating the flow and balance of energy and functioning of the patient to restore and maintain health, but acupuncture shall not be considered surgery;</p> <p>(2) “Acupuncturist” means a person licensed under this chapter as a doctor of healing arts to practice acupuncture and related techniques in this state and includes the terms licensed acupuncturist, certified acupuncturist, acupuncture practitioner, and Oriental acupuncture practitioner;</p>

		<p>(3) “Board” means the Arkansas State Board of Acupuncture and Related Techniques;</p> <p>(4) “Chiropractic physician” means a person licensed under the Arkansas Chiropractic Practices Act, § 17-81-101 et seq.</p> <p>(5) “Moxibustion” means the use of heat on, or above, or on acupuncture needles, at specific locations on the body for the prevention, cure, or correction of a malady, illness, injury, pain, or other condition or disorder; and</p> <p>(6)(A) “Related techniques” means the distinct system of basic health care that uses all allied diagnostic and treatment techniques of acupuncture, Oriental, traditional, and modern, for the prevention or correction of a malady, illness, injury, pain, or other condition or disorder by controlling and regulating the flow and balance of energy and functioning of the patient to restore and maintain health.</p> <p>(B) As used in this subdivision (6) “related techniques” include, but are not limited to, acupuncture, Moxibustion or other heating modalities, cupping, magnets, cold laser, electroacupuncture including electrodermal assessment, application of cold packs, ion pumping cord, lifestyle counseling, including general eating guidelines, tui na, massage incidental to acupuncture, breathing and exercising techniques, and the recommendation of Chinese herbal medicine lawfully and commercially available in the United States. Provided, “related techniques”, including, but not limited to, tui na, shall not involve manipulation, mobilization, or adjustment to the spine or extraspinal articulations.</p>
<p>California</p>	<p>West's Annotated California Codes Business and Professions Code Division 2. Healing Arts [Ⓜ]Chapter 12. Acupuncture [Ⓜ]Article 1. Administration and General Provisions ➡§ 4927. Definitions</p>	<p>(a) “Board” means the Acupuncture ‘Board’.</p> <p>(b) “Person” means any individual, organization, or corporate body, except that only individuals may be licensed under this chapter.</p> <p>(c) “Acupuncturist” means an individual to whom a license has been issued to practice acupuncture pursuant to this chapter, which is in effect and is not suspended or revoked.</p> <p>(d) “Acupuncture” means the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body and includes the techniques of electroacupuncture, cupping, and Moxibustion.</p> <p>Note:</p>

		<p>Business and Professions Code Division 2. Healing Arts ☞ Chapter 12. Acupuncture ☞ Article 2. Certification Requirements ➡ § 4937. Practice authorized by license; exempt acts</p> <p>An acupuncturist's license authorizes the holder thereof:</p> <p>(a) To engage in the practice of acupuncture.</p> <p>(b) To perform or prescribe the use of Asian massage, acupressure, breathing techniques, exercise, heat, cold, magnets, nutrition, diet, herbs, plant, animal, and mineral products, and dietary supplements to promote, maintain, and restore health. Nothing in this section prohibits any person who does not possess an acupuncturist's license or another license as a healing arts practitioner from performing, or prescribing the use of any modality listed in this subdivision.</p> <p>(c) For purposes of this section, a “magnet” means a mineral or metal that produces a magnetic field without the application of an electric current.</p> <p>(d) For purposes of this section, “plant, animal, and mineral products” means naturally occurring substances of plant, animal, or mineral origin, except that it does not include synthetic compounds, controlled substances or dangerous drugs as defined in Sections 4021 and 4022, or a controlled substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.</p> <p>(e) For purposes of this section, “dietary supplement” has the same meaning as defined in subsection (ff) of Section 321 of Title 21 of the United States Code, except that dietary supplement does not include controlled substances or dangerous drugs as defined in Section 4021 or 4022, or a controlled substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.</p>
<p>Colorado</p>	<p>West's Colorado Revised Statutes Annotated Title 12. Professions and Occupations ☞ Health Care ☞ Article 29.5. Acupuncturists ➡ § 12-29.5-102. Definitions</p>	<p>(1) “Acupuncture” means a system of health care based upon traditional oriental medical concepts that employs oriental methods of diagnosis, treatment, and adjunctive therapies for the promotion, maintenance, and restoration of health and the prevention of disease.</p> <p>(2) “Acupuncturist” means any person who provides for compensation, or holds himself out to the public as providing, acupuncture services.</p>

(3) "Director" means the director of the division of registrations in the department of regulatory agencies.

(3.2) "Guest acupuncturist" means an acupuncturist who is:

(a) Licensed, registered, certified, or regulated as an acupuncturist in another jurisdiction;

(b) In this state for the purpose of instruction or education for not more than seven days within a three-month period; and

(c) Under the direct supervision of a Colorado licensed acupuncturist or licensed chiropractor while performing such instruction or education.

(3.3) "Licensee" means an acupuncturist licensed pursuant to [section 12-29.5-104](#).

(3.5) "Practice of acupuncture" means the insertion and removal of acupuncture needles, the application of heat therapies to specific areas of the human body, and traditional oriental adjunctive therapies. Traditional oriental adjunctive therapies within the scope of acupuncture may include manual, mechanical, thermal, electrical, and electromagnetic treatment, the recommendation of oriental therapeutic exercises, and, subject to federal law, **the recommendation of herbs and dietary guidelines**. The "practice of acupuncture" shall be defined by traditional oriental medical concepts and shall not include the utilization of western medical diagnostic tests and procedures, such as magnetic resonance imaging, radiographs (X-rays), computerized tomography scans, and ultrasound. "Practice of acupuncture" does not mean:

(a) Osteopathic medicine and osteopathic manipulative treatment;

(b) "Chiropractic" or "chiropractic adjustment" as defined in [section 12-33-102](#) or therapies allowed as part of the practice of chiropractic or chiropractic adjustment;

(c) Physical therapy as defined in [section 12-41-103](#) or therapies allowed as part of the practice of physical therapy.

Note:

West's Colorado Revised Statutes Annotated
Title 12. Professions and Occupations
Health Care

		<p>☞ Article 33. Chiropractors ☞ Part 1. General Provisions ☛ § 12-33-102. Definitions</p> <p>As used in this article, unless the context otherwise requires:</p> <p>(1) “Acupuncture” means the puncture of the skin with fine needles for diagnostic and therapeutic purposes.</p>
Connecticut	<p>Connecticut General Statutes Annotated Title 20. Professional and Occupational Licensing, Certification, Title Protection and Registration. Examining Boards ☞ Chapter 384C. Acupuncturists ☛ § 20-206aa. Definitions</p>	<p>(1) “Commissioner” means the Commissioner of Public Health.</p> <p>(2) “Department” means the Department of Public Health.</p> <p>(3) “Acupuncture” means the treating, by means of mechanical, thermal or electrical stimulation effected by the insertion of needles or by the application of heat, pressure or electrical stimulation at a point or combination of points on the surface of the body predetermined on the basis of the theory of physiological interrelationship of body organs with an associated point or combination of points for diseases, disorders and dysfunctions of the body for the purpose of achieving a therapeutic or prophylactic effect but shall not include the practice of physical therapy.</p> <p>(4) “Recognized regional accrediting body” means one of the following regional accrediting bodies: New England Association of Schools and Colleges; Middle States Association of Colleges and Schools; North Central Association of Colleges and Schools; Northwest Association of Schools and Colleges; Southern Association of Colleges and Schools; and Western Association of Schools and Colleges.</p>
D.C.	<p>District of Columbia Official Code 2001 Edition Division I. Government of District. Title 3. District of Columbia Boards and Commissions. Subtitle I. General. ☞ Chapter 12. Health Occupations Boards. ☞ Subchapter I. Definitions; Scope. ☛ § 3-1201.02. Definitions of health occupations.</p>	<p>(1) “Practice of acupuncture” means the insertion of needles, with or without accompanying electrical or thermal stimulation, at a certain point or points on or near the surface of the human body to relieve pain, normalize physiological functions, and treat ailments or conditions of the body. A licensed acupuncturist does not need to enter into a collaboration agreement with a licensed physician or osteopath to practice acupuncture.</p> <p>Note:</p> <p>(7A)(A) “Practice of naturopathic medicine” means a system of health care that utilizes education, natural medicines, and natural therapies to support and stimulate a patient's intrinsic self-healing processes to prevent, diagnose, and treat human conditions and injuries.</p> <p>(B) The term “practice of naturopathic medicine” does not include the practices of physical</p>

		therapy, physical rehabilitation, acupuncture, or chiropractic.
<p>Delaware</p>	<p>West's Delaware Code Annotated Title 24. Professions and Occupations ☞ Chapter 17. Medical Practice Act ☞ Subchapter X. Acupuncture Practitioners ➔ § 1797. Acupuncture practitioners</p>	<p>(1) "Acupuncture" is the stimulation of points on the body by the insertion and manipulation of acupuncture needles using both traditional and modern scientific methods of evaluation and point selection. It also refers to a form of health care, based on a theory of energetic physiology that describes and explains the interrelationship of the body organs or functions with an associated acupuncture point or combination of points located on "channels" or "meridians". Acupuncture points shall include the classical points defined in authoritative acupuncture texts and special groupings of acupuncture points elicited using generally accepted diagnostic techniques of oriental medicine and selected for stimulation in accord with its principles and practices. Acupuncture points are stimulated in order to restore the normal function of the aforementioned organs or sets of functions. Acupuncture shall also include the ancillary techniques of oriental medicine including Moxibustion, acupressure or other forms of manual meridian therapy and recommendations that include oriental dietary therapy, supplements and lifestyle modifications according to the principles of oriental medicine. Oriental dietary therapy shall be defined as recommending, advising or furnishing nonfraudulent information about herbs, vitamins, minerals, amino acids, carbohydrates, sugars, enzymes, food concentrates, foods, other food supplements, or dietary supplements. For purposes of this paragraph, "fraud" shall be defined as an intentional misrepresentation for financial gain. Legitimate disagreement about the role of the above listed nutrients and foods as they apply to human nutrition shall not, in and of itself, constitute fraud. These supplemental techniques may be used within the public domain or by another licensed or registered healthcare or bodywork professional, according to state law or regulation.</p> <p>(2) "Board" means the Board of Medical Licensure and Discipline.</p> <p>(3) "Council" means the Acupuncture Advisory Council.</p> <p>(4) "License" means, unless the context requires otherwise, a license issued by the Board to practice acupuncture.</p> <p>(5)a. "Practice of acupuncture" means the use of needles or of oriental medical therapies for the purpose of normalizing energetic physiological functions including pain control, and for the promotion, maintenance, and restoration of health.</p> <p>b. Needles used in the practice of acupuncture shall only be pre-packaged, single use, sterile acupuncture needles. These needles shall only be used on an individual patient in a single treatment session and disposed of according to federal standards for biohazard waste.</p> <p>(b) Nothing in this subchapter shall limit, preclude, or otherwise interfere with the professional activities of other individuals and healthcare providers who are allowed to perform acupuncture. This includes chiropractic, medical and osteopathic physicians.</p>

		(c) An individual who is licensed pursuant to this subchapter, who is not being investigated or sanctioned in relation to unprofessional conduct or physical, mental, emotional, or other impairment, may not be prohibited from performing those professional activities included in this section.
Florida	West's Florida Statutes Annotated Title XXXII. Regulation of Professions and Occupations (Chapters 454-493) ☞ Chapter 457 . Acupuncture ☛ 457.102. Definitions	<p>(1) "Acupuncture" means a form of primary health care, based on traditional Chinese medical concepts and modern oriental medical techniques, that employs acupuncture diagnosis and treatment, as well as adjunctive therapies and diagnostic techniques, for the promotion, maintenance, and restoration of health and the prevention of disease. Acupuncture shall include, but not be limited to, the insertion of acupuncture needles and the application of Moxibustion to specific areas of the human body and the use of electroacupuncture, Qi Gong, oriental massage, herbal therapy, dietary guidelines, and other adjunctive therapies, as defined by board rule.</p> <p>(2) "Acupuncturist" means any person licensed as provided in this chapter to practice acupuncture as a primary health care provider.</p> <p>(3) "Board" means the Board of Acupuncture.</p> <p>(4) "License" means the document of authorization issued by the department for a person to engage in the practice of acupuncture.</p> <p>(5) "Department" means the Department of Health.</p> <p>(6) "Oriental medicine" means the use of acupuncture, electroacupuncture, Qi Gong, oriental massage, herbal therapy, dietary guidelines, and other adjunctive therapies.</p> <p>(7) "Prescriptive rights" means the prescription, administration, and use of needles and devices, restricted devices, and prescription devices that are used in the practice of acupuncture and oriental medicine.</p>
Georgia	West's Code of Georgia Annotated Title 43. Professions and Businesses ☞ Chapter 34 . Physicians, Acupuncture, Physician Assistants, Cancer and Glaucoma Treatment, Respiratory Care, Clinical	<p>(1) "Acupuncture" means a form of therapy developed from traditional and modern Oriental concepts for health care that employs Oriental medical techniques, treatment, and adjunctive therapies for the promotion, maintenance, and restoration of health and the prevention of disease.</p> <p>(2) "Auricular (ear) detoxification therapy" means the insertion of disposable acupuncture needles into the five auricular acupuncture points stipulated by the National Acupuncture Detoxification Association protocol for the sole purpose of treatment of chemical dependency.</p>

	Perfusionists, and Orthotics and Prosthetics Practice Article 3 . Acupuncture →§ 43-34-62. Definitions	<p>(3) “Board” means the Georgia Composite Medical Board.</p> <p>(4) “Practice of acupuncture” means the insertion of disposable acupuncture needles and the application of Moxibustion to specific areas of the human body based upon Oriental medical principles as a therapeutic modality. Dry needling is a technique of the practice of acupuncture. Adjunctive therapies within the scope of acupuncture may include manual, mechanical, herbal, thermal, electrical, and electromagnetic treatment and the recommendation of dietary guidelines and exercise, but only if such treatments, recommendations, and exercises are based on concepts of traditional Oriental medicine and are directly related to acupuncture therapy.</p>
Hawaii	West's Hawai'i Revised Statutes Annotated Division 2. Business Title 25 . Professions and Occupations Chapter 436E . Acupuncture Practitioners →[§ 436E-2]. Definitions	<p>“Acupuncture practitioner” means a person engaged in the practice of acupuncture.</p> <p>“Board” means the board of acupuncture.</p> <p>“Department” means the department of commerce and consumer affairs.</p> <p>“Director” means the director of commerce and consumer affairs.</p> <p>“Earned degree” means an academically or a clinically obtained degree (not honorary).</p> <p>“Practice of acupuncture” means stimulation of a certain acupuncture point or points on the human body for the purpose of controlling and regulating the flow and balance of energy in the body. The practice includes the techniques of piercing the skin by inserting needles and point stimulation by the use of acupressure, electrical, mechanical, thermal, or traditional therapeutic means.</p>
Idaho	Title 54. Professions, Vocations, and Businesses Chapter 47 . Acupuncture →§ 54-4702. Definitions	<p>(1) “Acupuncture” means that theory of health care developed from traditional and modern Oriental medical philosophies that employs diagnosis and treatment of conditions of the human body based upon stimulation of specific acupuncture points on meridians of the human body for the promotion, maintenance, and restoration of health and for the prevention of disease. Therapies within the scope of acupuncture include manual, mechanical, thermal, electrical and electromagnetic treatment of such specific indicated points. Adjunctive therapies included in, but not exclusive to, acupuncture include herbal and nutritional treatments, therapeutic exercise and other therapies based on traditional and modern Oriental medical theory.</p> <p>(4) “Practice of acupuncture” means the insertion of acupuncture needles and use of similar devices and therapies, including application of Moxibustion, to specific indicated points on</p>

		<p>the skin of the human body as indicated pursuant to traditional and modern theories of Oriental medicine. The “practice of acupuncture” does not include:</p> <p>(a) surgery; or</p> <p>(b) prescribing, dispensing or administering any prescription drug or legend drug as defined in section 54-1705(30), Idaho Code.</p>
<p>Illinois</p>	<p>West's Smith-Hurd Illinois Compiled Statutes Annotated Chapter 225. Professions and Occupations [Ⓜ]Health [Ⓜ]Act 2. Acupuncture Practice Act 2/10. Definitions</p>	<p>“Acupuncture” means the evaluation or treatment of persons affected through a method of stimulation of a certain point or points on or immediately below the surface of the body by the insertion of pre-sterilized, single-use, disposable needles, unless medically contraindicated, with or without the application of heat, electronic stimulation, or manual pressure to prevent or modify the perception of pain, to normalize physiological functions, or for the treatment of certain diseases or dysfunctions of the body and includes activities referenced in Section 15 of this Act for which a written referral is not required. Acupuncture does not include radiology, electrosurgery, chiropractic technique, physical therapy, naprapathic technique, use or prescribing of any drugs, medications, herbal preparations, nutritional supplements, serums, or vaccines, or determination of a differential diagnosis. An acupuncturist registered under this Act who is not also licensed as a physical therapist under the Illinois Physical Therapy Act [FN1] shall not hold himself or herself out as being qualified to provide physical therapy or physiotherapy services. An acupuncturist shall refer to a licensed physician or dentist, any patient whose condition should, at the time of evaluation or treatment, be determined to be beyond the scope of practice of the acupuncturist.</p> <p>“Acupuncturist” means a person who practices acupuncture and who is licensed by the Department.</p> <p>“Board” means the Board of Acupuncture.</p> <p>“Dentist” means a person licensed under the Illinois Dental Practice Act. [FN2]</p> <p>“Department” means the Department of Financial and Professional Regulation.</p> <p>“Physician” means a person licensed under the Medical Practice Act of 1987. [FN3]</p> <p>“Referral by written order” for purposes of this Act means a diagnosis, substantiated by signature of a physician or dentist, identifying a patient's condition and recommending treatment by acupuncture as defined in this Act. The diagnosis shall remain in effect until changed by the physician or dentist who may, through express direction in the referral,</p>

		<p>maintain management of the patient.</p> <p>“Secretary” means the Secretary of Financial and Professional Regulation.</p> <p>“State” includes:</p> <p>(1) the states of the United States of America;</p> <p>(2) the District of Columbia; and</p> <p>(3) the Commonwealth of Puerto Rico.</p>
Indiana	<p>West's Annotated Indiana Code Title 25. Professions and Occupations</p> <p>☞ Article 2.5. Acupuncturists</p> <p>☞ Chapter 1. Definitions</p> <p>➔ 25-2.5-1-2 “Acupuncture”</p> <p>➔ 25-2.5-1-2.1 “Acupuncturist” defined</p> <p>➔ 25-2.5-1-5 “Practice of acupuncture”</p>	<p>Sec. 2. “Acupuncture” means a form of health care employing traditional and modern Oriental medical concepts, Oriental medical diagnosis and treatment, and adjunctive therapies and diagnostic techniques for the promotion, maintenance, and restoration of health and the prevention of disease.</p> <p>Sec. 2.1. “Acupuncturist” means an individual to whom a license to practice acupuncture in Indiana has been issued under IC 25-2.5-2.</p> <p>Sec. 5. “Practice of acupuncture” means the insertion of acupuncture needles, the application of Moxibustion to specific areas of the human body based upon Oriental medical diagnosis as a primary mode of therapy, and other means of applying acupuncture under this chapter.</p>
Iowa	<p>Title IV. Public Health [Chs. 123-158]</p> <p>☞ Subtitle 3. Health-Related Professions [Chs. 147-158]</p> <p>☞ Chapter 148E. Acupuncture</p> <p>➔ 148E.1. Definitions</p>	<p>1. “Acupuncture” means a form of health care developed from traditional and modern oriental medical concepts that employs oriental medical diagnosis and treatment, and adjunctive therapies and diagnostic techniques, for the promotion, maintenance, and restoration of health and the prevention of disease.</p> <p>4. “Practice of acupuncture” means the insertion of acupuncture needles and the application of Moxibustion to specific areas of the human body based upon oriental medical diagnosis as a primary mode of therapy. Adjunctive therapies within the scope of acupuncture may include manual, mechanical, thermal, electrical, and electromagnetic treatment, and the recommendation of dietary guidelines and therapeutic exercise based on traditional oriental medicine concepts.</p>
Kansas	<p>West's Kansas Statutes Annotated Chapter 65. Public Health</p> <p>☞ Article 72. Naturopathic Doctors</p> <p>➔ 65-7202. Definitions</p>	<p>(a) As used in K.S.A. 65-7201 to 65-7218, inclusive, and amendments thereto:</p> <p>(1) “Naturopathic doctor” means a doctor of naturopathic medicine who is authorized and registered pursuant to this act.</p> <p>(2) “Naturopathic medicine,” or “naturopathy” means a system of health care practiced by</p>

naturopathic doctors for the prevention, diagnosis and treatment of human health conditions, injuries and diseases, that uses education, natural medicines and therapies to support and stimulate the individual's intrinsic self-healing processes, and includes prescribing, recommending or administering: (A) Food, food extracts, vitamins, minerals, enzymes, whole gland thyroid, botanicals, homeopathic preparations, nonprescription drugs, plant substances that are not designated as prescription drugs or controlled substances, topical drugs as defined in subsection (a)(9) of this section, and amendments thereto; (B) health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, barrier contraceptive devices; (C) substances on the naturopathic formulary which are authorized for intramuscular or intravenous administration pursuant to a written protocol entered into with a physician who has entered into a written protocol with a naturopathic doctor registered under this act; (D) noninvasive physical examinations, venipuncture to obtain blood for clinical laboratory tests and oroficial examinations, excluding endoscopies; (E) minor office procedures; and (F) naturopathic acupuncture. A naturopathic doctor may not perform surgery, obstetrics, administer ionizing radiation, or prescribe, dispense or administer any controlled substances as defined in [K.S.A. 65-4101](#), and amendments thereto, or any prescription-only drugs except those listed on the naturopathic formulary adopted by the board pursuant to this act.

(3) "Board" means the state board of healing arts.

(4) "Approved naturopathic medical college" means a college and program granting the degree of doctor of naturopathy or naturopathic medicine that has been approved by the board under this act and which college and program requires at a minimum a four-year, full-time resident program of academic and clinical study.

(5) "Homeopathic preparations" means substances and drugs prepared according to the official homeopathic pharmacopoeia recognized by the United States food and drug administration.

(6) "Naturopathic acupuncture" means the insertion of fine metal needles through the skin at specific points on or near the surface of the body with or without the palpation of specific points on the body and with or without the application of electric current or heat to the needles or skin or both to treat human disease and impairment and to relieve pain.

(7) "Minor office procedures" means care incidental to superficial lacerations and abrasions, superficial lesions and the removal of foreign bodies located in the superficial tissues, except eyes, and not involving blood vessels, tendons, ligaments or nerves. "Minor office procedures" includes use of antiseptics, but shall not include the suturing, repairing, alteration or removal of tissue or the use of general or spinal anesthesia. Minor office procedures does

		<p>not include anesthetics or surgery.</p> <p>(8) “Naturopathic physical applications” means the therapeutic use by naturopathic doctors of the actions or devices of electrical muscle stimulation, galvanic, diathermy, ultrasound, ultraviolet light, constitutional hydrotherapy, naturopathic musculoskeletal technique and therapeutic exercise.</p> <p>(9) “Topical drugs” means topical analgesics, antiseptics, scabicides, antifungals and antibacterials but does not include prescription only drugs.</p> <p>(10) “Physician” means a person licensed to practice medicine and surgery.</p> <p>(11) “Written protocol” means a formal written agreement between a naturopathic doctor registered under this act and a person licensed to practice medicine and surgery. Any licensee of the board entering into a written protocol with a registered naturopathic doctor shall notify the board in writing of such relationship by providing such information as the board may require.</p> <p>(b) The provisions of this section shall take effect on and after January 1, 2003.</p>
Kentucky	<p>Baldwin's Kentucky Revised Statutes Annotated Title XXVI. Occupations and Professions ☞ Chapter 311. Physicians, Osteopaths, Podiatrists, and Related Medical Practitioners ☞ Acupuncturists ➡ 311.672 Definitions of KRS 311.671 to 311.686</p>	<p>1) “Acupuncturist” means an individual certified to practice acupuncture by the board;</p> <p>2) “Board” means the State Board of Medical Licensure;</p> <p>3) “Committee” means the Acupuncture Advisory Committee under the State Board of Medical Licensure;</p> <p>4) “Certification” means certification by the board to practice acupuncture; and</p> <p>5) “Practice of acupuncture” means the insertion of acupuncture needles, with or without accompanying electrical or thermal stimulation, at certain acupuncture points or meridians on the surface of the human body for purposes of changing the flow of energy in the body and may include acupressure, cupping, Moxibustion, or dermal friction. The practice of acupuncture shall not include laser acupuncture, osteopathic manipulative treatment, chiropractic adjustments, physical therapy, or surgery.</p>
Louisiana	<p>West's Louisiana Statutes Annotated Louisiana Revised Statutes Title 37. Professions and</p>	<p>(1) “Acupuncture” means treatment by means of mechanical, thermal or electrical stimulation effected by the insertion of needles at a point or combination of points on the surface of the body predetermined on the basis of the theory of the physiological interrelationship of body organs with an associated point or combination of points, or the application of heat or</p>

	<p>Occupations [Ⓝ]Chapter 15. Physicians, Surgeons, and Midwives [Ⓝ]Part IV. Practice of Acupuncture ➡§ 1356. Definitions</p>	<p>electrical stimulation to such point or points, for the purpose of inducing anesthesia, relieving pain, or healing diseases, disorders and dysfunctions of the body, or achieving a therapeutic or prophylactic effect with respect thereto.</p> <p>The practice of acupuncture shall be construed to be the practice of medicine as defined by R.S. 37:1261.</p> <p>(2) “Acupuncture detoxification”, also known as acu detox, means the treatment by means of the insertion of acupuncture needles in a combination of points on the ear.</p> <p>(3) “Acupuncture detoxification specialist”, known as an A.D.S., means an individual certified to practice acupuncture detoxification.</p> <p>(4) “Acupuncturist” means an individual certified to practice acupuncture pursuant to the provisions of R.S. 37:1357.</p> <p>(5) “Acupuncturist’s assistant” means an individual certified by the Board of Medical Examiners pursuant to R.S. 37:1358.</p> <p>(6) “Board” means the Louisiana State Board of Medical Examiners.</p> <p>(7) “NADA” means the National Acupuncture Detoxification Association.</p> <p>(8) “Physician” means an individual licensed to practice medicine in Louisiana.</p> <p>(9) “Supervising physician” means a physician who exercises supervision and control over an acupuncturists’ assistant when said assistant is engaged in the practice of acupuncture.</p>
<p>Maine</p>	<p>Maine Revised Statutes Annotated Title 32. Professions and Occupations [Ⓝ]Chapter 113-B. Complementary Health Care Providers [Ⓝ]Subchapter 1. Board of Complementary Health Care Providers ➡§ 12501. Definitions</p>	<p>1. Acupuncture. “Acupuncture” means the insertion of fine metal needles through the skin at specific points on or near the surface of the body with or without the palpation of specific points on the body and with or without the application of electric current or heat to the needles or skin, or both. The practice of acupuncture is based on traditional oriental theories and serves to normalize physiological function, treat certain diseases and dysfunctions of the body, prevent or modify the perception of pain and promote health and well-being.</p> <p>2. Acupuncture intern. “Acupuncture intern” means an acupuncture student enrolled in an acupuncture internship program approved by the board that involves practical training, including needle insertion on human subjects.</p> <p>3. Approved naturopathic medical college. “Approved naturopathic medical college” means a</p>

		<p>college or program granting the degree of doctor of naturopathic medicine or doctor of naturopathy approved by the board that:</p> <p>A. Is accredited by an accrediting agency recognized by the Federal Government; or</p> <p>B. Is a candidate for accreditation with such an agency.</p> <p>4. Board. "Board" means the Board of Complementary Health Care Providers.</p> <p>5. Commissioner. "Commissioner" means the Commissioner of Professional and Financial Regulation.</p> <p>6. Homeopathic preparation. "Homeopathic preparation" means medicine prepared according to the "Homeopathic Pharmacopoeia of the United States Revised Service" (Nov. 1995).</p> <p>7. Natural antibiotics. "Natural antibiotics" means antimicrobial, antifungal and antiprotozoal agents that are naturally occurring substances or are manufactured substances that are substantially identical to those naturally occurring substances.</p> <p>8. Naturopathic acupuncture. "Naturopathic acupuncture" means the insertion of acupuncture needles into specific points on the skin to treat human disease and impairment and to relieve pain. The practice of naturopathic acupuncture is only within the scope of practice of naturopathic doctors certified pursuant to section 12525.</p> <p>9. Naturopathic doctor. "Naturopathic doctor" means a person authorized and licensed to practice naturopathic medicine under this chapter.</p> <p>10. Naturopathic manipulative therapy. "Naturopathic manipulative therapy" means the manually administered or mechanical treatment of body structures or tissues in accordance with naturopathic principles for the purpose of restoring normal physiological function to the body by normalizing and balancing the musculoskeletal system of the body.</p> <p>11. Naturopathic medicine. "Naturopathic medicine" means a system of health care for the prevention, diagnosis and treatment of human health conditions, injuries and diseases that uses education, natural medicines and therapies to support and stimulate the individual's intrinsic self-healing processes.</p> <p>12. Naturopathic physical medicine. "Naturopathic physical medicine" means the therapeutic use of physical agents of air, water, heat, cold, sound, light and electromagnetic nonionizing radiation and the physical modalities of electrotherapy, diathermy, ultraviolet light, ultrasound,</p>
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hydrotherapy, naturopathic manipulative therapy, therapeutic exercise and acupuncture if the provider is certified pursuant to section 12525, subsection 3.

13. Office procedures. "Office procedures" means methods for the repair and care incidental to superficial lacerations and abrasions, superficial lesions and the removal of foreign bodies located in the superficial tissues. The use of antiseptics and local anesthetics in connection with these methods is permitted. The use of general, regional or spinal anesthetics, major surgery, surgery of the body cavities or specialized surgeries such as plastic surgery, surgery involving the eye or surgery when tendons are involved is not permitted.

14. Person. "Person" means any individual, firm, partnership, corporation or other association or organization.

15. Topical medicine. "Topical medicine" means topical analgesics, anesthetics, antiseptics, scabicides, antifungals and antibacterials.

Note:

Title 32. Professions and Occupations ([Refs & Annos](#))

☞ [Chapter 113-B](#). Complementary Health Care Providers ([Refs & Annos](#))

☞ [Subchapter 2](#). Acupuncture Licensing Requirements and Scope of Practice

➡ **§ 12513-A. Scope of practice**

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. **"Chinese patent remedies" means patent remedies used in accordance with traditional Chinese, Japanese and Korean herbal literature.**

B. **"Chinese premade herbal remedies" means premade herbal remedies used in accordance with traditional Chinese, Japanese and Korean herbal literature.**

C. **"Custom-made Chinese herbal formulations" means custom-made herbal formulations used in accordance with traditional Chinese, Japanese and Korean herbal literature.**

2. Scope of practice. The scope of practice of acupuncturists includes acupuncture and the allied techniques and modalities of the distinct system of health care that use oriental principles to diagnose and treat illness, injury, pain and other conditions by regulating the flow and balance of energy to restore and maintain health. **These allied techniques** and

modalities include the following, as defined by and used exclusively in accordance with the traditions and formal curricula taught in accredited colleges of acupuncture: oriental diagnostic procedures; electrical and magnetic stimulation; **Moxibustion** and other forms of heat therapy; sound, light and vibrational therapy; cupping techniques and gua sha; recommendation and dispensing of Chinese patent remedies or **Chinese premade herbal remedies and lifestyle and dietary counseling; formulation and dispensing of custom-made Chinese herbal formulations, to the extent that an acupuncturist has received additional certification pursuant to subsection 3**; sotai; shiatsu; qi gong; zero balancing; tui na; and acupressure. These techniques and modalities do not include manipulation or mobilization of the skeletal articulations of the human body.

3. Additional certification. Certification is required for licensed acupuncturists to practice the formulation and dispensing of custom-made **Chinese herbal formulations**. "Formulation" means the preparation of traditional combinations of herbs to produce formulas from **Chinese herbal literature**, the modification of such traditional combinations or the writing of new formulas to address individual symptom presentations, through addition, deletion, substitution or change in dosages of ingredients and the dispensing of these **herbal preparations** to patients.

A. The board shall adopt rules specifying the training required for licensed acupuncturists to obtain the certification for custom-made **Chinese herbal formulation**. These requirements must include a minimum number of hours of combined classroom and clinical training or, for those licensed acupuncturists practicing custom-made **Chinese herbal formulation** prior to July 1, 2004, prior experience demonstrated by evidence satisfactory to the board. Rules adopted by the board in accordance with this paragraph are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A.

B. A licensed acupuncturist who can prove to the satisfaction of the board that the licensed acupuncturist was engaged in the practice of custom-made **Chinese herbal formulation** prior to July 1, 2004 may continue to practice that modality but must, no later than 2 years after the board adopts rules providing certification requirements in accordance with paragraph A, comply with those rules.

C. A licensed acupuncturist who can prove to the satisfaction of the board that the licensed acupuncturist has been duly licensed or certified to practice custom-made **Chinese herbal formulation** by the licensing authority of another state may continue to practice that modality, except that the board may require that the licensee complete additional training consistent with its rules within 3 years if the board finds that the standards applied in the state in which the licensed acupuncturist was certified or licensed are less stringent than those adopted in the board's rules.

		<p>4. Practice by other persons. The listing of allied techniques and modalities in subsection 2, including acupressure and qi gong, may not be construed to require any person who practices the same or similar techniques or modalities to obtain a license as an acupuncturist under section 12511 and may not be construed to limit, interfere with or prevent any licensed person from practicing the same or similar techniques and modalities within the scope of that person's license, whether or not the defined scope of that license contains specific lists of techniques or modalities.</p> <p>Note:</p> <p>Title 32. Professions and Occupations Chapter 9. Chiropractors Subchapter 1. General Provisions § 451. Definitions</p> <p>1. Chiropractic. "Chiropractic" means the art and science of identification and correction of subluxation and the accompanying physiological or mechanical abnormalities. The term subluxation, as utilized within the chiropractic health care system, means a structural or functional impairment of an intact articular unit. "Chiropractic" includes chiropractic acupuncture. Chiropractic recognizes the inherent recuperative capability of the human body as it relates to the spinal column, musculo-skeletal and nervous system.</p> <p>1-A. Chiropractic acupuncture. "Chiropractic acupuncture" means the insertion of acupuncture needles through the skin at specific points. It is a chiropractic methodology used for the correction of the soft tissue components contributing to subluxation and the accompanying physiological or mechanical abnormalities. Except as provided in section 502, chiropractic acupuncture may only be practiced by a licensee who has received a chiropractic acupuncture certification from the board.</p>
<p>Maryland</p>	<p>West's Annotated Code of Maryland Health Occupations Title 1A. Acupuncturists Subtitle 1. Definitions; General Provisions § 1A-101. Definitions</p>	<p>In general</p> <p>(a) In this title the following words have the meanings indicated.</p> <p>Acupuncture</p> <p>(b) "Acupuncture" means a form of health care, based on a theory of energetic physiology, that describes the interrelationship of the body organs or functions with an associated point or combination of points.</p>

		<p style="text-align: center;">Auricular detoxification</p> <p>(c) “Auricular detoxification” means an acupuncture technique involving the needling of the external auricle of the human ear for the purpose of assisting a person who is undergoing detoxification to remove addictive substances from the body and restoring health.</p> <p style="text-align: center;">Board</p> <p>(d) “Board” means the State Acupuncture Board.</p> <p style="text-align: center;">License</p> <p>(e) “License” means, unless the context requires otherwise, a license issued by the Board to practice acupuncture.</p> <p style="text-align: center;">Practice acupuncture</p> <p>(f)(1) “Practice acupuncture” means the use of oriental medical therapies for the purpose of normalizing energetic physiological functions including pain control, and for the promotion, maintenance, and restoration of health.</p> <p>(2) “Practice acupuncture” includes:</p> <p>(i) Stimulation of points of the body by the insertion of acupuncture needles;</p> <p>(ii) The application of Moxibustion; and</p> <p>(iii) Manual, mechanical, thermal, or electrical therapies only when performed in accordance with the principles of oriental acupuncture medical theories.</p> <p style="text-align: center;">Supervision</p> <p>(g) “Supervision” means:</p> <p>(1) A formalized professional relationship between a licensed acupuncturist and an individual performing auricular detoxification that provides evaluation and direction of the individual to adequately ensure the safety and welfare of clients during the course of treatment; and</p> <p>(2) As defined by the Board in regulations:</p>
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		<p>(i) Periodic direct supervision where the licensed acupuncturist is present or on-site during treatment; and</p> <p>(ii) General supervision where the licensed acupuncturist is neither present nor on-site during treatment.</p> <p>Note:</p> <p>West's Annotated Code of Maryland Health Occupations Title 14. Physicians Subtitle 1. Definitions; General Provisions ➔§ 14-101. Definitions</p> <p style="text-align: center;">Perform acupuncture</p> <p>(i) "Perform acupuncture" means to stimulate a certain point or points on or near the surface of the human body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of ailments or conditions of the body.</p>
Massachusetts	<p>Massachusetts General Laws Annotated Part I. Administration of the Government (Ch. 1-182) Title XVI. Public Health (Ch. 111-114) Chapter 112. Registration of Certain Professions and Occupations ➔§ 148. Definitions</p>	<p>"Acupuncture", the practice of medicine based on Traditional Oriental Medical Theories; primarily the insertion of metal needles through the skin at certain points on the body, with or without the application of electric current, and with or without the application of heat to the needles, skin, or both, in an attempt to relieve pain or improve body function. Electroacupuncture, whether utilizing electrodes on the surface of the skin or current applied to inserted needles will be considered the practice of acupuncture.</p> <p>"Board", the board of registration in medicine, established under the provisions of section ten of chapter thirteen.</p> <p>"Committee", the committee on acupuncture of the board of registration in medicine, established under the provisions of section one hundred and forty-nine.</p> <p>"Acupuncturist", a person licensed under the provisions of sections one hundred and forty-nine to one hundred and sixty-two, inclusive, to practice acupuncture.</p> <p>"Acupuncture intern", an acupuncture student engaged in practical training including needle insertion on human subjects in an acupuncture internship program approved by the committee on acupuncture.</p>

<p>Michigan</p>	<p>Michigan Compiled Laws Annotated Chapter 333. Health Public Health Code Article 15. Occupations Part 165. Acupuncture ➡333.16501. Definitions; general definitions and principles of construction</p>	<p>(a) "Acupuncture" means the insertion and manipulation of needles through the surface of the human body at specific locations on the human body for the prevention or correction of disease, injury, pain, or other condition.</p> <p>(b) "Acupuncturist" means an individual who practices acupuncture and is registered, or otherwise authorized, under this part.</p> <p>(2) In addition to the definitions in this part, article 1 [FN1] contains general definitions and principles of construction applicable to all articles in the code and part 161 [FN2] contains definitions applicable to this part.</p>
<p>Minnesota</p>	<p>Minnesota Statutes Annotated Health (Ch. 144-159) Chapter 147B. Acupuncture Practitioners ➡147B.01. Definitions</p>	<p>Subd. 2. Acupressure. "Acupressure" means the application of pressure to acupuncture points.</p> <p>Subd. 3. Acupuncture practice. "Acupuncture practice" means a comprehensive system of health care using Oriental medical theory and its unique methods of diagnosis and treatment. Its treatment techniques include the insertion of acupuncture needles through the skin and the use of other biophysical methods of acupuncture point stimulation, including the use of heat, Oriental massage techniques, electrical stimulation, herbal supplemental therapies, dietary guidelines, breathing techniques, and exercise based on Oriental medical principles.</p> <p>Subd. 4. Acupuncture needle. "Acupuncture needle" means a needle designed exclusively for acupuncture purposes. It has a solid core, with a tapered point, and is 0.12 mm to 0.45 mm in thickness. It is constructed of stainless steel, gold, silver, or other board-approved materials as long as the materials can be sterilized according to recommendations of the National Centers for Disease Control and Prevention.</p> <p>Subd. 5. Acupuncture points. "Acupuncture points" means specific anatomically described locations as defined by the recognized acupuncture reference texts. These texts are listed in the study guide to the examination for the NCCAOM certification exam.</p> <p>Subd. 6. Acupuncture practitioner. "Acupuncture practitioner" means a person licensed to practice acupuncture under this chapter.</p> <p>Subd. 7. Board. "Board" means the Board of Medical Practice or its designee.</p> <p>Subd. 8. Repealed by Laws 2002, c. 375, art. 3, § 11.</p>

Subd. 9. Breathing techniques. "Breathing techniques" means Oriental breathing exercises taught to a patient as part of a treatment plan.

Subd. 10. Cupping. "Cupping" means a therapy in which a jar-shaped instrument is attached to the skin and negative pressure is created by using suction.

Subd. 11. Dermal friction. "Dermal friction" means rubbing on the surface of the skin, using topical ointments with a smooth-surfaced instrument without a cutting edge that can be sterilized or, if disposable, a onetime only use product.

Subd. 12. Diplomate in acupuncture. "Diplomate in acupuncture" means a person who is certified by the NCCAOM as having met the standards of competence established by the NCCAOM, who subscribes to the NCCAOM code of ethics, and who has a current and active NCCAOM certificate. Current and active NCCAOM certification indicates successful completion of continued professional development and previous satisfaction of NCCAOM requirements.

Subd. 13. Electrical stimulation. "Electrical stimulation" means a method of stimulating acupuncture points by an electrical current of .001 to 100 milliamps, or other current as approved by the board. Electrical stimulation may be used by attachment of a device to an acupuncture needle or may be used transcutaneously without penetrating the skin.

Subd. 14. Herbal therapies. "Herbal therapies" are the use of herbs and patent herbal remedies as supplements as part of the treatment plan of the patient.

Subd. 15. Repealed by [Laws 2002, c. 375, art. 3, § 11](#).

Subd. 16. NCCAOM. "NCCAOM" means the National Certification Commission for Acupuncture and Oriental Medicine, a not-for-profit corporation organized under [section 501\(c\)\(4\) of the Internal Revenue Code](#). [FN1]

Subd. 16a. NCCAOM certification. "NCCAOM certification" means a certification granted by the NCCAOM to a person who has met the standards of competence established for either NCCAOM certification in acupuncture or NCCAOM certification in Oriental medicine.

Subd. 17. Needle sickness. "Needle sickness" is a temporary state of nausea and dizziness that is a potential side effect to needle insertion and from which full recovery occurs when the needles are removed.

Subd. 18. Oriental medicine. "Oriental medicine" means a system of healing arts that

perceives the circulation and balance of energy in the body as being fundamental to the well-being of the individual. It implements the theory through specialized methods of analyzing the energy status of the body and treating the body with acupuncture and other related modalities for the purpose of strengthening the body, improving energy balance, maintaining or restoring health, improving physiological function, and reducing pain.

Note:

Health (Ch. 144-159)

[Chapter 147B](#). Acupuncture Practitioners

→ **147B.06. Professional conduct**

Subd. 4. Scope of practice.

The scope of practice of acupuncture includes, but is not limited to, the following:

- (1) using Oriental medical theory to assess and diagnose a patient;
- (2) using Oriental medical theory to develop a plan to treat a patient. The treatment techniques that may be chosen include:
 - (i) insertion of sterile acupuncture needles through the skin;
 - (ii) acupuncture stimulation including, but not limited to, electrical stimulation or the application of heat;
 - (iii) cupping;
 - (iv) dermal friction;
 - (v) acupressure;
 - (vi) **herbal therapies**;
 - (vii) dietary counseling based on traditional Chinese medical principles;
 - (viii) breathing techniques;
 - (ix) exercise according to Oriental medical principles; or
 - (x) Oriental massage.

<p>Mississippi</p>	<p>We. St's Annotated Mississippi Code Title 73. Professions and Vocations ¹Chapter 71. Acupuncture Practice Act [Repealed Effective July 1, 2013] § 73-71-5. Definitions</p>	<p>(a) "Accredited college of acupuncture" means any college, school or division of a university or college that offers the degree of Master of Science in Oriental Medicine (MSOM) or its equivalent and that is accredited by the Accreditation Commission of Acupuncture and Oriental Medicine (ACAOM).</p> <p>(b) "Acupuncturist" means a person who has received a professional degree from a college of acupuncture and Oriental medicine.</p> <p>(c) "Acupuncturist-patient relationship" means that the acupuncturist has assumed the responsibility for making clinical judgments regarding the health of the patient and the need for medical treatment, and the patient has agreed to follow the acupuncturist's instructions.</p> <p>(d) "Acupuncture practitioner" means a practitioner licensed under this act to practice the techniques of acupuncture in this state and includes the term "acupuncturist."</p> <p>(e) "Advisory council" means the Mississippi Council of Advisors in Acupuncture established in this act.</p> <p>(f) "Board" means the State Board of Medical Licensure established in Section 73-43-1 et seq.</p> <p>(g) "Complementary and integrative therapies" means a heterogeneous group of preventive, diagnostic and therapeutic philosophies and practices, which at the time they are performed may differ from current scientific knowledge, or whose theoretical basis and techniques may diverge from western medicine routinely taught in accredited medical colleges, or both. These therapies include, but are not limited to, acupuncture, acuthery and acupressure.</p> <p>(h) "Impaired practitioner" means a practitioner who is unable to practice acupuncture with reasonable skill and safety because of a physical or mental disability as evidenced by a written determination from a competent authority or written consent based on clinical evidence, including deterioration of mental capacity, loss of motor skills, or abuse of drugs or alcohol of sufficient degree to diminish the person's ability to deliver competent patient care.</p> <p>(i) "Informed consent" means the acupuncture practitioner has informed the patient, in a manner that would be understood by a reasonable person, of the diagnostic and treatment options, risk assessment and prognosis and has provided the patient with an estimate of the charges for treatment to be rendered and the patient has consented to the recommended treatment.</p> <p>(j) "NCCAOM" means the National Certification Commission for Acupuncture and Oriental</p>
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Medicine.

(k) "Physician" means a doctor of medicine or osteopathy who is legally authorized to practice medicine in the State of Mississippi.

(l) "Practice of acupuncture" means:

(i) To treat, correct, change, alleviate or prevent disease, illness, pain, deformity, defect, injury or other physical or mental conditions by the techniques of acupuncture, including:

1. The administering or applying of an apparatus or other therapeutic technique as defined in this act; or

2. The using of complementary and integrative therapies as defined in this act; or

3. The rendering of advice or recommendation by any means including telephonic and other electronic communications with regard to any of the above.

(ii) To represent, directly or indirectly, publicly or privately, an ability and willingness to do an act described in this paragraph.

(iii) To use any title, words, abbreviation or letters in a manner or under circumstances that induce the belief that the person using them is qualified to do any act described in this paragraph.

(m) "**Techniques of acupuncture**" includes acupuncture, **Moxibustion** or heating modalities, cupping, magnets, ion pumping cords, electroacupuncture including electrodermal assessment, application of cold packs, dietary, nutritional and lifestyle counseling, manual therapy (Tui Na), massage, breathing and exercise techniques, **the administration of any herb and nutritional supplement and meridian therapy**. The terms used in this paragraph are defined as follows:

(i) "Acupuncture" means the insertion and manipulation of needles to the body, and the use of Oriental medicine and other modalities and procedures at specific locations on the body, for the prevention or correction of any disease, illness, injury, pain or other condition.

(ii) "Cupping" means the heating of air or mechanical creation of suction in a cup, application to specific locations on the body to induce local vasodilation and mechanical expansion of underlying tissue.

<p>(iii) “Ion pumping cords” means the application of wires containing diodes to acupuncture needles that have been placed on the body.</p> <p>(iv) “Magnets” means the application of magnets to specific locations on the body.</p> <p>(v) “Electroacupuncture including electrodermal assessment” means the use of electronic biofeedback, and electrostimulation instruments.</p> <p>(vi) “Cold packs” means the application of cold packs and ice to specific locations on the body to reduce heat conditions or inflammation in surface tissues of the body.</p> <p>(vii) “Dietary, nutritional and lifestyle counseling” means in depth patient interviews and counseling to determine whether poor dietary, lifestyle or nutritional practices are a factor in a patient’s illness and to educate toward a healthier lifestyle.</p> <p>(viii) “Manual therapy (Tui Na) and Massage” means mobilization of skeletal and soft tissues.</p> <p>(ix) “Breathing and exercise techniques” means the use of Qi Gong and other techniques of therapeutic breathing and exercise.</p> <p>(x) “Administration of herbal and botanical substances” means the administration of herbs of animal, vegetable or mineral origin for health maintenance and the treatment of effects of disease.</p> <p>(xi) “Vitamin, mineral or nutritional supplement” means a nutritional substance, including a concentrate or extract of such a substance.</p> <p>(xii) “Devices for meridian therapy” means all assessment and/or treatment devices for use with acupuncture meridians.</p> <p>Note:</p> <p>We. St’s Annotated Mississippi Code Title 73. Professions and Vocations Chapter 6. Chiropractors § 73-6-1. Chiropractic practice</p> <p>(5) Chiropractors shall not use venipuncture, capillary puncture, acupuncture or any other</p>

		technique which is invasive of the human body either by penetrating the skin or through any of the orifices of the body or through the use of colonics.
Missouri	Vernon's Annotated Missouri Statutes Title XXII. Occupations and Professions ☞Chapter 324 Occupations and Professions General Provisions ☞Acupuncture ➡ 324.475. Definitions	<p>(1) "Acupuncture", the use of needles inserted into the body by piercing of the skin and related modalities, for the assessment, evaluation, prevention, treatment or correction of any abnormal physiology or pain by means of controlling and regulating the flow and balance of energy in the body so as to restore the body to its proper functioning and state of health;</p> <p>(2) "Acupuncturist", any person licensed as provided in sections 324.475 to 324.499, to practice acupuncture as defined in subdivision (1) of this section;</p> <p>(3) "Auricular detox technician", a person trained solely in, and who performs only, auricular detox treatment. An auricular detox technician shall practice under the supervision of a licensed acupuncturist. Such treatment shall take place in a hospital, clinic or treatment facility which provides comprehensive substance abuse services, including counseling, and maintains all licenses and certifications necessary and applicable;</p> <p>(4) "Auricular detox treatment", a very limited procedure consisting of acupuncture needles inserted into specified points in the outer ear of a person undergoing treatment for drug or alcohol abuse or both drug and alcohol abuse;</p> <p>(5) "Board", the state board of chiropractic examiners established in chapter 331, RSMo;</p> <p>(6) "Committee", the Missouri acupuncture advisory committee;</p> <p>(7) "Department", the department of insurance, financial institutions and professional registration;</p> <p>(8) "Director", the director of the division of professional registration;</p> <p>(9) "Division", the division of professional registration;</p> <p>(10) "License", the document of authorization issued by the board for a person to engage in the practice of acupuncture.</p>
Montana	West's Montana Code Annotated Title 37. Professions and Occupations ☞ Chapter 13 . Acupuncture Practice Act	(1) "Acupuncture" means the diagnosis, treatment, or correction of human conditions, ailments, diseases, injuries, or infirmities by means of mechanical, thermal, or electrical stimulation effected by the insertion of solid needles. The term includes the use of acupressure and the use of oriental food remedies and herbs.

	<p>☞ Part 1. General ☛ 37-13-103. Definitions</p>	<p>(2) “Acupuncturist” means a natural person licensed by the board of medical examiners to practice acupuncture.</p> <p>(3) “Board” means the Montana state board of medical examiners.</p> <p>(4) “School of acupuncture” means a school in which acupuncture is taught that has been recognized and designated by the board of medical examiners.</p>
Nebraska	<p>West's Revised Statutes of Nebraska Annotated Chapter 38. Health Occupations and Professions ☞ Article 20. Medicine and Surgery Practice Act ☛ 38-2006. Acupuncture, defined</p>	<p>Acupuncture means the insertion, manipulation, and removal of acupuncture needles and the application of manual, mechanical, thermal, electrical, and electromagnetic treatment to such needles at specific points or meridians on the human body in an effort to promote, maintain, and restore health and for the treatment of disease, based on acupuncture theory. Acupuncture may include the recommendation of therapeutic exercises, dietary guidelines, and nutritional support to promote the effectiveness of the acupuncture treatment. Acupuncture does not include manipulation or mobilization of or adjustment to the spine, extraspinal manipulation, or the practice of medical nutrition therapy.</p>
Nevada	<p>West's Nevada Revised Statutes Annotated Title 54. Professions, Occupations and Businesses (Chapters 622-656) ☞ Chapter 634A. Oriental Medicine ☞ General Provisions ☛ 634A.020. Definitions</p>	<p>1. “Acupuncture” means the insertion of needles into the human body by piercing the skin of the body to control and regulate the flow and balance of energy in the body and to cure, relieve or palliate:</p> <p>(a) Any ailment or disease of the mind or body; or</p> <p>(b) Any wound, bodily injury or deformity.</p> <p>2. “Board” means the State Board of Oriental Medicine.</p> <p>3. “Doctor of Oriental medicine” means a person who is licensed under the provisions of this chapter to practice as a doctor of Oriental medicine.</p> <p>4. “Herbal medicine” and “practice of herbal medicine” mean suggesting, recommending, prescribing or directing the use of herbs for the cure, relief or palliation of any ailment or disease of the mind or body, or for the cure or relief of any wound, bodily injury or deformity.</p> <p>5. “Herbs” means plants or parts of plants valued for medicinal qualities.</p> <p>6. “Oriental medicine” means that system of the healing art which places the chief emphasis on the flow and balance of energy in the body mechanism as being the most important single factor in maintaining the well-being of the organism in health and disease. The term</p>

		<p>includes the practice of acupuncture and herbal medicine and other services approved by the Board.</p>
<p>New Hampshire</p>	<p>Revised Statutes Annotated of the State of New Hampshire Title XXX. Occupations and Professions (Ch. 309 to 332-J) Chapter 328-E. Naturopathic Health Care Practice 328-E:2 Definitions.</p>	<p>I. "Acupuncture" means the insertion of acupuncture needles into specific points on the skin to treat human disease and impairment and to relieve pain.</p> <p>II. "Approved naturopathic medical college" means a college or program granting the degree of doctor of naturopathic medicine or doctor of naturopathy that is approved by the board and which:</p> <ul style="list-style-type: none"> (a) Is accredited by the Council of Naturopathic Medical Education or other accrediting agency recognized by the federal government. (b) Has candidate for accreditation status with such agency. (c) Has been investigated by the board and found to meet education standards equivalent to those established by such agency. <p>III. "Board" means the naturopathic board of examiners established under RSA 328-E:7.</p> <p>IV. "Doctor of naturopathic medicine" means a person authorized and licensed to practice naturopathic medicine under this chapter.</p> <p>V. "Homeopathic preparations" means medicines prepared according to the Homeopathic Pharmacopoeia of the United States.</p> <p>VI. "Minor office procedures" means care incident to superficial lacerations and abrasions, and the removal of foreign bodies located in superficial structures, not to include the eyes. It shall include the use of antiseptics in connection with such procedures but shall not include the alteration or removal of tissue.</p> <p>VII. "Naturopathic childbirth" means natural childbirth which includes the use of natural obstetrical medicines, ophthalmic antibiotics, obstetrical emergency medicines and minor surgery including episiotomies, but which does not include the use of forceps delivery, general or spinal anesthesia, cesarean section, or induced abortions.</p> <p>VIII. "Naturopathic manipulative therapy" means the manually administered, mechanical</p>

		<p>treatment of body structures or tissues, in accordance with naturopathic principles, for the purpose of restoring normal physiological function to the body by normalizing and balancing the musculoskeletal system of the body.</p> <p>IX. "Naturopathic medicine" means a system of primary health care practiced by doctors of naturopathic medicine for the prevention, diagnosis, and treatment of human health conditions, injuries, and diseases that uses education, natural medicines and therapies to support and stimulate the individual's intrinsic self-healing processes.</p> <p>X. "Naturopathic physical medicine" means the therapeutic use of the physical agents of air, water, heat, cold, sound, light, and electromagnetic non-ionizing radiation and the physical modalities of electrotherapy, diathermy, ultraviolet light, ultrasound, hydrotherapy, naturopathic manipulative therapy, and therapeutic exercise.</p> <p>XI. "Topical medicines" means topical analgesics, anesthetics, antiseptics, scabicides, antifungals, and antibacterials.</p> <p>Note: Title XXX. Occupations and Professions (Ch. 309 to 332-J) ☞ Chapter 328-G. Acupuncture ➔ 328-G:10 Scope of Practice.</p> <p>I. Under this chapter the scope of practice of acupuncture shall include the allied techniques and modalities of oriental medicine, both traditional and modern. The scope of practice shall include: diagnostic procedures; electrical and magnetic stimulation; Moxibustion and other forms of heat therapy; cupping and scraping techniques; dietary, nutritional, and herbal therapies; lifestyle counseling; accupressure; and massage.</p>
New Jersey	New Jersey Statutes Annotated Title 45. Professions and Occupations ☞ Subtitle 1 . Professions and Occupations Regulated by State Boards of Registration and Examination ☞ Chapter 2C . Acupuncture ➔ 45:2C-2. Definitions	<p>a. "Acupuncture" means the practice of Oriental medicine based on traditional Oriental medical theories, including, but not limited to, the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of diseases or dysfunctions of the body and includes the techniques of electroacupuncture, mechanical stimulation, adjunctive therapies and Moxibustion.</p> <p>b. "Board" means the Acupuncture Examining Board.</p>

c. "Electroacupuncture" means the therapeutic use of weak electric currents at acupuncture loci.

d. "**Moxibustion**" means the therapeutic use of thermal stimulus at acupuncture loci by burning artemisia.

Note:

New Jersey Statutes Annotated

Title 45. Professions and Occupations

☞ [Subtitle 1](#). Professions and Occupations Regulated by State Boards of Registration and Examination

☞ [Chapter 9B](#). Acupuncture Research

➡ **45:9B-5. Definition of practice of acupuncture research**

a. The practice of acupuncture research is defined as studying treatment by means of mechanical, thermal or electrical stimulation effected by the insertion of solid needles or the application of heat or electrical stimulation at a point or combination of points on the surface of the body predetermined on the basis of the theory of the physiological interrelationship of body organs with an associated point or combination of points for diseases, disorders and dysfunctions of the body for the purpose of achieving a regular therapeutic or prophylactic effect.

b. A license to practice acupuncture research shall not permit the holder thereof to use radiotherapy, fluoroscopy, or any form of ionizing radiation, to operate, to reduce fractures or dislocations, or to use diagnostic or therapeutic methods involving chemical or biological means.

c. A license to practice acupuncture research shall permit the holder thereof to treat any human disease, pain, injury, deformity or physical condition not prohibited by the provision of this section provided the person volunteering for research treatment presents a prior referral obtained from a licensed physician after appropriate medical examination.

Note:

Title 45. Professions and Occupations ([Refs & Annos](#))

☞ [Subtitle 1](#). Professions and Occupations Regulated by State Boards of Registration and Examination

☞ [Chapter 2C](#). Acupuncture ([Refs & Annos](#))

►45:2C-6. Practices allowed by holder of license

a. A license issued pursuant to this act authorizes the holder thereof to engage in the practice of acupuncture and when used in connection therewith to perform or prescribe the use of tuina, shiatsu, and other forms of Oriental massage, surface stimulation of a certain point or combination of points on the body, breathing techniques and exercise to promote health.

b. The holder of a license may also utilize adjunctive therapies, which include, but are not limited to: Oriental dietary therapy; lifestyle and behavioral education; laser stimulation in accordance with relevant federal law; cupping; thermal methods; magnets; gua-sha; percutaneous and transcutaneous electrical nerve stimulation; **and, subject to the additional certification and filing requirements set forth in section 14 of P.L.2009, c. 56 (C.45:2C-19), herbology.** Any adjunctive therapies utilized by the holder of a license shall be approved by the board.

Title 45. Professions and Occupations ([Refs & Annos](#))

☞[Subtitle 1](#). Professions and Occupations Regulated by State Boards of Registration and Examination

☞[Chapter 2C](#). Acupuncture ([Refs & Annos](#))

►45:2C-19. Proof of certification in Chinese Herbology or Oriental Medicines; rules and regulations

a. An acupuncturist licensed on or after the effective date of [P.L.2009, c. 56](#) (C.45:2C-19 et al.), before employing herbology in his practice, shall submit to the board proof of current certification in either Chinese Herbology or Oriental Medicine by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), or its successor.

b. (1) The board may, as provided in this subsection, approve the employment of herbology in the practice of acupuncture by the following persons who do not meet the herbology certification requirements of subsection a. of this section:

(a) An acupuncturist certified on or before the effective date of [P.L.2009, c. 56](#) (C.45:2C-19 et al.), who employs herbology in his practice; or

(b) A person who, on or before the effective date of [P.L.2009, c. 56](#) (C.45:2C-19 et al.), is enrolled in and graduates, or has graduated, from a school accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM).

(2) The board shall promulgate rules and regulations concerning the appropriate criteria for

		<p>approval pursuant to this subsection, which shall include:</p> <p>(a) professional level training in herbology at a school accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM);</p> <p>(b) experience in the professional use of herbology in the acupuncturist's practice; or</p> <p>(c) any other criteria deemed appropriate by the board.</p> <p>(3) Persons seeking approval to employ herbology pursuant to this subsection shall apply to the board within six months after the final adoption of the rules and regulations establishing the criteria.</p>
<p>New Mexico</p>	<p>West's New Mexico Statutes Annotated Chapter 61. Professional and Occupational Licenses Article 14A. Acupuncture and Oriental Medicine Practice § 61-14A-3. Definitions</p>	<p>A. "acupuncture" means the surgical use of needles inserted into and removed from the body and the use of other devices, modalities and procedures at specific locations on the body for the prevention, cure or correction of any disease, illness, injury, pain or other condition by controlling and regulating the flow and balance of energy and function to restore and maintain health;</p> <p>B. "board" means the board of acupuncture and oriental medicine;</p> <p>C. "doctor of oriental medicine" means a person licensed as a physician to practice acupuncture and oriental medicine with the ability to practice independently, serve as a primary care provider and as necessary collaborate with other health care providers;</p> <p>D. "Moxibustion" means the use of heat on or above specific locations or on acupuncture needles at specific locations on the body for the prevention, cure or correction of any disease, illness, injury, pain or other condition;</p> <p>E. "oriental medicine" means the distinct system of primary health care that uses all allied techniques of oriental medicine, both traditional and modern, to diagnose, treat and prescribe for the prevention, cure or correction of disease, illness, injury, pain or other physical or mental condition by controlling and regulating the flow and balance of energy, form and function to restore and maintain health;</p> <p>F. "primary care provider" means a health care practitioner acting within the scope of the health care practitioner's license who provides the first level of basic or general health care for a person's health needs, including diagnostic and treatment services, initiates referrals to other health care practitioners and maintains the continuity of care when appropriate;</p>

G. “**techniques of oriental medicine**” means:

(1) the diagnostic and treatment techniques used in oriental medicine that include diagnostic procedures; acupuncture; **Moxibustion**; manual therapy, also known as tui na; other physical medicine modalities and therapeutic procedures; breathing and exercise techniques; and dietary, nutritional and lifestyle counseling;

(2) **the prescribing, administering, combining and providing of herbal medicines**, homeopathic medicines, vitamins, minerals, enzymes, glandular products, **natural substances**, natural medicines, protomorphogens, live cell products, gerovital, amino acids, dietary and nutritional supplements, cosmetics as they are defined in the New Mexico Drug, Device and Cosmetic Act and nonprescription drugs as they are defined in the Pharmacy Act; and

(3) the prescribing, administering and providing of devices, restricted devices and prescription devices, as those devices are defined in the New Mexico Drug, Device and Cosmetic Act, if the board determines by rule that the devices are necessary in the practice of oriental medicine and if the prescribing doctor of oriental medicine has fulfilled requirements for prescriptive authority in accordance with rules promulgated by the board for the devices enumerated in this paragraph; and

H. “tutor” means a doctor of oriental medicine with at least ten years of clinical experience who is a teacher of acupuncture and oriental medicine.

Note:

Chapter 61. Professional and Occupational Licenses

▣ [Article 14A](#). Acupuncture and Oriental Medicine Practice

→ § 61-14A-6. Exemptions

A. Nothing in the Acupuncture and Oriental Medicine Practice Act is intended to limit, interfere with or prevent any other class of licensed health care professionals from practicing within the scope of their licenses, but they shall not hold themselves out to the public or any private group or business by using any title or description of services that includes the term acupuncture, acupuncturist or oriental medicine unless they are licensed under the Acupuncture and Oriental Medicine Practice Act.

B. The Acupuncture and Oriental Medicine Practice Act shall not apply to or affect the following practices if the person does not hold himself out as a doctor of oriental

medicine or as practicing acupuncture or oriental medicine:

- (1) the administering of gratuitous services in cases of emergency;
- (2) the domestic administering of family remedies;
- (3) the counseling about or the teaching and demonstration of breathing and exercise techniques;
- (4) the counseling or teaching about diet and nutrition;
- (5) the spiritual or lifestyle counseling of a person or spiritual group or the practice of the religious tenets of a church;
- (6) **the providing of information about the general usage of herbal medicines, homeopathic medicines, vitamins, minerals, enzymes or glandular or nutritional supplements;** or
- (7) the use of needles for diagnostic purposes and the use of needles for the administration of diagnostic or therapeutic substances by licensed health care professionals.

Note:

Chapter 61. Professional and Occupational Licenses ([Refs & Annos](#))

☞ [Article 14A](#). Acupuncture and Oriental Medicine Practice ([Refs & Annos](#))

➔ **§ 61-14A-8.1. Expanded practice and prescriptive authority; certifications**

A. The board shall issue certifications, as determined by rule of the board, for expanded practice and prescriptive authority only for the substances enumerated in Paragraphs (1) and (2) of Subsection C of this section to a doctor of oriental medicine who has submitted completed forms provided by the board, paid the application fee for certification and submitted proof of successful completion of additional training required by rule of the board. The board shall adopt the rules determined by the board of pharmacy for additional training required for the prescribing, administering, compounding or dispensing of caffeine, procaine, oxygen, epinephrine and bioidentical hormones. The board and the board of pharmacy shall consult as appropriate.

B. The board shall issue certifications in the four expanded practices of basic injection therapy, injection therapy, intravenous therapy and bioidentical hormone therapy.

		<p>C. The expanded practice and prescriptive authority shall include:</p> <p>(1) the prescribing, administering, compounding and dispensing of herbal medicines, homeopathic medicines, vitamins, minerals, amino acids, proteins, enzymes, carbohydrates, lipids, glandular products, natural substances, natural medicines, protomorphogens, live cell products, gerovital, dietary and nutritional supplements, cosmetics as they are defined in the New Mexico Drug, Device and Cosmetic Act and nonprescription drugs as they are defined in the Pharmacy Act; and</p> <p>(2) the prescribing, administering, compounding and dispensing of the following dangerous drugs or controlled substances as they are defined in the New Mexico Drug, Device and Cosmetic Act, the Controlled Substances Act or the Pharmacy Act, if the prescribing doctor of oriental medicine has fulfilled the requirements for expanded practice and prescriptive authority in accordance with the rules promulgated by the board for the substances enumerated in this paragraph:</p> <ul style="list-style-type: none">(a) sterile water;(b) sterile saline;(c) sarapin or its generic;(d) caffeine;(e) procaine;(f) oxygen;(g) epinephrine;(h) vapocoolants;(i) bioidentical hormones;(j) biological products, including therapeutic serum; and(k) any of the drugs or substances enumerated in Paragraph (1) of this subsection if at any time those drugs or substances are classified as dangerous drugs or controlled substances. <p>D. When compounding drugs for their patients, doctors of oriental medicine certified for</p>
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		expanded practice and prescriptive authority shall comply with the compounding requirements for licensed health care professionals in the United States pharmacopeia and national formulary.
New York	Mckinney's Consolidated Laws of New York Annotated Education Law Chapter 16. Of the Consolidated Laws Title VIII . The Professions Article 160 . Acupuncture ➔§ 8211. Definitions	<p>(1)(a) "Profession of acupuncture" is the treating, by means of mechanical, thermal or electrical stimulation effected by the insertion of needles or by the application of heat, pressure or electrical stimulation at a point or combination of points on the surface of the body predetermined on the basis of the theory of the physiological interrelationship of body organs with an associated point or combination of points for diseases, disorders and dysfunctions of the body for the purpose of achieving a therapeutic or prophylactic effect.</p> <p>(b) Each acupuncturist licensed pursuant to this article, shall advise each patient as to the importance of consulting with a licensed physician regarding the patient's condition and shall keep on file with the patient's records, a form attesting to the patient's notice of such advice. Such form shall be in duplicate, one copy to be retained by the patient, signed and dated by both the acupuncturist and the patient and shall be prescribed in the following manner:</p> <p>WE, THE UNDERSIGNED, DO AFFIRM THAT (THE PATIENT) HAS BEEN ADVISED BY , (A LICENSED ACUPUNCTURIST), TO CONSULT A PHYSICIAN REGARDING THE CONDITION OR CONDITIONS FOR WHICH SUCH PATIENT SEEKS ACUPUNCTURE TREATMENT.</p> <p>_____ (Signature) _____ Date</p> <p>_____ (Signature) _____ Date</p> <p>(2) "Board" is the state board for acupuncture as created by section eighty-two hundred thirteen of this article.</p>
North Carolina	Chapter 90. Medicine and Allied Occupations Article 30 . Practice of Acupuncture ➔§ 90-451. Definitions	<p>1) Acupuncture.--A form of health care developed from traditional and modern Chinese medical concepts that employ acupuncture diagnosis and treatment, and adjunctive therapies and diagnostic techniques, for the promotion, maintenance, and restoration of health and the prevention of disease.</p> <p>2) Board.--The Acupuncture Licensing Board.</p> <p>3) Practice of acupuncture or practice acupuncture.--The insertion of acupuncture needles and the application of Moxibustion to specific areas of the human body based upon acupuncture diagnosis as a primary mode of therapy. Adjunctive therapies within the</p>

		scope of acupuncture may include massage, mechanical, thermal, electrical, and electromagnetic treatment and the recommendation of herbs , dietary guidelines, and therapeutic exercise.
North Dakota		
Ohio	<p>Baldwin's Ohio Revised Code Annotated Title XLVII. Occupations--Professions ☞ Chapter 4762. Acupuncturists ➡ 4762.01 Definitions</p> <p>As used in this chapter:</p>	<p>(A) "Acupuncture" means a form of health care performed by the insertion and removal of specialized needles, with or without the application of Moxibustion or electrical stimulation, to specific areas of the human body.</p> <p>(B) "Chiropractor" means an individual licensed under Chapter 4734. of the Revised Code to engage in the practice of chiropractic.</p> <p>(C) "Moxibustion" means the use of an herbal heat source on one or more acupuncture points.</p> <p>(D) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatry.</p> <p>Note:</p> <p>Baldwin's Ohio Revised Code Annotated Title XLVII. Occupations--Professions ☞ Chapter 4734. Chiropractors ☞ Chiropractors Practicing Acupuncture ➡ 4734.28 Definitions</p> <p>As used in sections 4734.28 to 4734.286 of the Revised Code:</p> <p>(A) "Acupuncture" means a form of health care performed by the insertion and removal of specialized needles, with or without the application of Moxibustion or electrical stimulation, to specific areas of the human body.</p> <p>(B) "Moxibustion" means the use of an herbal heat source on one or more acupuncture points.</p>
Oklahoma		
Oregon	<p>West's Oregon Revised Statutes Annotated Title 52. Occupations and</p>	<p>(1)(a) "Acupuncture" means an Oriental health care practice used to promote health and to treat neurological, organic or functional disorders by the stimulation of specific points on the surface of the body by the insertion of needles. "Acupuncture" includes the treatment method</p>

	<p>Professions [Ⓝ]Chapter 677. Regulation of Medicine, Podiatry and Acupuncture [Ⓝ]Acupuncturists ➡677.757. Definitions</p>	<p>of Moxibustion, as well as the use of electrical, thermal, mechanical or magnetic devices, with or without needles, to stimulate acupuncture points and acupuncture meridians and to induce acupuncture anesthesia or analgesia.</p> <p>(b) The practice of acupuncture also includes the following modalities as authorized by the Oregon Medical Board;</p> <p>(A) Traditional and modern techniques of diagnosis and evaluation;</p> <p>(B) Oriental massage, exercise and related therapeutic methods; and</p> <p>(C) The use of Oriental pharmacopoeia, vitamins, minerals and dietary advice.</p> <p>(2) “Oriental pharmacopoeia” means a list of herbs described in traditional Oriental texts commonly used in accredited schools of Oriental medicine if the texts are approved by the Oregon Medical Board.</p>
<p>Pennsylvania</p>	<p>Purdon's Pennsylvania Statutes and Consolidated Statutes Title 63 P.S. Professions and Occupations (State Licensed) [Ⓝ]Chapter 32. Acupuncture Licensure Act ➡§ 1802. Definitions</p>	<p>“Acupuncture.” The stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or alleviate the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body.</p> <p>“Acupuncture educational program.” Training and instruction in acupuncture or supplemental acupuncture techniques offered by a degree-granting institution authorized by the Department of Education of the Commonwealth that leads to a master's degree, master's level certificate or diploma or first professional degree, that meets the relevant and appropriate requirements of 22 Pa. Code (relating to education) and 24 Pa.C.S. Ch. 65 (relating to private colleges, universities and seminaries) and that meets or exceeds the standards required for acupuncture or oriental medicine programs established by an accrediting agency recognized by the United States Department of Education.</p> <p>“Acupuncturist.” An individual licensed to practice acupuncture by the State Board of Medicine or the State Board of Osteopathic Medicine.</p> <p>“Board.” The State Board of Medicine and the State Board of Osteopathic Medicine.</p> <p>“Commissioner.” The Commissioner of Professional and Occupational Affairs in the Department of State.</p> <p>Note:</p>

Title 63 P.S. Professions and Occupations (State Licensed) ([Refs & Annos](#))

☞ [Chapter 32](#). Acupuncture Licensure Act ([Refs & Annos](#))

➡ **§ 1803. Regulation of the practice of acupuncture**

(a) Licensure required.--Except as provided in subsection (h), an individual, including a physician, shall be licensed with one of the boards before the individual may practice acupuncture in this Commonwealth. Individuals shall renew their licensures biennially with the appropriate board.

(b) Regulations to be promulgated.--The boards shall each promulgate regulations requiring the proper training of individuals, including physicians, before they may be licensed to practice acupuncture in this Commonwealth. Proper training shall include, to the extent determined by the appropriate board, education or demonstrated experience in the practice of acupuncture. If a board requires successful completion of a written, oral or practical examination in order to qualify for licensure under this act, the examination shall be prepared and administered by a qualified and approved professional testing organization in the manner required for written examinations by section 812.1 of the act of April 9, 1929 (P.L. 177, No. 175), [\[FN1\]](#) known as The Administrative Code of 1929. The board may promulgate such other regulations as are deemed proper and necessary regarding the practice of acupuncture. If an individual is licensed to practice acupuncture with one of the boards, the individual shall be considered to have met the requirements to be licensed by the other board.

(c) Deleted by [2006, Nov. 29, P.L. 1625, No. 186, § 1](#), effective in 60 days [Jan. 29, 2007].

(d) Supervision of students in acupuncture educational programs.--Nothing in this act shall prohibit students enrolled in an acupuncture educational program from performing acupuncture or supplemental acupuncture techniques in the course of their instruction, provided that a licensed physician is readily available for consultations and that an acupuncturist is on site and responsible for the direct supervision of students.

(e) Faculty in acupuncture educational programs.--Nothing in this act shall prohibit faculty teaching in an acupuncture educational program or visiting guest lecturers from performing acupuncture or supplemental acupuncture techniques in the course of student instruction or during professional development seminars, provided that such individuals are licensed as acupuncturists in this Commonwealth or licensed as acupuncturists in another jurisdiction recognized by this Commonwealth and obtain temporary licensure in this Commonwealth.

(f) Supplemental techniques.--**The practice of acupuncture shall also encompass, as**

		regulated by the board, the use of traditional and modern oriental therapeutics, heat therapy, Moxibustion , electrical and low-level laser stimulation, acupressure and other forms of massage, herbal therapy and counseling that shall include the therapeutic use of foods and supplements and lifestyle modifications and any other techniques approved by the board. These supplemental techniques may be for use within the public domain or for use by any other licensed or registered health professionals, according to State law and regulation. None of the supplemental techniques under this subsection shall be a mandated coverage under an insurance policy.
Rhode Island	West's General Laws of Rhode Island Annotated Title 5. Businesses and Professions ☞ Chapter 37.2 . The Healing Art of Acupuncture ➡ § 5-37.2-2. Definitions	(1) "Acupuncture" means the insertion of needles into the human body by piercing the skin of the body, for the purpose of controlling and regulating the flow and balance of energy in the body. (2) "Department" means the state department of health. (3) "Doctor of acupuncture" means a person licensed under the provisions of this chapter to practice the art of healing known as acupuncture. (4) "Licensed acupuncture assistant" means a person who assists in the practice of acupuncture under the direct supervision of a person licensed under the provisions of this chapter to practice acupuncture.
South Carolina	Code of Laws of South Carolina 1976 Annotated Title 40. Professions and Occupations ☞ Chapter 47 . Physicians, Surgeons and Osteopaths ☞ Article 6 . Acupuncture Act of South Carolina ➡ § 40-47-705. Definitions.	(1) "Acupuncture" means a form of health care developed from traditional and modern oriental concepts for health care that employs oriental medical techniques, treatment, and adjunctive therapies for the promotion, maintenance, and restoration of health and the prevention of disease. The practice of acupuncture does not include: (a) osteopathic medicine and osteopathic manipulative treatment; (b) "chiropractic" or "chiropractic practice" as defined in Section 40-9-10 ; or (c) "physical therapy" as defined in Section 40-45-20 or therapies allowed as part of the practice of physical therapy. (2) "Auricular (ear) detoxification therapy" means the insertion of disposable sterile acupuncture needles into the five auricular acupuncture points stipulated by the National Acupuncture Detoxification Association protocol for the sole purpose of treatment of chemical dependency, detoxification, and substance abuse. (3) "Board" means the State Board of Medical Examiners.

		<p>(4) "Committee" means the Acupuncture Advisory Committee as established by this article as an advisory committee responsible to the board.</p> <p>(5) "NADA" means the National Acupuncture Detoxification Association.</p> <p>(6) "NCAAOM" means the National Certification Commission for Acupuncture and Oriental Medicine.</p> <p>(7) "ACAOM" means Accreditation Commission for Acupuncture and Oriental Medicine.</p> <p>(8) "Auricular therapy" means the insertion of disposable needles into and limited only to the ear, to treat a limited number of conditions.</p>
South Dakota		
Tennessee	<p>Title 63. Professions of the Healing Arts Chapter 6. Medicine and Surgery Part 10. Acupuncture →§ 63-6-1001. Definitions</p>	<p>(2) "Acupuncture" means a form of health care developed from traditional and modern oriental medical concepts that employs oriental medical diagnosis and treatment, and adjunctive therapies and diagnostic techniques, for the promotion, maintenance and restoration of health and the prevention of disease;</p> <p>(7) "Practice of acupuncture" means the insertion of acupuncture needles and the application of Moxibustion to specific areas of the human body based on oriental medical diagnosis as a primary mode of therapy. Adjunctive therapies within the scope of acupuncture may include acupressure, cupping, thermal and electrical treatment, and the recommendation of dietary guidelines and supplements and therapeutic exercise based on traditional oriental medical concepts.</p>
Texas	<p>Vernon's Texas Statutes and Codes Annotated Insurance Code Title 8. Health Insurance and Other Health Coverages Subtitle F. Physicians and Health Care Providers Chapter 1451. Access to Certain Practitioners and Facilities Subchapter A. General Provisions →§ 1451.001. Definitions; Health Care Practitioners</p>	<p>(1) "Acupuncturist" means an individual licensed to practice acupuncture by the Texas State Board of Medical Examiners.</p> <p>Note:</p> <p>Occupations Code (Refs & Annos) Title 3. Health Professions Subtitle C. Other Professions Performing Medical Procedures Chapter 205. Acupuncture Subchapter A. General Provisions →§ 205.001. Definitions</p> <p>In this chapter:</p>

		<p>(1) “Acudetox specialist” means a person certified under Section 205.303.</p> <p>(2) “Acupuncture” means:</p> <p>(A) the nonsurgical, nonincisive insertion of an acupuncture needle and the application of Moxibustion to specific areas of the human body as a primary mode of therapy to treat and mitigate a human condition, including evaluation and assessment of the condition; and</p> <p>(B) the administration of thermal or electrical treatments or the recommendation of dietary guidelines, energy flow exercise, or dietary or herbal supplements in conjunction with the treatment described by Paragraph (A).</p> <p>(3) “Acupuncture board” means the Texas State Board of Acupuncture Examiners.</p> <p>(4) “Acupuncturist” means a person who:</p> <p>(A) practices acupuncture; and</p> <p>(B) directly or indirectly charges a fee for the performance of acupuncture services.</p> <p>(5) “Chiropractor” means a person licensed to practice chiropractic by the Texas Board of Chiropractic Examiners.</p> <p>(6) “Executive director” means the executive director of the Texas Medical Board.</p> <p>(7) “Medical board” means the Texas Medical Board.</p> <p>(8) “Physician” means a person licensed to practice medicine by the Texas Medical Board.</p>
<p>Utah</p>	<p>Title 58. Occupations and Professions Chapter 72. Acupuncture Licensing Act Part 1. General Provisions →§ 58-72-102. Acupuncture licensing--Definitions</p>	<p>(4)(a) “Practice of acupuncture” means the insertion of acupuncture needles and application of Moxibustion to specific areas of the body based on traditional oriental medical diagnosis and concepts as a primary mode of therapy.</p> <p>(b) Adjunctive therapies within the scope of acupuncture may include:</p> <p>(i) manual, mechanical, thermal, electrical, light, and electromagnetic treatments based on traditional oriental medical diagnosis and concepts;</p> <p>(ii) the recommendation of dietary guidelines, herbs, supplements, and therapeutic exercise based on traditional oriental medical diagnosis and concepts according to</p>

		<p>practitioner training; and</p> <p>(iii) the practice described in Subsections (4)(a) and (b) on an animal to the extent permitted by:</p> <p>(A) Subsection 58-28-307(12);</p> <p>(B) the provisions of this chapter; and</p> <p>(C) division rule.</p> <p>(c) “Practice of acupuncture” does not include:</p> <p>(i) the manual manipulation or adjustment of the joints of the body beyond the elastic barrier; or</p> <p>(ii) the “manipulation of the articulation of the spinal column” as defined in Section 58-73-102.</p>
<p>Vermont</p>	<p>West's Vermont Statutes Annotated Title Twenty-Six. Professions and Occupations Chapter 75. Acupuncturists § 3401. Definitions</p>	<p>(1) “Acupuncture” or the “practice of acupuncture” means the insertion of fine needles through the skin at certain points on the body, with or without the application of electric current or the application of heat to the needles or skin, or both, for the purpose of promoting health and balance as defined by traditional and modern Oriental theories. Acupuncture involves the use of traditional and modern Oriental diagnostic techniques, acupuncture therapy and adjunctive therapies, including but not limited to: nonprescription remedies, exercise, nutritional and herbal therapies, therapeutic massage, and lifestyle counselling.</p> <p>(2) “Licensed acupuncturist” means a person who is licensed to practice acupuncture under this chapter.</p> <p>(3) “Director” means the director of the office of professional regulation.</p> <p>(4) “Disciplinary action” includes any action taken by an administrative law officer appointed pursuant to section 129(j) of Title 3 against a licensed acupuncturist or applicant premised on a finding of unprofessional conduct. Disciplinary action includes all appropriate remedies, including denial of or renewal of a license, suspension, revocation, limiting or conditioning of the license issuing reprimands or warnings, and adopting consent orders.</p> <p>(5) “Secretary” means the secretary of state.</p>

<p>Virginia</p>	<p>West's Annotated Code of Virginia Title 54.1. Professions and Occupations Subtitle III. Professions and Occupations Regulated by Boards Within the Department of Health Professions ☞ Chapter 29. Medicine and Other Healing Arts ☞ Article 1. General Provisions ➔ § 54.1-2900. Definitions</p>	<p>“Acupuncturist” means individuals approved by the Board to practice acupuncture. This is limited to “licensed acupuncturist” which means an individual other than a doctor of medicine, osteopathy, chiropractic or podiatry who has successfully completed the requirements for licensure established by the Board (approved titles are limited to: Licensed Acupuncturist, Lic.Ac., and L.Ac.).</p> <p>“Auricular acupuncture” means the subcutaneous insertion of sterile, disposable acupuncture needles in predetermined, bilateral locations in the outer ear when used exclusively and specifically in the context of a chemical dependency treatment program.</p> <p>“Board” means the Board of Medicine.</p> <p>“Healing arts” means the arts and sciences dealing with the prevention, diagnosis, treatment and cure or alleviation of human physical or mental ailments, conditions, diseases, pain or infirmities.</p> <p>“Practice of acupuncture” means the stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain ailments or conditions of the body and includes the techniques of electroacupuncture, cupping and Moxibustion. The practice of acupuncture does not include the use of physical therapy, chiropractic, or osteopathic manipulative techniques; the use or prescribing of any drugs, medications, serums or vaccines; or the procedure of auricular acupuncture as exempted in § 54.1-2901 when used in the context of a chemical dependency treatment program for patients eligible for federal, state or local public funds by an employee of the program who is trained and approved by the National Acupuncture Detoxification Association or an equivalent certifying body.</p> <p>“Practice of chiropractic” means the adjustment of the 24 movable vertebrae of the spinal column, and assisting nature for the purpose of normalizing the transmission of nerve energy, but does not include the use of surgery, obstetrics, osteopathy or the administration or prescribing of any drugs, medicines, serums or vaccines.</p> <p>“Practice of medicine or osteopathic medicine” means the prevention, diagnosis and treatment of human physical or mental ailments, conditions, diseases, pain or infirmities by any means or method.</p>
<p>Washington</p>	<p>West's Revised Code of Washington Annotated Title 18. Businesses and</p>	<p>(1) “East Asian medicine” means a health care service utilizing East Asian medicine diagnosis and treatment to promote health and treat organic or functional disorders and includes the following :</p>

	<p>Professions Chapter 18.06. East Asian Medicine Practitioners ➔18.06.010. Definitions</p>	<p>(a) Acupuncture, including the use of acupuncture needles or lancets to directly and indirectly stimulate acupuncture points and meridians;</p> <p>(b) Use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians;</p> <p>(c) Moxibustion;</p> <p>(d) Acupressure;</p> <p>(e) Cupping;</p> <p>(f) Dermal friction technique;</p> <p>(g) Infra-red;</p> <p>(h) Sonopuncture;</p> <p>(i) Laserpuncture;</p> <p>(j) Point injection therapy (aquapuncture);</p> <p>(k) Dietary advice and health education based on East Asian medical theory, including the recommendation and sale of herbs, vitamins, minerals, and dietary and nutritional supplements;</p> <p>(l) Breathing, relaxation, and East Asian exercise techniques;</p> <p>(m) Qi gong;</p> <p>(n) East Asian massage and Tui na, which is a method of East Asian bodywork, characterized by the kneading, pressing, rolling, shaking, and stretching of the body and does not include spinal manipulation; and</p> <p>(o) Superficial heat and cold therapies.</p> <p>(2) “East Asian medicine practitioner” means a person licensed under this chapter.</p> <p>(3) “Department” means the department of health.</p>
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West Virginia	<p>West's Annotated Code of West Virginia Chapter 30. Professions and Occupations Article 36. Acupuncturists ➡§ 30-36-2. Definitions</p>	<p>(a) Unless the context in which used clearly requires a different meaning, as used in this article:</p> <p>(1) "Acupuncture" means a form of health care, based on a theory of energetic physiology, that describes the interrelationship of the body organs or functions with an associated point or combination of points.</p> <p>(2) "Board" means the West Virginia acupuncture board.</p> <p>(3) "License" means a license issued by the board to practice acupuncture.</p> <p>(4) "Moxibustion" means the burning of mugwort on or near the skin to stimulate the acupuncture point.</p> <p>(5) "Practice acupuncture" means the use of oriental medical therapies for the purpose of normalizing energetic physiological functions including pain control, and for the promotion, maintenance and restoration of health.</p> <p>(b) "Practice acupuncture" includes:</p> <p>(1) Stimulation of points of the body by the insertion of acupuncture needles;</p> <p>(2) The application of Moxibustion; and</p> <p>(3) Manual, mechanical, thermal or electrical therapies only when performed in accordance with the principles of oriental acupuncture medical theories.</p>
Wisconsin	<p>West's Wisconsin Statutes Annotated Regulation and Licensing (Ch. 440 to 480) Chapter 451. Acupuncture ➡451.01. Definitions</p>	<p>(1) "Acupuncture" means promoting, maintaining or restoring health or diagnosing, preventing or treating disease based on traditional Oriental medical concepts of treating specific areas of the human body, known as acupuncture points or meridians, by performing any of the following practices:</p> <p>(a) Inserting acupuncture needles.</p>

		<p>(b) Moxibustion.</p> <p>(c) Applying manual, thermal or electrical stimulation or any other secondary therapeutic technique.</p> <p>(2) "Acupuncturist" means a person who is engaged in the practice of acupuncture.</p>
Wyoming		

Agenda Item #5 Federal Advocacy Update

Two-Midnight Rule: The Centers for Medicare and Medicaid Services (CMS) established a two-midnight policy for hospital admission and medical review criteria in an effort to limit use of observation status to reduce its financial burden on Medicare beneficiaries. Observation stays result in greater out-of-pocket expenses for beneficiaries and do not count toward the three-day eligibility requirement for Medicare skilled nursing facility coverage. CMS is particularly concerned about the growth in long-stay observation cases (those greater than 48 hours) which have increased from 3% of all observation cases in 2006 to 8% in 2011.

The two-midnight rule states that an admission is appropriate if the stay requires duration of at least two midnights. CMS also removed some of the previous financial disincentive for inpatient admission (such as a potential short-stay payment denial) by allowing hospitals to rebill a retrospectively determined inappropriate admission as an outpatient visit under Part B. Hospitals can do so for up to one year from the point of service.

The American Hospital Association is working to have Congress delay the implementation of this rule. Rep. Jim Gerlach (R-PA) introduced the *Two Midnight Rule Delay Act of 2013* (H.R. 3698) delaying implementation to October 1, 2014. The legislation also calls on CMS to implement a new payment methodology for short inpatient stays in fiscal year 2015. During the enforcement delay, Medicare audit contractors would not be allowed to deny claims for medically-appropriate care based on the length of an inpatient stay, a determination that services could have been provided in an outpatient setting, or for requirements for orders, certifications and associated documentations.

Currently CMS has delayed implementation of this rule until March 31, 2014.

WMS has been in conversation about this issue with the Wyoming Hospital Association as well staff members from all three federal delegation offices. Wyoming's delegation is fully on board with pursuing a delay.

Once implemented, the following points will be important to remember:

1. Inpatient admissions are considered reasonable and necessary for Medicare beneficiaries who require more than a one-day stay in a hospital or who need treatment specified as inpatient only.
2. Stays lasting less than two midnights must be treated and billed as outpatient. In other words, physicians should admit Medicare beneficiaries as inpatients if they expect beneficiaries will "require two or more midnights of hospital services, and should treat most other beneficiaries on an outpatient basis" according to CMS.

3. Medicare administrative contractors and recovery auditors – better known as MACs and RACs will not review claims involving stays that span two or more midnights after the initial inpatient admission to see if the admission was appropriate.
4. Medicare auditors will conduct prepayment patient status reviews for claims that span less than two midnights and have dates of admission on or after Oct. 1, 2013, but before March 31, 2014, but they will not conduct post-payment patient status reviews for claims during that same period.
5. MACs will review 10-25 claims per hospital, depending on the size of the hospital.
6. Critical access hospitals are exempt from MAC and RAC reviews.
7. Medicare auditors will base their review of a physician's expectation of medically necessary care surpassing two midnights on the information available to the admitting physician at the time of admission.
8. Hospitals can rebill for medically reasonable and necessary Part B inpatient services if their Part A inpatient hospital claims are denied, provided the denial is based on the fact the inpatient admission was not reasonable and necessary.
9. Physician documentation will be crucial for hospitals. According to CMS, a reasonable inpatient hospital stay that spans more than two midnights will have to show "sufficient documentation...rooted in good medical practice." For example, patient history, comorbidities, the severity of signs and symptoms, current medical needs and the risk of an adverse event are items MACs and RACs will expect to be documented in a physician's assessment and plan of care.
10. Based on the results of initial reviews, CMS will conduct educational outreach efforts later in 2014. Claims that do not comply with the new rule will be denied, and hospitals will receive reasons for denial via letter, individual phone calls will be made to providers with moderate, significant or major compliance concerns.

Sustainable Growth Rate (SGR) Update

In December of 2013, as part of the budget, lawmakers crafted a temporary 3-month fix to avoid the catastrophic 24% reduction in Medicare's physician fees called for by the flawed SGR formula that remains in place. Although a full SGR replacement option to replace the SGR with a 0.5% increase annually through 2019 was proposed by the Senate Finance and House Ways and Means committees by late July of 2013, nothing came of it. Most recently, the two committees passed their own versions of the SGR reform bill. The Senate bill holds rates flat through 2023, and the House bill provides an increase through 2016. Both bills include quality adjustments for future rates. Neither of these bills was marked up before the government shutdown or before the rollout of the ACA. The main features of the legislation include consolidating Medicare's existing payment adjustments related to quality – including payment bonuses for participating in Medicare's physician quality reporting program and for adopting and using electronic records and the

upcoming value-based modifier – into a single value-based performance index that will adjust the payment rates. The payment adjustments will start at up to 4% of physician payments in 2017 and increase to more than 10%. One complication is that this new value index would adjust payment up or down on every single service provided by a physician, so when a physician delivers care more efficiently, the financial benefit of the higher value multiplier could be offset by reduced billing for services.

The most fundamental change in the legislation is to give physicians an option to leave the traditional Medicare fee-for-service system behind. Physicians can receive bonuses of up to 5% per year from 2017-2022 for transitioning to “alternative payment models” in which payments are increasingly related to value defined as measured quality and total cost of care.

One reason the patch was only a three-month patch is because of the momentum of these bills to repeal the SGR. Part of this momentum is the bipartisan support, in addition to the much lower budgetary cost of a permanent fix. Since last year, the 10-year cost of replacing the current SGR declined by more than half, from \$297 billion to between \$116.5 billion and \$153.2 billion over 10 years for a 0% update and to \$136 billion for a 0.5% update.

Included in packets is a document prepared by the AMA comparing current law to the three proposed laws being considered in Congress.



	Current Law	Senate Finance	House Ways & Means	House Energy & Commerce
Base Medicare Update	-23.7% in 2014; Future SGR cuts possible 2015 & beyond	0% update 2014-2023; up to 2% update 2024 & beyond	.5% update 2014-2016; 0% update 2017-2023; up to 2% update 2024 & beyond	.5% update 2014 & beyond
Quality Update Incentive Program (QUIP)	N/A	N/A	N/A	1% bonus or -1% penalty in 2019 & beyond –based on performance in self-assigned peer cohorts
PQRS	-2% in 2017 beyond	Penalties sunset in 2017	Penalties sunset in 2017	No change from current law
EHR Meaningful Use	-3% in 2017 -4% in 2018 -5% in 2019 & beyond	Penalties sunset in 2017	Penalties sunset in 2017	No change from current law
Value Based Modifier	+/-2% in 2017 & beyond with range likely to increase in future years.	Penalties sunset in 2017	Penalties sunset in 2017	No change from current law
Value-Based Program (VBP)	N/A	Bonus or penalty up to 4% 2017 6% 2018 8% 2019 10% 2020 12% 2021 & beyond	Bonus or penalty up to 4% 2017 6% 2018 8% 2019 10% 2020 12% 2021 & beyond	N/A
Alternative Payment Models (APM)	2-sided risk not required	5% bonus payment 2017-2022 based on successful participation; 2-sided risk required, except for medical home	5% bonus payment 2017-2022 based on successful participation; 2-sided risk required, except for medical home	2-sided risk not required; pathway developed for establishment of new APMs
Measure Development	\$0	\$15 million a year 2014-2018; \$75 million total	\$15 million a year 2014-2018; \$75 million total	\$0
Appropriate Use Criteria	Many physician specialty organizations are engaged in development of relevant appropriate use criteria	Consultation of physician developed/endorsed appropriate use criteria required for certain imaging services; “outliers” subject to prior authorization	Consultation of physician developed/endorsed appropriate use criteria required for certain imaging services; “outliers” subject to prior authorization	QUIP program encourages physician development of appropriate use criteria
Physician Data Access	Data provided by CMS through physician feedback program; no requirements on timeliness	Expands scope of information CMS provides through physician feedback program; no requirements on timeliness	Expands scope of information CMS provides through physician feedback program; no requirements on timeliness	CMS-required quarterly feedback reporting at individual physician level
Physician Claims Data	Physician claims data released via FOIA on case-by case-basis	Physician claims data released to public	Physician claims data released to public	Physicians claims data NOT publicly released
Standards of Care	No protections	No protections	Included	Included

Agenda Item #6
Independent Physician Association (IPA)

Both WMS Executive Director and WMS legal counsel have performed preliminary work on the feasibility study and report for a WMS IPA. WMS Executive Director has tentatively explored whether Wyoming payors would be receptive to negotiating with an IPA, and the response has been positive. WMS legal counsel has preliminarily investigated and analyzed the feasibility of the WMS creating an independent practice association, a group purchasing organization, and a management services organization, and has created the rough draft of a memo outlining these options. At this point, this has yielded a set of practical questions that need answers before further analysis can be accomplished, such as “Who are the payors that WMS members need help negotiating with?”, “What is the critical mass of WMS members needed to make a GPO feasible?”, and “What level of clinical and financial integration would WMS members in an IPA accept?” WMS legal counsel and Executive Director met with the head of UW’s MBA program to discuss the logistics of MBA/Pharm.D program students assisting with the background fact-gathering for the study, and received a positive response. Next steps to bring this project to completion include finalizing the memo outlined above, which will crystallize the factual questions that need to be answered by WMS member surveys, and securing the assistance of the MBA/Pharm.D students for fact-gathering and administering the survey. At this point, the project is on-track for reporting back to the Board by the second quarter’s board meeting with a recommendation and plan for implementation, if possible.

Agenda Item #7
WMS Annual Meeting and Patient Safety Summit

2014 Meeting Progress Report: The 2014 meeting is coming along nicely thanks to the efforts of Tana Johnson and Maria Cowley in the WMS office. A big thanks also goes to our annual meeting CME committee who continue to help us plan the meeting and incorporate improvements year to year. 2014 is scheduled to feature 36 hours of Category 1 Continuing Medical Education credits. 20 of these are hours generated and planned by WMS with 16 hours being equally divided among the four specialty society groups who will again join WMS in 2014.

This year's agenda includes topics in STEMI care, pediatric dermatology, ICD-10 training, Xray and PT before MRI, wealth management and estate planning – by member request, chronic care management, end of life care, osteoporosis, pediatric oncology, diabetes, HPV, and schizophrenia among others.

In addition to this great CME lineup, 2014 is looking to be one of our best years for the President's Banquet with a physician humorist featured as the keynote speaker. WINhealth has generously committed a substantial amount of money to sponsor the evening's keynote speaker and we are thrilled to be inviting great talent to entertain Saturday evening. Options for the keynote speaker are outlined in the included document prepared by Tana Johnson.

****Action Required** Vote for favorite preferred keynote speaker**

2014 will also feature a new social event to kick-off the event. We will be hosting a cycling event the afternoon of Thursday, June 5, near Curt Gowdy State Park culminating in an evening family BBQ. Thank you to those of you who volunteered for this planning committee.

Please keep this meeting in mind, and remember that the best marketing we can do is through word of mouth from you, as board members, to your colleagues about the value and importance of this meeting. Not only is the CME improving with each year, this meeting serves as one of the few opportunities in the state for physicians to come together, socialize, network and remember the value of collegiality.

2015 Meeting Location: WMS members continue to respond to meeting surveys with requests to return to the Jackson Lake Lodge. WMS has contacted JLL staff and included in your packet is a proposal for the 2015 annual meeting. Included in the proposal are room block rates as well as room occupancy expectations. Final numbers are not in the proposal as that is negotiated on a meal-by-meal basis.

Average meal prices:

Breakfast:

- Breakfast Continental \$22.00
- Breakfast Brunch \$35.00

Lunch

- Lunch Plates \$25.00
- Lunch Buffet \$35.00

Dinner

- Dinner Plated \$55.00
- Dinner Buffet \$55.00

Breaks

- \$15.00

Coffee and Tea

- \$48.00 per gallon

Recommendation: WMS staff recommends that WMS return to the Jackson Lake Lodge for the 2015 meeting, and plan to afford doing so by reducing the number of speakers we invite. If WMS returns to a one-track model for the Jackson meeting we can provide attendees with 16-20 hours of CME, and only budget expenses for 20 speakers, rather than provide expenses and honorariums for more than 35 speakers as is necessary with a two-track structure.

****Action Required****

2013 Patient Safety Summit

The 2013 Patient Safety Summit was again held in Casper, Wyoming last November. WMS and WHA partnered together with MPQH to help make the event a success. Thanks to generous sponsorship and a great deal of work by Past President Mike Tracy, MD, attendance and engagement by WMS members increased this year. The meeting was a wash in terms of serving as a revenue generator, but the caliber of speaker was impressive and the audience evaluations reflected very positive reception to WMS efforts to remain lead players in the Patient Safety arena.

2013 Patient Safety Cash Sponsors included:

- PhRMA - \$1,500
- MPQH - \$2,000
- WWAMI - \$500
- WHA - \$1,500

2014 Patient Safety Summit

The 2012 and 2013 Patient Safety Summits were almost solely planned by Dr. Mike Tracy. While this is a passion for him, expecting one physician to absorb the bulk of planning is unrealistic. WMS is accepting volunteers for those who have an interest in making sure this event remains viable and continues into the future. Please seriously consider offering your time to plan the 2014 Patient Safety Summit.

Doug Farrago, MD \$7,500 plus expenses, travel, food, hotel

Bio: Douglas Farrago MD is a full-time practicing family doc in Auburn, Maine and Humorists. He is board certified in the specialty of Family Practice. He is also the inventor of a product called the Knee Saver, which is currently in the Baseball Hall of Fame. The Knee Saver, and its knock-offs, are worn by many major league baseball catchers.

Patrick Henry, \$5000 plus expenses, travel, food, hotel

Bio: He was a professional songwriter in Nashville for 10 years. He will customize his content so that it's entertaining and relevant to our group

Meagan Johnson, \$5000 plus expenses, travel, food, hotel

Bio: Meagan is known as the "Generational Humorist" and has a outspoken, take-no-prisoners Gen X attitude and challenges her audiences to think differently and act decisively when dealing with multiple generations. Meagan's Zap the Gap presentation helps participants to think more about the methods they use to reach out to the New Millennium, Gen X and Baby Boomer generations? Outdated methods can leave you scratching your head and empty handed. You simply cannot ignore the rising costs of low productivity and high employee turnover resulting from misunderstandings, missed signals and missed opportunities! Zap the Gap offers a comprehensive, thoughtful and humorous look at the generations of Americans in the workplace, and the life events that shaped each generation's work styles, traits, buying habits and needs. She has spoke at the Colorado Medical Societies meetings.

Larry Johnson, \$5000 plus expenses, travel, food, hotel

Bio: Larry is the co-author of Absolute Honesty: Building A Corporate Culture That Values Straight Talk and Rewards Integrity. Larry speaks on creating high-performance organizational cultures through leadership, teamwork, customer service and straight talk. Larry understands that straight, honest, no nonsense communication in organizations today is rare. Many of us avoid telling the truth when the truth needs to be told. This is especially important while companies and organizations are facing falling revenues, restricted budgets, reduced growth, and dimming prospects for the future. Those who survive will be those who welcome the truth, build a platform of integrity and never stop looking for new ways to operate more efficiently, effectively and creatively.

Brad Montgomery, \$10,000 plus expenses (Denver, CO)

Bio: Brad Montgomery is a very funny keynote motivational speaker. He is a "generalist," which means he speaks for audiences in just about every industry. But he is inspirational even more frequently in a few key industries: He works often in Health care Speaking for military audiences, Educator's speaker, Happiness Speaker, and Insurance Speaker.

Brad Nieder, MD \$6,500 plus expenses (Denver, CO)

Bio: Brad Nieder, MD, CSP, is a funny doctor, keynote speaker and clean comedian who blends healthcare humor with wellness advice and an uplifting message. Audiences love his "Laughter is the Best Medicine" program, finding it entertaining and inspiring (and informative, too, as Dr. Brad explains--without being boring--how laughter really is good medicine ... for managing pain, enhancing immune system function, reducing stress and more.)



Grand Teton Lodge Company
North Highway 89
P.O. Box 250, Moran, WY, United States Phone:307-543-3005 Fax:307-543-3143

January 9,2014

Dear Tana,

RE: Wyoming Medical Society

Thank you for your interest in Jackson Lake Lodge. We appreciate the opportunity to provide you with a proposal for this event and look forward to working with you to create an experience your attendees will never forget! Open seasonally, Jackson Lake Lodge is perched on a bluff overlooking Jackson Lake. We are located just minutes from Jackson Hole and 26 miles north of the Jackson Hole Airport, 20 miles from the south entrance to Yellowstone National Park. Lodging options include Jenny Lake Lodge, the park's only AAA Four Diamond eco-resort with luxury cabins. Additionally, Colter Bay Village offers a variety of options to fit every budget, such as cabins, tent cabins and RV sites. Located within Grand Teton National Park among majestic views, the resort provides an endless interaction with nature and the abundant wildlife that call our setting home.

Grand Teton National Park has been honored as the number one wildlife viewing area in the country and your group will be right in the heart of the destination. The atmosphere simply cannot be found anywhere else in the country, which is why many prestigious organizations have been coming back year after year—many for 25 years or more.

Our team is committed to providing superior service in an inspirational setting. We provide quality service with a healthy and safe approach. We complete an annual audit, independently certified, throughout all of our facilities. The standards of this audit are based upon the International Organization of Standardization (ISO). As the first, and currently only, hotel in the United States to provide a quality management system that is certified to ISO 9001 standards, you will find that our focus is on providing a high level of service, product and experience for all of our guests.

In addition, we are the first, and currently only, hospitality company to be certified to the Occupational Safety & Health Administration's (OSHA) Voluntary Protection Program at the highest level possible from the point of acceptance. Finally, we are dedicated to minimizing our impact on the environment, and encourage you to ask about our environmental achievements and meeting planning tips to "green" your program.

Our job is to make your event at Jackson Lake Lodge a success for us all. If your members enjoyed these meetings in the past, they truly will love the Grand Tetons and Jackson Lake Lodge. We would be delighted to provide references to you of other prestigious organizations who remain avid fans of our resort.

If after reviewing our information you have additional questions or inclusions to the program, we would be happy to provide those details as well. I look forward to speaking with you to review this proposal. Once again, we thank you for the opportunity to propose Jackson Lake Lodge for your event.

Please take a moment to review the links above for a comprehensive overview of our hotel offerings.

Johanna Murphy
Marketing and Sales Manager
Jackson Lake Lodge
307-543-3005
E-mail: Jmurphy@gtlc.com

WYOMING MEDICAL SOCIETY

Room Block & Rates

Day	Classic Cottage	Daily Total
Wed 06/03/2015	7	7
Thu 06/04/2015	54	54
Fri 06/05/2015	76	76
Sat 06/06/2015	75	75
Grand Total:	212	212

Room	Rates
Classic Cottage	\$ 245.00
View Cottage	\$ 310.00
Patio Cottage	\$ 255.00
Lodge Room	\$ 245.00
View Lodge Room	\$ 335.00

Room rates do not include a 8% room tax.

No resort fees.

Two upgrade to mountain view rooms offered at the group rate.

Complimentary wireless internet in all guest rooms.

Event Agenda

Day	Time	Event	Set-up	Guests	Notes
06/04/2015 (Thu)	12:00 PM - 5:00 PM	Meeting	Classroom	30	
06/04/2015 (Thu)	12:00 PM - 10:00 PM	Exhibits	As Listed	40	
06/04/2015 (Thu)	6:30 PM - 8:30 PM	Dinner	8 Rounds	35	
06/05/2015 (Fri)	6:30 AM - 7:30 AM	Continental Breakfast	Flow	100	
06/05/2015 (Fri)	7:00 AM - 5:00 PM	Meeting	Classroom	50	
06/05/2015 (Fri)	7:00 AM - 5:00 PM	Meeting	Classroom	50	
06/05/2015 (Fri)	7:30 AM - 5:00 PM	Registration	Existing		
06/05/2015 (Fri)	9:30 AM - 10:30 AM	Breakfast Meeting	Existing	10	
06/05/2015 (Fri)	10:00 AM - 10:15 AM	AM Break	Flow	100	
06/05/2015 (Fri)	10:00 AM - 3:00 PM	Meeting	Existing	15	
06/05/2015 (Fri)	12:15 PM - 2:00 PM	Meeting	Existing	65	
06/05/2015 (Fri)	2:00 PM - 3:30 PM	Meeting	Classroom	15	
06/05/2015 (Fri)	5:00 PM - 7:00 PM	Reception	8 Rounds	150	
06/06/2015 (Sat)	6:30 AM - 7:30 AM	Continental Breakfast	Flow	100	
06/06/2015 (Sat)	7:00 AM - 9:30 AM	Breakfast Meeting	Classroom	15	
06/06/2015 (Sat)	7:00 AM - 5:00 PM	2 Meeting rooms	Classroom	50	2 Break out rooms for 50 people each
06/06/2015 (Sat)	7:30 AM - 5:00 PM	Registration	Existing		
06/06/2015 (Sat)	8:00 AM - 2:00 PM	Exhibits	As Listed	32	
06/06/2015 (Sat)	10:00 AM - 10:15 AM	AM Break	Flow	100	
06/06/2015 (Sat)	12:00 PM - 1:00 PM	2 Meeting Rooms	As Listed	15	2 Break out rooms for 15 people each
06/06/2015 (Sat)	6:00 PM - 6:30 PM	Reception	Flow	115	
06/06/2015 (Sat)	6:00 PM - 9:00 PM	Dinner	Existing	10	
06/06/2015 (Sat)	6:30 PM - 8:30 PM	Dinner	8 Rounds	115	
06/07/2015 (Sun)	8:00 AM - 10:00 AM	Breakfast	8 Rounds	50	
06/07/2015 (Sun)	9:00 AM - 12:00 PM	Meeting	As Listed	15	

These dates, times, and number of attendees can be easily adjusted and are based on 2012 events.

All meeting space offered on a complimentary basis.

Complimentary wireless internet offered in meeting space.

Agenda Item #8 Member Engagement and Benefits

Linden Survey: The WMS Board voted to authorize director Bush to spend up to \$6,000 in contract fees to revamp the WMS image through logo and letterhead redesign as well as restructuring of annual meeting advertising and sponsorship solicitation strategies.

As part of their initial work, Linden conducted a brief survey of WMS members and sponsors to learn more about why physicians and physician assistants join WMS, what they believe our core mission and competencies are, and why sponsors elect to support WMS and our events year after year.

The Linden report is included for your review and consideration.

Board Member to WMS Member Outreach: At a recent conference one of the most compelling pieces of advice from other medical societies was for members of the state board to personally call members of the Society to ask them a few short questions regarding their satisfaction with their membership in the organization and to use that opportunity to invite them to the organizations coming annual meeting.

Questions for the Board:

1. Are you willing to each personally dedicate time to calling fellow physicians, WMS members, throughout the state to talk with them about their member satisfaction and invite them to the coming June meeting?
2. How many members do you think we should contact to believe the effort is worthwhile, and what is the best way to go about selecting the members who are called?
3. What timeline is reasonable to pursue and finish this project?

****Action Required****

Employment Contract – Resource Document: WMS was contacted by a WMS member in western Wyoming last fall seeking WMS support in his wife’s contract negotiation trouble with the hospital. The issue was the hospital’s desire to not provide disability insurance based on the premise that she was only a part-time employee. This physician argued the definition of part-time for a physician being different than that of other hourly employees. The WMS Executive Committee took this under consideration and asked WMS staff and legal counsel to prepare a statement on behalf of WMS defining part-time physician employee guidelines for purposes of disability.

As part of that discussion, legal counsel and staff decided the creation of a reference document for physicians would be helpful in guiding contract negotiations. Both of

these documents will be available prior to the meeting, but are not currently included in this packet.

****Action Required****

Wyoming Medical Society Sponsorship and Membership Report

Introduction

The Wyoming Medical Society (WMS) was established in 1903 to advocate for physicians and their patients. Through representation, advocacy and service to Wyoming physicians, WMS seeks to serve their members and improve the health of the state's citizens. Physician and physician assistant membership make up the WMS, with funding provided by corporate and individual sponsors.

The WMS relies on the quality of its membership and sponsorship programs to be successful in their mission. Accurately evaluating the efficacy and efficiency of these programs is critical in continuing to provide resources that are both valuable and desirable.

In an effort to refine and improve these programs, Linden conducted phone interviews to assess the opinions of current members and sponsors. We sought opinions and ideas about the value of supporting the WMS, with the goal of helping the organization deliver even more value to sponsors and members.

Interview Findings

Unfortunately, there were a few key contacts who refused to participate in the interviews. The reasons behind this are unclear, although the holiday season and subsequently modified work schedules may have played a role.

However, those who did contribute had overwhelmingly positive things to say regarding both the sponsorship and membership programs. Overall, it seems that members and sponsors are pleased with what the Wyoming Medical Society has to offer them.

Sponsors

On why they choose to sponsor the WMS:

The WMS provides a good opportunity to be involved in medical community, be supportive of the effort, and be an active contributor.

We sponsor it because, we first value their mission in Wyoming, and believe their mission is aligned with our mission in medical malpractice insurance. And two, we get value from our payments for our sponsorship level. One way to look at it is comparing them to other medical societies. Wyoming Medical Society is very hands-on and good at conveying our information to their members and working in tandem with us. It is a mutually beneficial arrangement.

We sponsor it because my PA is very involved in the planning of the conference. It's a great way to reach our target audience of physicians.

We're a pharmacy, so we work with physicians. The more they know about what we do, the better we can serve them.

On what value they derive from WMS sponsorship:

Exposure, networking opportunities, involvement.

To network and build relationships with physicians. To be able to let any physician know about services we offer or about oncology in general.

Awareness. Physician awareness of our products and services.

On what sponsorship opportunities they've taken advantage of:

We've done advertising in the magazine and newsletter, and sponsorship of the newsletter; also, a member of Friends. The advertisement in the magazine is most valued.

We are currently a platinum sponsor and take advantage of all opportunities within that sponsorship level: advertise, attend annual meeting, have a presence on the website, a personal physical presence with members. We've taken advantage of all different avenues to reaching members with that sponsorship. They're all beneficial; there's no single best way to touch an individual in a marketing sense. Having multiple avenues to reach them is important and beneficial.

I've done the \$500 sponsorship, and I get a booth. And getting a booth is most valuable. I go to conferences around the state and I will say that I don't like to sponsor lunches and breaks for lunches. But, that's just my personal opinion.

We were a vendor at the annual meeting. We value that the most and having that one-on-one opportunity.

In general, all of the sponsors view the Wyoming Medical Society as helpful and useful. Each of the sponsors interviewed agreed that the WMS provided benefits that were advantageous.

They also all concurred that sponsorship decisions were best made during their annual budget discussions, although the timing of such budgeting varied from sponsor to sponsor.

Members

On why they belong to WMS:

I believe in the unified opinion of physicians in the state.

I'm a physician in Wyoming.

On the value they derive from membership:

Keeping updated with medical activities in state, political advocacy of WMS for physicians and jobs, and educational activities.

When I was in private practice, membership provided a speaking voice for the body of independent practicing physicians.

On what is most important to them (regarding membership):

Lobbying support.

Lobbying efforts.

On preferences for the annual meeting:

Location –

Varying location throughout state to improve access for physicians throughout the state.

Quality of the accommodations for rooms and meeting.

Duration –

How it is set up now is just right.

2 to 3 days.

Program format (CME, entertaining speaker, events sponsored by companies that support WMS)–

All of these are important; a diverse format that is relevant to large group of physicians. Maybe have a specific topic each year, as well.

A couple years ago, they started a two-track program of education; I don't like that format. I don't mind medical sponsorships, but I don't like proprietary sponsorships for programs. I like it to be an academic session rather than someone trying to sell software or financial package.

All members who participated in the interviews were physicians. Their responses indicate that the Wyoming Medical Society is accomplishing its advocacy objective. Lobbying support is by far the most mentioned and most valued benefit.

Recommendations

Sponsors and members of the Wyoming Medical Society are generally satisfied with the programs and services that are offered, though as is the case with all organizations, there is always room for improvement.

With dedicated sponsors and members and a responsive administration, the WMS is in a strong position to quickly capitalize on the following recommendations. In fact, one participant mentioned that the WMS has “been receptive to every idea that we’ve had. We have an excellent working relationship with [them].”

- **Simplify and explain sponsorship opportunities.**
Although the benefits of sponsorship may be clear to longtime WMS supporters and the organization’s leadership, how to take advantage of them is not clear - especially for new sponsors.

In addition to providing membership and sponsorship materials that clearly explain all the options, the WMS needs to provide more direction on how to utilize these choices and help sponsors know more about what they have taken advantage of and what they haven’t.

To make this easier, we recommend simplifying the options available to sponsors – and phasing these changes over several years to allow current supporters to ‘grandfather in’ their existing package of benefits.

See Appendix for more on this.

- **Update website more often.**
It was mentioned in an interview that the website is not always up to date; that there is an execution delay in content requests.

With the WMS serving such a large state with such a vast area, the website is the best method for quickly distributing information. Keeping this information current is imperative.

The website is also a valuable tool for sponsors and supporters to keep tabs on their sponsorship of the organization. Consider adding a secure login for sponsors to manage their own benefits.

- **Focus more on physician group organizations.**

The WMS has historically emphasized its support for independent physicians, but more and more physicians are employed by larger organizations.

That paradigm must be acknowledged, and the WMS needs to stay aware of changes in employment models on both the local and national level. It must then be determined how best to effectively serve both individual physicians as well as physician group organizations.

- **Increase visibility and community involvement**

The WMS enjoys solid membership and loyal sponsors, but marketing and professional relationship building is also crucial to the organization itself.

Integrated marketing communications are crucial to the continued growth and success of the WMS. With about half of the providers in the state of Wyoming in their membership, there is great potential for growth. There is also huge opportunity in growing the organization's sponsor and advertiser base to further increase revenue. Marketing is key to increasing brand awareness, trust, understanding of the WMS mission, and most of all revenue.

Research found that members and sponsors would appreciate the organization taking an even more active role in community involvement, event sponsorship, and social visibility. This would positively promote the WMS and help tell the story about the value of membership.

Conclusion

A small, targeted audience was chosen to participate in expressing their opinions regarding the Wyoming Medical Society and the value of membership and sponsorship.

It is worth noting that many responses to this survey were surprisingly succinct. Most participants were content or had no further suggestions, and thus gave short, precise answers to the questions. These replies are in line with the overall participant satisfaction of the WMS.

The recommendations that resulted from these interviews are meant to be a constructive starting point in directing the evolution of the Wyoming Medical Society's sponsorship and membership programs going forward.

In today's rapidly changing healthcare environment, physicians and physician's assistants are under increasing pressure to navigate changing policies, continue to provide top-quality care and also run successful businesses.

The WMS is an organization that they view as a partner in advocacy, professional networking and continuing education. We are encouraged by the findings of this research and are excited to partner with the WMS as it contemplates changes to its sponsorship and membership benefits.

Appendix

Current WMS Sponsorship Paradigm:

Friends of WMS:

- Diamond (limit 1 - \$9,000)
- Platinum (limit 4 - \$5,000)
- Gold (limit 7 - \$3,700)
- Silver (limit 10 - \$1,800)
- Friends Marketplace (no limit, 2 - \$500)

Annual Meeting Sponsorship:

- Exhibitor Booths (currently 30 - \$28,900)
- Program ads (currently 10 - \$3,100)
- Sponsorship (currently 24 - \$37,725)

Magazine Advertising (a la carte) (currently 11- \$12,150)

Total Sponsorship/Friends budget (2013): \$115,575

Ideas for Alternative Approaches:

- Remove limits from top sponsor levels and focus on selling more top tier sponsorships (there appear to be no Silver sponsors currently)
 - o Positives:
 - Potential for significantly more revenue
 - Expansion of large sponsor base and increased organizational stability
 - o Negatives:
 - Potential for alienation of current large sponsors. Avoiding this may be tricky – we would recommend altering benefits for new large sponsors and phasing in this change over time.
 - Possible reduction in perceived value of sponsorship if top tier loses exclusivity.

- Separate magazine advertising from sponsorship packages and sell magazine ads a la carte. We recommend hiring an experienced, commission-based sales rep to take on this additional workload.
 - o Positives:
 - Potential for significantly more revenue from magazine ads
 - Magazine could grow with additional advertisers and a more aggressive approach to sales
 - o Negatives:
 - Current sponsors value the magazine – especially as it has improved with the redesign. Navigating this should be handled carefully – with a long lead-time to bring current sponsors up to speed.

- Treat Annual Meeting sponsorship as an elite, special opportunity for access to your membership. This single event drives most of your revenue and it should be viewed as the premier opportunity to touch physicians in Wyoming.

We recommend considering add-on opportunities to offer to key sponsors that might include special sidebar event sponsorships, speaking opportunities and more.

Research showed that members most valued lobbying, while sponsors most valued networking and contact with physicians. We view this event as having the most potential for driving revenue for the WMS.

- Consider adding an additional annual event – such as a medical conference or forum – to generate additional revenue and raise the WMS’s profile in the medical community.

After reviewing the sponsorship programs of medical societies of neighboring states, it seems that an annual conference is a typical offering that provides more opportunities for networking, professional development and policy influence.

Agenda Item #9 WINhealth Insurance Project Update

The WMS Board voted electronically to pursue an agreement with WINhealth to establish a WMS member group insurance plan. John Gardner, representing WINhealth, will attend the meeting to go through the details of this agreement in order to finalize details.

One point of contention, that was once believed to be resolved, but isn't is that of whether or not WMS can accept a "commission" or "marketing payment" for participation. WINhealth originally wanted a staff member of WMS to become licensed as an insurance agent in order to receive a compensation between the amount of \$15,000 and \$20,000 annually. WMS legal counsel wasn't comfortable with the potential conflict that presented and board members unanimously raised concern with the added burden it presented to WMS staff members. WINhealth said that they could simply pay WMS a marketing fee without any staff member becoming licensed, but this week reported that after further investigation, WINhealth legal determined that paying a marketing fee without a licensed insurance agent on staff at WMS was not permissible. WMS will need to talk this over with Mr. Gardner to bring resolution to this particular issue before signing any documents or moving forward.

As a reminder, the following are the proposed terms of the agreement presented to WMS by WINhealth:

All plans available to members will be those medal plans available on the health insurance exchange.

2-50 subscribers

Marketplace rates

1.5% commission paid to the Society through a licensed representative employed by the WY Medical Society

51-100 subscribers

3.0% Association discount off Marketplace rates

2.5% commission paid to the Society through a licensed representative employed by the WY Medical Society

Risk Sharing Agreement (per the standard WINhealth Agreement)

2.5% of collected premium paid to the WY Medical Society, if the Association plan has LESS than a 80% loss ratio based on incurred claims vs. collected premium

1.5% of collected premium paid to the WY Medical Society if the Association plan has a loss ratio between 80.1% and 84.9% based on incurred claims vs. collected premium

101+ subscribers

5% Association discount off Marketplace rates

3% commission paid to the Society through a licensed representative employed by the WY Medical Society

Risk Sharing Agreement (per the standard WINhealth Agreement)

5% of collected premium paid to the WY Medical Society if the Association plan has LESS than 80% loss ratio based on incurred claims vs. collected premium

2.5% Risk Sharing Dividend paid to the WY Medical Society if the Association plan has a loss ratio between 80.1% and 84.9% based on incurred claims vs. collected premium

WINhealth Requests

The Wyoming Medical Society will use its best efforts to assist WINhealth in obtaining provider agreements with WMS members.

Agenda Item #10 Consent Agenda

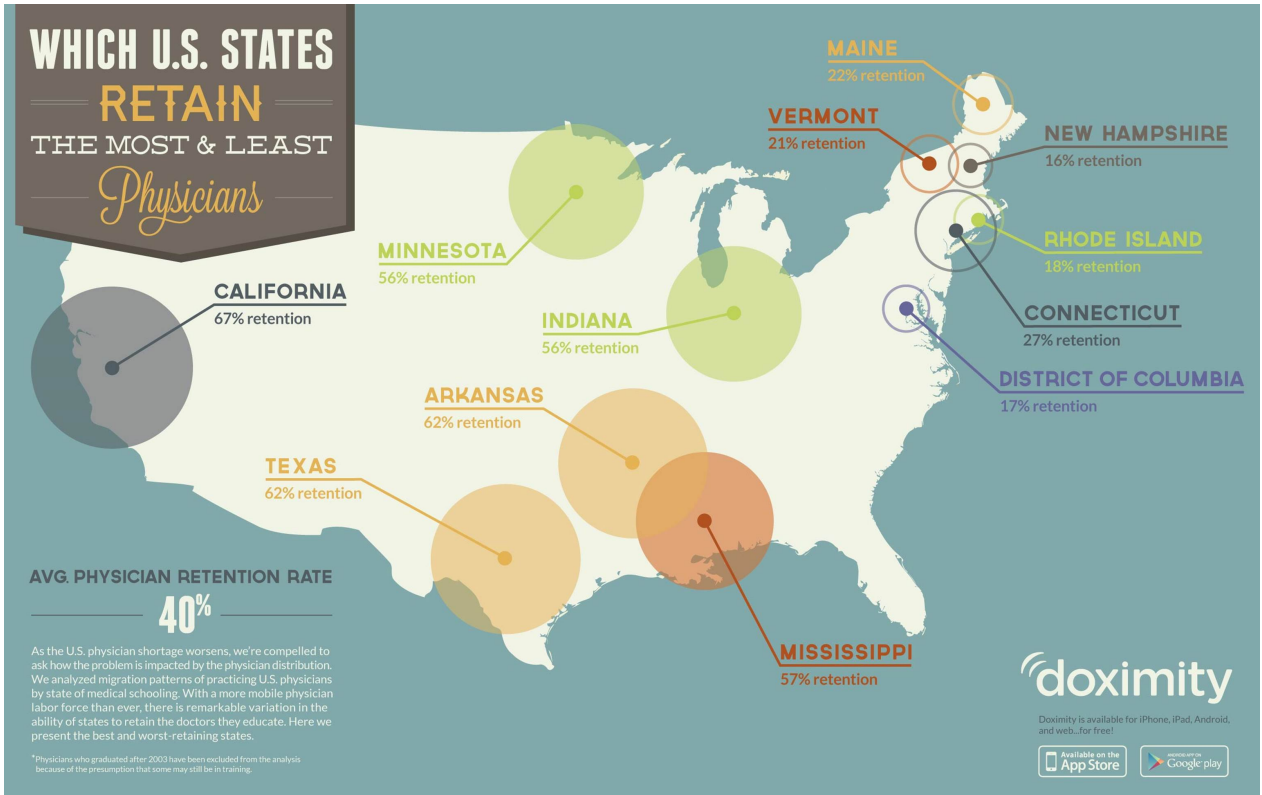
Approval of October 19, 2013 Meeting Minutes

Reports

- Finance
- Membership
- Investment

WHRN Report and Update: Included in your packet is an update/report submitted by WHRN Executive Director Eileen Dinneen for your review.

Below is an interesting image file depicting states that are best at retaining physicians.



WMS BOARD OF TRUSTEES MEETING
Saturday, October 19, 2013
Hilton Garden Inn, Laramie

Call to Order: President Brad Hanebrink, DO, called the meeting to order at 8:00 am. Those in attendance included:

Brad Hanebrink, DO – President
Dean Bartholomew, MD- Vice President
Michael Tracy, MD- Past President
Sigsbee Duck, MD- WMS Secretary/Treasurer
Paul Johnson, MD- Open Trustee
Robert Monger, MD- AMA Delegate
Steve Brown, MD – AMA Alternate Delegate
Travis Klingler, MD-Albany County
Richard Barnes, MD – Fremont County (*via phone*)
Marion Smith, MD – Goshen County
Kristina Stefka, MD – Laramie County
Joe McGinley, MD- Natrona County
Aaron Jagelski, MD – Northeastern Counties (*via phone*)
Allen Gee, MD- Northwestern Counties (*via phone*)
Ty Battershell, MD – Platte County
Lisa Finkelstein, MD – Teton County (*via phone*)
Bob Cummings, PA-C- Physician Assistant Representative
Sarah Gregory- Student Representative

Also present at the meeting were WMS Executive Director, Sheila Bush, WMS Finance and Membership Director, Maria Cowley, WMS Event and Administrative Coordinator, Tana Johnson, and Nick Healey, JD.

1. Identifying the needs of our membership

Director Bush initiated open dialogue among the Board to try and identify what WMS members expect and want of the Society. Questions asked included, what are the needs of our membership, and what are we doing to make membership in WMS worthwhile?

Proposed future benefits were discussed with the recognition that advocacy remains the core mission, and identity of WMS. ED Bush reported on her travel throughout the state and relayed discussions she had with physician members in her attempts to identify their needs. Dr. Kirven said that he thinks advocacy is the number one thing WMS does, and the one thing that physicians need that they rarely have time for. Dr. Monger questioned whether or not the newsletter at \$5,400 is worth maintaining. He also agreed that advocacy is the number one benefit, along with the annual meeting and for WMS to continue involvement in county medical societies. ED Bush highlighted the value of continuing to publish the newsletter versus going completely digital with it. She voiced concern that if WMS stops printing the newsletter and go strictly digital to save the \$5,400, the organization

will be taking away one more piece of information that allows our members to know who we are and what we do. Dr. McGinley stressed the importance of the print version of the newsletter, and agreed that advocacy is number one. He believes that the insurance piece that we are working on is a great idea, and has been well received from what he's heard. He also believes that more social events and teaming up with local county societies and WMS social events would help to get members more engaged. Dr. Brown agrees that advocacy is number one and asked if there is a way that we can come up with something to help physicians understand the ACA moving forward. He said that it seemed that employed physicians are less likely to be members because they don't see the value, and they don't see themselves individually having a lot to do with advocacy and politics. How do we entice them and keep them involved?

2. The Future of WMS – How can WMS improve our members' lives?

Independent Physician Association (IPA) discussion. Nick Healey said that the sense he got from ED Bush after her Doc Tour was to provide physicians with options, and the opportunity for self-direction. In order to do that, we would potentially need to create some support systems. WMS advocates very strongly on behalf of physicians in the arena of legislation. Dr. Kirven talked about the independent physician versus the employed physicians. He believes that there is room to advocate for both parties and to give the independent physicians the opportunity to have some power, and a voice. Dr. Duck stressed the importance of helping younger physicians negotiate contracts. Dr. Stefka thinks that statewide an IPA would be difficult, but thinks that if we did it locally it might work. Nick Healey suggested that WMS could do an educational series on contract terms under Wyoming law, or work with WHA to come up with a model employment agreement. Dr. Monger mentioned that the AMA has extensive resources on these issues; WMS could channel those AMA resources for members. Dr. Brown thinks that there is value in the medical society supporting the independent physician, but also make it easy for others who decide that they want to move around. The more ability the physicians have to negotiate, or are able to do something different, the better off they will be. Dr. Kirven thinks that WMS can serve as a resource so that when somebody has an issue, we know how and where to direct that member for assistance and support. It's a way we can service the needs of our members, economically. He believes that we can advocate for both the employed and independent physician. ED Bush introduced the opportunity to work with Amy Hayes and her company called The Office Assistant.

Nick Healey talked about the potential of an Independent Physician Association (IPA). The idea of an IPA makes Dr. Bartholomew nervous, but working with The Office Assistant, or other local vendors would be a huge benefit. Dr. Barnes asked if it was possible for an IPA to cross state lines. Nick Healey doesn't think that there is a technical reason that it couldn't work across state lines. The biggest risk is the federal law. Dr. Johnson spoke about his experience with an IPA in Oregon, and how well it worked and that the IPA negotiated contracts with private payers. He reported that the IPA also negotiated malpractice insurance rates and selected/recommended preferred vendors with billing services, etc. He highly

recommends that we pursue it. Dr. Klinger asked Nick Healey about the difference between the Laramie Physicians Organization (LPO), and an IPA. Nick was not familiar with the LPO, but did say that it sounded like an IPA or a PSO.

M/S/P to authorize ED Bush and legal counsel Nick Healey to pursue the idea of WMS being involved in a study on the feasibility of an IPA or MSO. Motion amended to set a cap of \$5,000 in expenditures for this investigation.

WINhealth Proposal for WMS Group Insurance Plan

Michael Kote from WINhealth presented a health insurance proposal that would enable WMS to offer a statewide group plan, at discounted rates, to our members. He passed around the results of the survey that ED Bush sent to the membership. If this program were implemented, WINhealth would like to put in a benefit-sharing agreement. Furthermore, if ED Bush becomes a licensed agent then WINhealth would pay commission to WMS to help with the cost associated with marketing the program, and to help with the billing costs. Mr. Kote indicated that he would visit with Steve Goldstone regarding rates, and then ED Bush will report back to WMS board. He later added that rates on the insurance plan would be the WINhealth exchange rates, plus a sliding discount dependent on participation in the group plan.

3. WWAMI update

Dr. Kirven reported that there has been some turnover in the WWAMI program. Dr. Matt McEchron left to take a position with the University of Arizona. Dr. Kirven introduced Dr. Tim Robinson; he is the interim director for the first year WWAMI program. Dr. Robinson said that there would be new curriculum coming in the fall of 2015. He stated that in 2016 there would be 40 WWAMI students in Laramie. Full details of the curriculum changes will be coming in February or March of 2014. Dr. Kirven said that with the new curriculum change there would include a lot more clinical involvement. WMS may be asked to assist by polling the membership to see who would be interested in helping with the clinical medical education. Dr. Kirven stressed that more help is going to be needed and that they may need WMS to help identify those that are willing. Dr. Kirven talked about a program called TRUST which stands for Targeted Rural Underserved and we would like to maybe select some of our applicants to go through this program. They would commit to a rural relationship early on in their careers so that even before they go to medical school they would go to a rural community and essentially be adopted by that community and then maintain a connection with that community through school. It is another way to encourage students to come back to practice medicine in the state.

4. WMS 2014 Budget

Executive Director Sheila Bush stated that we don't need a vote; the budget was approved in January. The two budgets presented to the Board were prompted by a discussion of whether WMS should explore other structures. It's purely informational at this point; if there are questions or input that you would like to give the finance committee before they make all their final recommendations and then present it back to the board, now is the time to do that.

5. Membership Recruitment

Some medical societies offer discounts to physicians who are in their first year of practice in the state. What are the thoughts of the board on offering discounts to first year members or offering a free, one-year, membership to physicians that are new to Wyoming?

M/S/P to give one calendar-year complimentary membership to physicians that are new to Wyoming, and 50% for second year and then third year goes to 100%

ED Bush thinks that it's time for WMS to overhaul our image and brand, since it has not been done since the 90's. None of our materials are consistent, from our magazine, to print, to electronic materials. Bush has been working with Linden Group to put together marketing pieces that are consistent. They are the group that published the WMS magazine in August this year. The executive committee approved \$4,000 to do this in August or September. Linden started out in the \$12,000 range and we are currently at \$5,500 range. ED Bush is asking for approval to up that \$4,000 range by a little and let Linden overhaul our brand. This is the year to do that since we have a surplus in our budget.

M/S/P to approve \$4,000 up to \$6,000 to have Linden re-brand WMS materials

6. WMS at the Capitol ~ Advocacy

In the essence of time everything was put in the summary. The highlights are the Board of Pharmacy; we have until Nov 4th to submit comments as to whether pharmacists should be able to administer vaccines to individuals down to age 7. There is sentiment on the Board of Pharmacy that they don't want to do it at all, and that they don't like the legislation, period. The pediatricians are going to submit a letter asking that it be limited only to flu vaccines. That is what was included in the email blast from the medical society at Dr. Duck's request. Dr. Duck sits on the Board of Pharmacy, and asked the WMS Board to write their opinion. If you're not for it he asked that you write a letter, or note stating why you're not for it, it will be read at the next Board of Pharmacy meeting. WMS has policy against it that was set before session last year. Dr. Kirven asked if our position would be limited to flu? ED Bush indicated that our position would be limited to flu. The other highlight from that agenda was the CRNA supervision update. WMS took a policy position on that and the board of medicine submitted letters to the Dept. of Health. On Sept 25th WDH offered the letter, included in the Board packets, indicating that WDH does not recommend that WY opt out for now leaving the supervision of CRNA's intact. Dr. Hanebrink stated that the Wyoming Association of Anesthesiologists are after this from a patient safety issue and really want to do the right thing and promote that nobody die under anesthesia.

Cynthia Lummis Event – WMS Communication

ED Bush asked for the Board's guidance in disseminating information to members related to political events hosted by WMS members. Dr. Hanebrink thought it is a great service for us to provide, to inform members when representatives are close. Dr. Brown thinks that it could create a problem since some folks may turn it in to political stance and thinks it may be best if it came under a WYOPCAC header rather than the WMS header.

WMS Supporting the American Heart Association

The American Heart Association is running Mission Lifeline, a big piece of Mission Lifeline is the systems that are being installed in ambulances to transmit critical patient data to the hospital in order for the hospital to be prepared to receive the patient upon arrival. The AHA is providing WMS a speaker for the annual meeting on STEMI care. The AHA has asked WMS for two items, 1) for WMS to sign on to the alliance memorandum of understanding committing WMS support, and 2) WMS sponsor the Mission Lifeline campaign.

M/S/P to support American Heart Association by signing on to the alliance memorandum and donating \$1,000

Neutera – Casper Physican-Owned Hospital ED Bush asked the Board for guidance on WMS position regarding plans for constructing a new, private hospital in Casper. The Board advised WMS staff to cite the AMA ethic's when fielding questions, and say that we are in an information seeking phase. WMS can report that the Board does not have a position on the hospital at this time. However, WMS is opposed to legislation tying licensure of any kind to requirements that a provider, whether a hospital or physician, accept certain government payment like Medicaid or Medicare.

Consent Agenda: Director Bush presented the consent agenda and all supporting materials electronically to board members prior to the meeting. There being no items with which anyone took exception, the consent agenda was moved and passed unanimously.

M/S/P to approve the consent agenda as presented

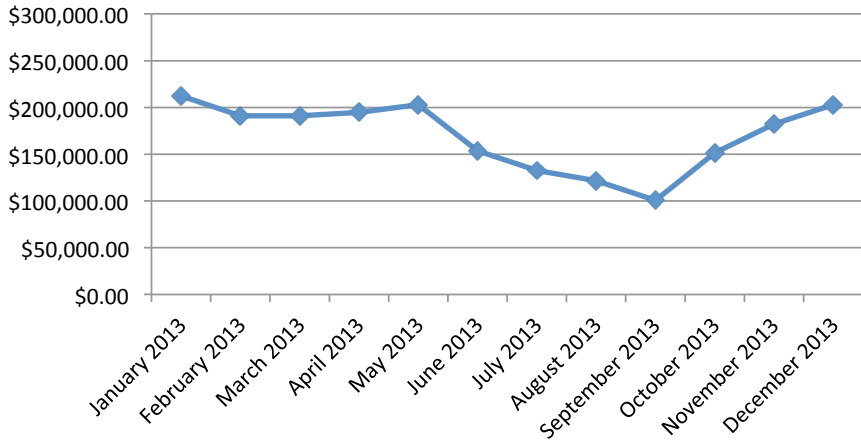
7. Executive Director Evaluation and Contract Discussion

Closed session

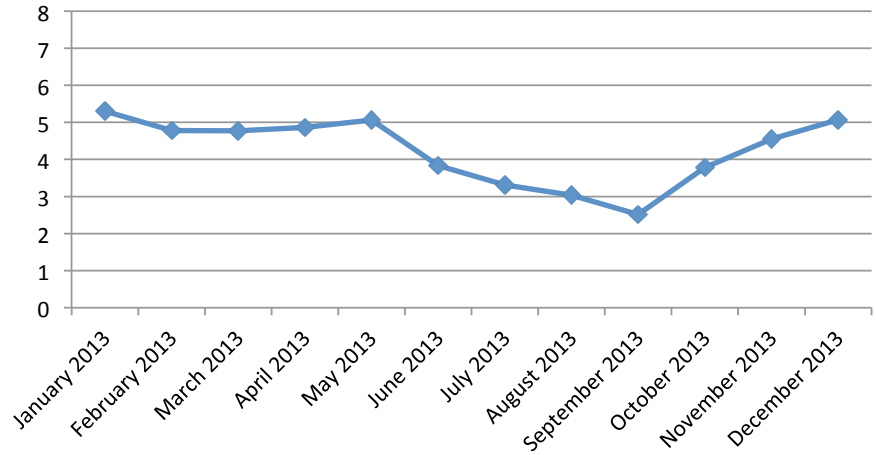
Adjournment: There being no further business, the meeting was adjourned at 12:00 pm.

Wyoming Medical Society Key Performance Indicators As of December 31, 2013

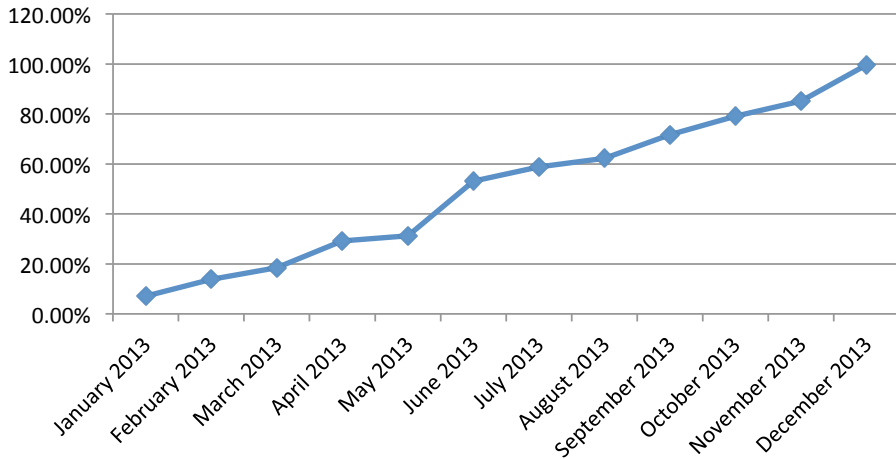
Monthly Cash Balance



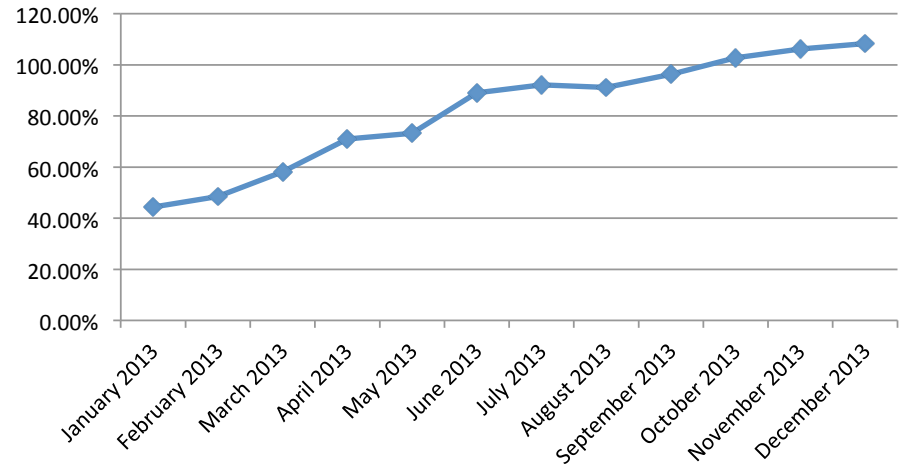
of Months Operating Cash in Reserve



Ratio of YTD Expense to Full Year Expense Budget



Ratio of YTD Revenue to Full Year Revenue Budget



Wyoming Medical Society

Balance Sheet

As of December 2013

Assets

Cash and Cash Equivalents	
Checking	\$12,703.43
Money Market	\$141,651.53
Petty Cash	\$100.00
Money Market - Wells Fargo	\$48,514.49
Total Cash and Cash Equivalents	<u>\$202,969.45</u>
Investments - Wells Fargo	\$424,438.24
Prepaid Expenses	
Prepaid Expense	\$5,968.00
Deposit-Return Mail	\$56.88
Deposit-Bulk Mail	\$557.29
Total Prepaid Expenses	<u>\$6,582.17</u>
Fixed Assets	
Furniture & Equipment	\$31,367.53
Building	\$309,055.43
Accumulated Depreciation	(\$53,792.05)
Accounts Receivable	
Receivable - Other	\$10,798.15
Receivable	\$8,417.43
Total Accounts Receivable	<u>\$19,215.58</u>
Total Assets	<u><u>\$939,836.35</u></u>

Liabilities

Component Society	\$1,635.00
AMA-ERF	\$25.00
AMA	\$1,680.00
Deferred Revenue - Membership	\$159,805.00
Deferred Revenue-Phys. Asst	\$2,000.00
Deferred Revenue-CME Tracking	\$800.00
Deferred Revenue-Advertising	\$9,600.00
Accounts Payable	\$4,904.22
WWAMI Payable	\$10,641.40
Accrued Vacation Expense	\$945.77
Mortgage Note Payable	\$186,851.26
Total Liabilities	<u>\$378,887.65</u>

Equity

Net Assets	
Retained Earnings	\$521,578.37
Current Earnings	\$39,370.33
Total Net Assets	<u>\$560,948.70</u>
Total Equity	<u>\$560,948.70</u>

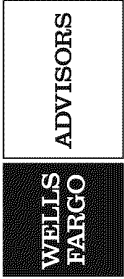
Wyoming Medical Society

Balance Sheet

As of December 2013

Total Liability & Equity

\$939,836.35



ADVISORS

SNAPSHOT Current period ending December 31, 2013

ACCOUNT NAME: WYOMING MEDICAL SOCIETY

ACCOUNT NUMBER: 6633-4261

Your Financial Advisor:
JARED BLACK
Phone: 307-635-2451 / 800-578-1057
1904 WARREN AVE
2ND FLOOR
CHEYENNE WY 82001

If you have more than one account with us, why not link them and receive summary information for your entire household? Contact Your Financial Advisor for more details.

WYOMING MEDICAL SOCIETY
PO BOX 4009
CHEYENNE WY 82003-4009

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All activity and positions on this statement are shown as of the date a trade is entered on the brokerage trading system (i.e., the trade date). Proceeds from the sale of securities and costs for the purchase of securities are not transacted through your account until the actual settlement date of the trade, which may be up to three business days after the trade date (or longer for certain securities with an extended settlement date).

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Estimated annual income/yield

Estimated Annual Income (EAI), when available, reflects the estimated amount you would earn on a security if your current position and its related income remained constant for a year. Estimated Annual Yield (EAY), when available, reflects the current estimated annual income divided by the current value of the security as of the statement closing date. EAI and EAY are estimates and the actual income and yield might be lower or higher than the estimated amounts. EAY reflects only the income generated by an investment. It does not reflect changes in its price, which may fluctuate. The information used to derive these estimates is obtained from various outside vendors; FCC and our Firm are not responsible for incorrect or missing estimated annual income and yields. Past performance is not a guarantee of future results.

Income summary

The income summary displays all income as recorded in the tax system as of period end date. The totals in the Cash flow snapshot may not match the totals in the Income snapshot due to reclassifications or other corrections made in the tax system. Remember, you may have certain products that are not included in these figures and whose income is only available on the tax forms sent to you at year-end. Reclassifications and other tax reporting requirements may alter these numbers both during and after year end. You should rely only on tax reporting documents. Contact your tax advisor if you have any questions about the tax consequences of your brokerage activity.

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SNAPSHOT

WYOMING MEDICAL SOCIETY

DECEMBER 1 - DECEMBER 31, 2013
ACCOUNT NUMBER: 6633-4261

Progress summary

	THIS PERIOD	THIS YEAR
Opening value	\$467,799.57	\$430,110.87
Cash deposited	0.00	0.00
Securities deposited	0.00	0.00
Cash withdrawn	0.00	0.00
Securities withdrawn	0.00	0.00
Income earned	1,805.63	14,520.52
Change in value	3,347.53	28,321.34
Closing value	\$472,952.73	\$472,952.73

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Portfolio summary

	ASSET TYPE	PREVIOUS VALUE ON NOV 30	%	CURRENT VALUE ON DEC 31	%	ESTIMATED ANN. INCOME
ASSETS						
	Cash and sweep balances	48,272.54	10.32	48,514.49	10.26	4
	Stocks, options & ETFs	239,376.94	51.17	244,623.76	51.72	5,110
	Fixed income securities	60,922.79	13.02	60,399.87	12.77	3,060
	Mutual funds	7,398.72	1.58	7,073.74	1.50	79
	Preferreds/fixd rate cap secs	111,828.58	23.91	112,340.87	23.75	5,620
	Asset value	\$467,799.57	100%	\$472,952.73	100%	\$13,873

SNAPSHOT

WYOMING MEDICAL SOCIETY

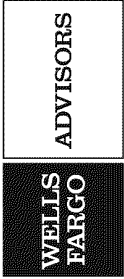
DECEMBER 1 - DECEMBER 31, 2013
ACCOUNT NUMBER: 6633-4261

Cash flow summary

	THIS PERIOD	THIS YEAR
Opening value of cash and sweep balances		
Income and distributions	\$48,272.54	14,520.52
Securities sold and redeemed	1,805.63	68.62
Net additions to cash	\$1,811.56	\$14,589.14
Securities purchased	-1,569.61	-10,795.46
Net subtractions from cash	-\$1,569.61	-\$10,795.46
Closing value of cash and sweep balances	\$48,514.49	

Income summary

	THIS PERIOD	THIS YEAR
TAXABLE		
Money market/sweep funds		
Interest	0.41	4.67
Ordinary dividends and ST capital gains	235.61	3,714.30
Qualified dividends	1,569.61	5,041.58
Long term capital gains	0.00	4,659.64
Total taxable income	\$1,805.63	\$13,471.64
Total federally tax-exempt income	\$0.00	\$0.00
Total income	\$1,805.63	\$13,471.64



SNAPSHOT

WYOMING MEDICAL SOCIETY

DECEMBER 1 - DECEMBER 31, 2013
ACCOUNT NUMBER: 6633-4261

Your Financial Advisor

JARED BLACK
Phone: 307-635-2451 / 800-578-1057

1904 WARREN AVE
2ND FLOOR
CHEYENNE WY 82001

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Full account name:
Account type:
Brokerage account number:
Tax status:
Investment objective/Risk tolerance.*
Time horizon.*
Liquidity needs.*
Cost Basis Election:
Sweep option:

WYOMING MEDICAL SOCIETY
Standard Brokerage
6633-4261
Corporate
CONSERVATIVE GROWTH
LONG TERM (10+ YEARS)
MODERATE
First in, First out
BANK DEPOSIT SWEEP

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Document delivery status

Statements:
Trade confirmations:
Tax documents:
Shareholder communications:

Paper	Electronic
X	
X	
X	
X	

WYOMING MEDICAL SOCIETY

DECEMBER 1 - DECEMBER 31, 2013
ACCOUNT NUMBER: 6633-4261

Additional information

Return of principal

THIS PERIOD 5.93
THIS YEAR 63.13

Portfolio detail

Cash and Sweep Balances

Sweep Balances - You have the right, in the course of normal business operations, to withdraw balances in the Bank Deposit Sweep or redeem shares of the money market mutual fund used in the sweep, subject to any open commitments in any of your accounts and have the proceeds returned to your accounts or remitted to you. Note, however, that as required by federal banking regulations, the banks in the Bank Deposit Sweep reserve the right to require seven days prior notice before permitting a transfer out of the Bank Deposit Sweep. In addition, the money market mutual funds in the sweep reserve the right to require one or more day's prior notice before permitting withdrawals. Bank Deposit Sweep - Consists of monies held at Wells Fargo Bank, N.A. and (if amounts exceed \$250,000) at one or more other Wells Fargo affiliated banks. These assets are not covered by SIPC, but are instead eligible for FDIC insurance of up to \$250,000 per depositor, per institution, in accordance with FDIC rules. For additional information on the Bank Deposit Sweep for your account, please contact Your Financial Advisor.

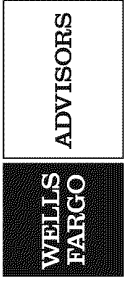
DESCRIPTION	ANNUAL PERCENTAGE YIELD EARNED*	CURRENT MARKET VALUE	ESTIMATED ANNUAL INCOME
BANK DEPOSIT SWEEP	0.01	48,514.49	4.85
Interest Period 12/01/13 - 12/31/13		\$48,514.49	\$4.85

* APYE measures the total amount of the interest paid on an account based on the interest rate and the frequency of the compounding during the interest period. The annual percentage yield earned is expressed as an annualized rate, based on a 365 day year.

Stocks, options & ETFs

Stocks and ETFs

DESCRIPTION	QUANTITY	CURRENT PRICE	CURRENT MARKET VALUE	ESTIMATED	
				ANNUAL INCOME	ANNUAL YIELD (%)
ENERGY SELECT ET SECTOR SPDR XLE	163.98400	88.5100	14,514.21	250.40	1.72
FINANCIAL SELECT ET SECTOR SPDR XLF	567.03700	21.8600	12,395.42	182.01	1.46
INDUSTRIAL SELECT ET SECTOR SPDR XLI	296.53800	52.2600	15,497.06	259.47	1.67



WYOMING MEDICAL SOCIETY

DECEMBER 1 - DECEMBER 31, 2013
ACCOUNT NUMBER: 6633-4261

Stocks, options & ETFs
Stocks and ETFs continued

DESCRIPTION	QUANTITY	CURRENT PRICE	CURRENT MARKET VALUE	ESTIMATED	
				ANNUAL INCOME	ANNUAL YIELD (%)
ISHARES ET U.S. TELECOMMUNICATIONS IYZ	396.99700	29.7300	11,802.72	308.86	2.61
ISHARES ET LATIN AMERICA 40 ILF	197.19300	37.0400	7,304.02	242.35	3.31
ISHARES CORE S&P 500 ET S&P 500 INDEX FD IVV	153.34700	185.6500	28,468.87	512.94	1.80
ISHARES MSCI EAFE INDEX EFA	324.40300	67.0950	21,765.81	552.45	2.53
ISHARES S&P MIDCAP ET 400 VALUE IJJ	124.78800	116.2300	14,504.10	214.13	1.47
ISHARES S&P MIDCAP ET 400 GROWTH IJK	129.64800	150.1900	19,471.83	172.04	0.88
SECTOR SPDR TR ET TECHNOLOGY SELECT SECTOR XLK	515.78700	35.7400	18,434.22	314.11	1.70
SELECT SECTOR SPDR TR UTILITIES SELECT SECTOR XLU	491.48200	37.9700	18,661.56	720.02	3.85
SELECT SECTOR SPDR TR CONSUMER STAPLES XLP	579.27700	42.9800	24,897.32	595.49	2.39
SELECT SECTOR SPDR FD HEALTH CARE XLV	273.45800	55.4400	15,160.51	230.79	1.52
SELECT SECTOR SPDR FD CONSUMER DISCRETIONARY XLY	181.93100	66.8300	12,158.44	141.17	1.16
VANGUARD REIT ET VNQ	148.50800	64.5600	9,587.67	414.48	4.32
Total Stocks and ETFs			\$244,623.76	\$5,110.71	2.09
Total Stocks, options & ETFs			\$244,623.76	\$5,110.71	2.09

WYOMING MEDICAL SOCIETY

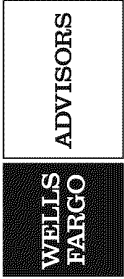
DECEMBER 1 - DECEMBER 31, 2013
ACCOUNT NUMBER: 6633-4261

Fixed Income Securities

Corporate and municipal bonds and other fixed income securities are priced by a computerized pricing service or, for less actively traded issues, by utilizing a yield-based matrix system to arrive at an estimated market value.

Corporate Bonds

DESCRIPTION	QUANTITY	CURRENT PRICE	CURRENT MARKET VALUE	ACCRUED INTEREST	ESTIMATED	
					ANNUAL INCOME	ANNUAL YIELD (%)
LASALLE FUNDING LLC NOTES CALLABLE CPN 5.250% DUE 09/15/14 DTD 09/23/02 FC 10/15/02 CALL 02/15/14 @ 100.000 Moody BAA2 , S&P A- CUSIP 51803XBP3	15,000	100.9240	15,138.60	35.00	787.50	5.20
DIAMOND OFFSHORE DRILL SENIOR NOTES CALLABLE CPN 4.875% DUE 07/01/15 DTD 06/14/05 FC 01/01/06 Moody A3 , S&P A CUSIP 25271CAJ1	10,000	106.4170	10,641.70	243.75	487.50	4.58
CATERPILLAR INC NOTES CALLABLE CPN 5.700% DUE 08/15/16 DTD 08/08/06 FC 02/15/07 Moody A2 , S&P A CUSIP 149123BM2	15,000	111.7580	16,763.70	323.00	855.00	5.10
UNION PACIFIC CORP NOTES CALLABLE CPN 5.750% DUE 11/15/17 DTD 10/30/07 FC 05/15/08 Moody BAA1 , S&P A CUSIP 907818CZ9	15,000	113.2340	16,985.10	110.21	862.50	5.07
Total Corporate Bonds	55,000		\$59,529.10	\$711.96	\$2,992.50	5.03



WYOMING MEDICAL SOCIETY

DECEMBER 1 - DECEMBER 31, 2013
 ACCOUNT NUMBER: 6633-4261

Fixed Income Securities

Government Asset Backed/CMO Securities

DESCRIPTION	QUANTITY	CURRENT PRICE	CURRENT MARKET VALUE	ACCRUED INTEREST	ESTIMATED	
					ANNUAL INCOME	ANNUAL YIELD (%)
GNMA PASS THRU POOL 406331 DTD 04/01/95 CPN 8.000% DUE 04/15/25 DTD 04/01/95 FC 05/15/95 REMAIN BAL 844.86 DEC FACTOR 0.03379476 CUSIP 36206BLL3	25,000	103.0660	870.77	5.63	67.58	7.76

Total Government Asset Backed/CMO Securities			\$870.77	\$5.63	\$67.58	7.76
Total Remaining Balance on all Government Asset Backed/CMO Securities: \$844.86			\$60,399.87	\$717.59	\$3,060.08	5.07

Mutual Funds

Closed End Mutual Funds

Closed End Fund shares are priced at the market which may be more or less than its net asset value.

DESCRIPTION	QUANTITY	CURRENT PRICE	CURRENT MARKET VALUE	ESTIMATED	
				ANNUAL INCOME	ANNUAL YIELD (%)
LATIN AMERICAN DISCOVERY FD INC LDF	541.63400	13.0600	7,073.74	79.07	1.11
Total Closed End Mutual Funds			\$7,073.74	\$79.07	1.12
Total Mutual Funds			\$7,073.74	\$79.07	1.12

WYOMING MEDICAL SOCIETY

DECEMBER 1 - DECEMBER 31, 2013
ACCOUNT NUMBER: 6633-4261

Preferreds/Fixed Rate Cap Securities

DESCRIPTION	QUANTITY	CURRENT PRICE	CURRENT MARKET VALUE	ESTIMATED ANNUAL INCOME	ESTIMATED ANNUAL YIELD (%)
CABCO TST SBC COMM SERIES SBC 2004-102 CALLABLE 06/15/2034 GYC	800	21.1300	16,904.00	657.60	3.89
GOLDMAN SACHS GROUP PFD PREFERRED-FLOATING RATE GSD	1,587.29900	18.3900	29,190.42	1,622.21	5.55
HSBC USA INC SER G PFD PERPETUAL PFD CALL STARTING 1/11/11 HUSIG	1,217.49100	20.2800	24,690.71	1,257.66	5.09
MORGAN STANLEY PFD SER A PERP/CALL 07/15/11 MS'A	1,092.74100	18.8000	20,543.53	1,116.78	5.43
US BANCORP FLT PFD PERPETUAL SERIES B CALL STARTING 04/15/2011 USB'H	1,080.87500	19.4400	21,012.21	966.30	4.59
Total Preferreds/Fixed Rate Cap Securities			\$112,340.87	\$5,620.55	5.00

Activity detail

DATE	ACCOUNT TYPE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT	CASH AND SWEEP BALANCES
12/01				BEGINNING BALANCE			48,272.54
12/16	Cash	INTEREST		CABCO TST SBC COMM SERIES SBC 2004-102 CALLABLE 06/15/2034 121613 800		164.31	



WYOMING MEDICAL SOCIETY

DECEMBER 1 - DECEMBER 31, 2013
ACCOUNT NUMBER: 6633-4261

Activity detail continued

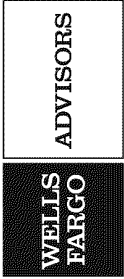
DATE	ACCOUNT TYPE	TRANSACTION	DESCRIPTION	QUANTITY	PRICE	AMOUNT	CASH AND SWEEP BALANCES
12/16	Cash	INTEREST	GNMA PASS THRU POOL 406331 DTD 04/01/95 CPN 8.000% DUE 04/15/25 DTD 04/01/95 FC 05/15/95 121513 25,000 AS OF 12/15/13 CUSIP 36206BLL3			5.67	
12/16	Cash	INTEREST	LASALLE FUNDING LLC NOTES CALLABLE CPN 5.250% DUE 09/15/14 DTD 09/23/02 FC 10/15/02 121513 15,000 AS OF 12/15/13 CUSIP 51803XBP3			65.63	
12/16	Cash	PRINCIPAL	GNMA PASS THRU POOL 406331 DTD 04/01/95 CPN 8.000% DUE 04/15/25 DTD 04/01/95 FC 05/15/95 121513 25,000 AS OF 12/15/13 CUSIP 36206BLL3			5.93	48,514.08
12/27	Cash	DIVIDEND	ISHARES ETF LATIN AMERICA 40 122713 193.99700			116.61	
12/27	Cash	REINVEST DIV	ISHARES ETF LATIN AMERICA 40 REINVEST AT 36.487	3.19600		-116.61	
12/30	Cash	DIVIDEND	ISHARES ETF U.S. TELECOMMUNICATIONS 123013 393.89400			92.36	
12/30	Cash	DIVIDEND	ISHARES MSCI EAFE INDEX 123013 321.74400			177.51	
12/30	Cash	DIVIDEND	ISHARES CORE S&P 500 ETF S&P 500 INDEX FD 123013 152.55600			146.25	
12/30	Cash	DIVIDEND	ISHARES S&P MIDCAP ETF 400 VALUE 123013 124.22700			65.00	
12/30	Cash	DIVIDEND	ISHARES S&P MIDCAP ETF 400 GROWTH 123013 129.32200			48.69	

WYOMING MEDICAL SOCIETY

DECEMBER 1 - DECEMBER 31, 2013
ACCOUNT NUMBER: 6633-4261

Activity detail continued

DATE	ACCOUNT TYPE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT	CASH AND SWEEP BALANCES
12/30	Cash	REINVEST DIV	3.10300	ISHARES ETF U.S. TELECOMMUNICATIONS REINVEST AT 29.768		-92.36	
12/30	Cash	REINVEST DIV	2.65900	ISHARES MSCI EAFE INDEX REINVEST AT 66.752		-177.51	
12/30	Cash	REINVEST DIV	0.79100	ISHARES CORE S&P 500 ETF S&P 500 INDEX FD REINVEST AT 184.988		-146.25	
12/30	Cash	REINVEST DIV	0.56100	ISHARES S&P MIDCAP ETF 400 VALUE REINVEST AT 115.765		-65.00	
12/30	Cash	REINVEST DIV	0.32600	ISHARES S&P MIDCAP ETF 400 GROWTH REINVEST AT 149.506		-48.69	
12/31	Cash	DIVIDEND		SELECT SECTOR SPDR TR UTILITIES SELECT SECTOR 123113 486.35000		194.81	48,514.08
12/31	Cash	DIVIDEND		SECTOR SPDR TR ETF TECHNOLOGY SELECT SECTOR 123113 513.31600		87.94	
12/31	Cash	DIVIDEND		FINANCIAL SELECT ETF SECTOR SPDR 123113 564.41800		57.09	
12/31	Cash	DIVIDEND		INDUSTRIAL SELECT ETF SECTOR SPDR 123113 295.07400		76.32	
12/31	Cash	DIVIDEND		SELECT SECTOR SPDR TR CONSUMER STAPLES 123113 574.97100		185.22	
12/31	Cash	DIVIDEND		ENERGY SELECT ETF SECTOR SPDR 123113 163.23600		65.73	
12/31	Cash	DIVIDEND		SELECT SECTOR SPDR FD HEALTH CARE 123113 272.35500		61.28	
12/31	Cash	DIVIDEND		SELECT SECTOR SPDR FD CONSUMER DISCRETIONARY 123113 181.22000		47.39	
12/31	Cash	DIVIDEND		VANGUARD REIT ETF 123113 146.23800		147.41	



WYOMING MEDICAL SOCIETY

DECEMBER 1 - DECEMBER 31, 2013
ACCOUNT NUMBER: 6633-4261

Activity detail continued

DATE	ACCOUNT TYPE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT	CASH AND SWEEP BALANCES
12/31	Cash	INTEREST		BANK DEPOSIT SWEEP 123113 48,514		0.41	
12/31	Cash	REINVEST DIV	5.13200	SELECT SECTOR SPDR TR UTILITIES SELECT SECTOR REINVEST AT 37.956		-194.81	
12/31	Cash	REINVEST DIV	2.47100	SECTOR SPDR TR ETF TECHNOLOGY SELECT SECTOR REINVEST AT 35.590		-87.94	
12/31	Cash	REINVEST DIV	2.61900	FINANCIAL SELECT ETF SECTOR SPDR REINVEST AT 21.802		-57.09	
12/31	Cash	REINVEST DIV	1.46400	INDUSTRIAL SELECT ETF SECTOR SPDR REINVEST AT 52.122		-76.32	
12/31	Cash	REINVEST DIV	4.30600	SELECT SECTOR SPDR TR CONSUMER STAPLES REINVEST AT 43.009		-185.22	
12/31	Cash	REINVEST DIV	0.74800	ENERGY SELECT ETF SECTOR SPDR REINVEST AT 87.855		-65.73	
12/31	Cash	REINVEST DIV	1.10300	SELECT SECTOR SPDR FD HEALTH CARE REINVEST AT 55.537		-61.28	
12/31	Cash	REINVEST DIV	0.71100	SELECT SECTOR SPDR FD CONSUMER DISCRETIONARY REINVEST AT 66.640		-47.39	
12/31	Cash	REINVEST DIV	2.27000	VANGUARD REIT ETF REINVEST AT 64.931		-147.41	48,514.49

Cash sweep activity

Our Cash Sweep program allows you to earn a return on the idle cash balances in your account by automatically investing such balances into one of our cash sweep options. These 'sweep transactions' may represent a net amount for the day and occur on settlement date. The following section displays transfers into and out of your sweep option. Transactions displayed here are Transfer To, Transfer From and Reinvested Dividends and Interest. These transaction amounts are not included in your cash flow summary.

DATE	TRANSACTION	DESCRIPTION	AMOUNT	DATE	TRANSACTION	DESCRIPTION	AMOUNT
12/01		BEGINNING BALANCE		12/31	REINVEST INT	BANK DEPOSIT SWEEP	0.41
12/17	TRANSFER TO	BANK DEPOSIT SWEEP	48,272.54	12/31		ENDING BALANCE	48,514.49
			241.54				

WYOMING MEDICAL SOCIETY

DECEMBER 1 - DECEMBER 31, 2013
ACCOUNT NUMBER: 6633-4261

Specific instructions and disclosures

Income on non-reportable accounts

Your income summary is categorized into taxable and tax-exempt income based upon the securities that you hold. Please be aware that, since this is a 1099 non-reportable account, this income will NOT be reported to the IRS, but is being provided to you for informational purposes only.

Callable bonds and preferred stock

Bonds and preferred stock that are subject to a partial call will be selected by an impartial lottery process pursuant to NYSE Rule 402.30 in which the probability of your securities being selected for redemption is proportional to the holdings of all shareholders of such securities held in street name. If a security is called prior to maturity, it may affect the yield you receive. Additional information is available upon request.

**Wyoming Medical Society
Comprehensive Membership Report
2013 vs. 2012**

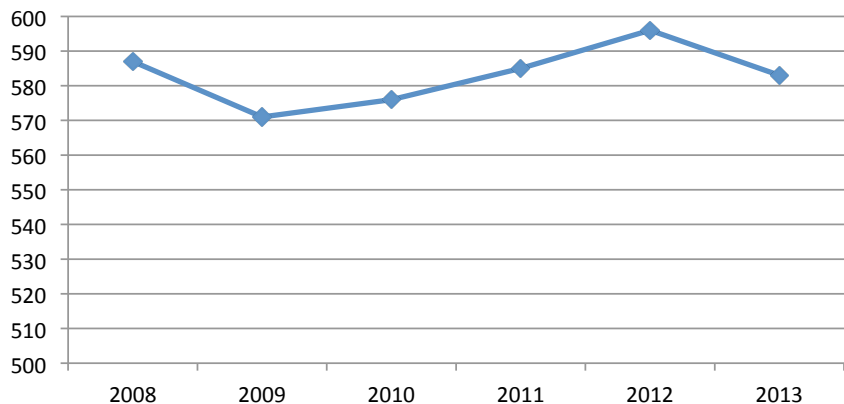
YEAR	Active		Associate		Retired		Phys Asst		AMA Paid		WYOPAC	
	Dec 2013	Dec 2012	Dec 2013	Dec 2013	Dec 2013	Dec 2012	Dec 2013	Dec 2012	Dec 2013	Dec 2012	Dec 2013	Dec 2012
COUNTY												
ALBANY	32	29	0	0	4	6	2	2	2	2	1	1
CAMPBELL	42	44	0	0	5	4	2	4	6	8	1	1
CARBON	6	6	0	0	1	1	1	2	1	0	0	2
CONVERSE	2	2	0	0	2	2	1	1	1	1	0	1
FREMONT	27	34	1	1	18	17	5	6	1	1	0	0
GOSHEN	8	7	0	0	1	1	0	0	0	1	1	1
JOHNSON	5	6	0	0	3	3	0	0	0	1	1	1
LARAMIE	144	142	1	2	34	32	10	9	16	13	5	7
PLATTE	7	7	0	0	1	2	1	1	0	0	1	1
NATRONA	105	103	1	1	22	22	14	14	11	16	7	6
NO.EASTERN	6	6	0	0	3	4	3	3	5	5	1	1
NO.WESTERN	39	38	0	0	13	14	7	7	10	9	3	2
SHERIDAN	27	28	0	0	12	12	6	6	7	5	3	1
SWEETWATER	24	32	0	0	3	3	3	3	2	4	0	2
TETON	38	41	0	0	15	17	0	0	3	6	0	1
UINTA	6	6	0	0	1	1	0	0	3	3	0	0
OUT OF STATE	7	7	0	0	14	11	0	0	2	1	0	0
TOTAL	525	538	3	4	152	152	55	58	70	76	24	28
									144	127	<i>Direct Billed</i>	
YTD BUDGET	489		4		150		50		214	203		

	Dec 2013	Dec 2012
WMS Physician Members	680	694
WMS Physician Assistant Members	55	58
Student Members	79	76
Affiliate Members		
Cheyenne	17	18
Casper	24	24
Grand Total WMS Members	855	870

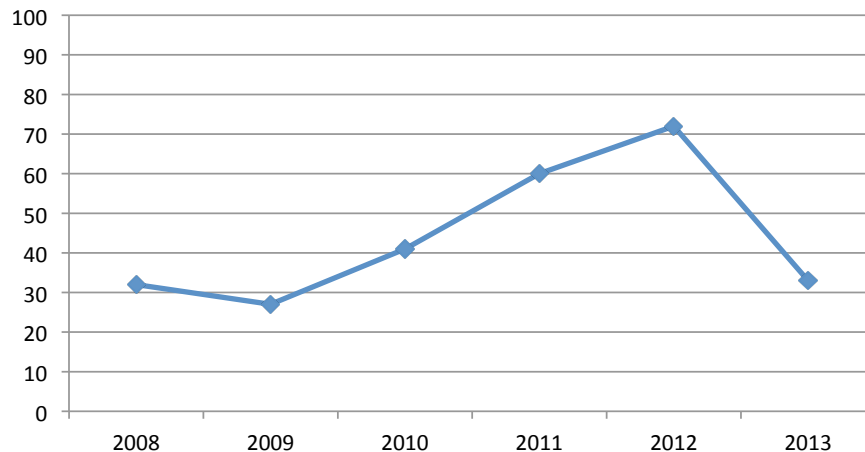
1. There are 8 pending new members
2. 46 physicians who were active members in 2012 have not renewed in 2013:
 - 13 active physicians moved out of the state in 2013
 - 5 physicians deceased in 2013
 - 5 physicians who were active in 2012 became retired in 2013
 - 23 physicians have not renewed in 2013
3. 33 new physicians have joined WMS in 2013; 20 new members were budgeted in 2013

Wyoming Medical Society Membership As of December, 2013

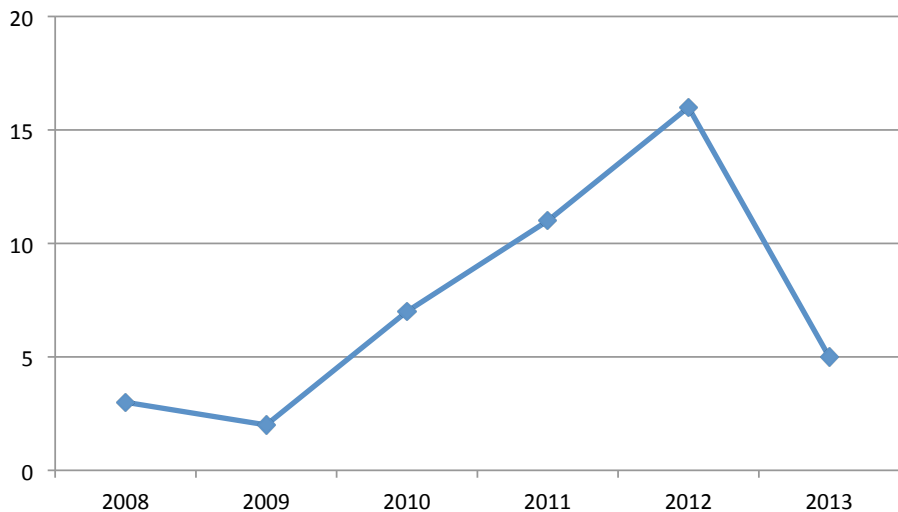
Active Members-Physicians & PA's



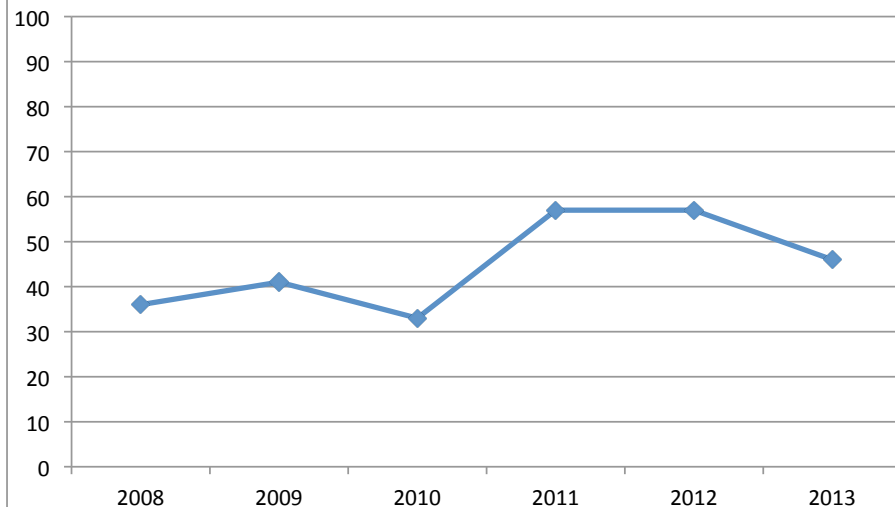
of New Members-Physicians & PA's



of Physicians Retired



of Physicians NonRenewing





WHRN has been busy reaching out to statewide providers to find out what positions are open and gathering potential candidates for review. Part of that effort has been to make sure that the users on the PracticeWyoming website are up to date and comfortable with their ability to post jobs in Wyoming.

At this point, two physician assistants have been placed in Buffalo and Rawlins respectively and several telephone and on-site interviews have taken place. In January, there have been/are seven formal interviews taking place involving mid-levels. Four Nurse Practitioners and eight physician assistants are still going through phone interviews—the most popular “need” seems to be an experienced female NP. I would anticipate that more candidates will be coming through in the next couple of months as these folks eye their May/June graduation dates.

WHRN has been responsible for two physician placements in Rock Springs. One of these physicians was a family practice resident from the Casper program and one (OB/Gyn) was from out of state. Four physician interviews are taking place in January at Rawlins, Rock Springs, Cody and Cheyenne. Two WWAMI residents are also doing interviews this month—Tyler Weaver, internal medicine, has completed three interviews (Gillette, Cheyenne and Cody) and will be making a decision at the end of the month as to his practice preference. Ketura Talbot (family practice) is doing phone interviews and scheduling formal interviews so we can place her to start in July. One WWAMI student (Carissa Perada) was previously placed by WHRN at Cheyenne Regional in the hospitalist program.

Overall I am pleased with the progress so far, particularly in getting hospitals and clinics to participate in the contract agreement (the recruiting contract was modified, shortened, and fees were reduced). I cannot understate the value of the office space being provided by the Wyoming Medical Society—having a good workspace and a place to call home is an integral part of the success of these placements. My personal goal is at least double the amount of placements from last year and so far we are on track to do at least that.

WHRN has participated in working with a limited number of nurses and allied health providers (primarily physician therapists). This would be an area for possible expansion in the future but as of right now the emphasis is on physicians and mid-levels.

I am always open to comments or suggestions and can be reached at edinneen@whrn.org or my mobile number is 307-630-2112.

Thank you,

Eileen Dinneen