45:2C-2

LEGISLATIVE HISTORY CHECKLIST

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LAWS OF:

2009

CHAPTER:

56

NJSA:

45:2C-2 (Revises statutes regarding acupuncturists; criminalizes unauthorized practice of

BILL NO:

acupuncture)

A1408 (Substituted for S1311)

SPONSOR(S) Fisher and Others

DATE INTRODUCED: January 8, 2008

COMMITTEE:

ASSEMBLY:

Regulated Professions

SENATE:

Commerce

AMENDED DURING PASSAGE:

No

DATE OF PASSAGE:

ASSEMBLY:

March 5, 2009

SENATE:

February 23, 2009

DATE OF APPROVAL:

May 6, 2009

FOLLOWING ARE ATTACHED IF AVAILABLE:

FINAL TEXT OF BILL (First Reprint of Assembly Committee Substitute)

A1408

SPONSOR'S STATEMENT: (Begins on page 8 of original bill)

Yes

COMMITTEE STATEMENT:

ASSEMBLY:

Yes

SENATE:

Yes

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, may possibly be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT:

No

LEGISLATIVE FISCAL ESTIMATE:

No

S1311

SPONSOR'S STATEMENT: (Begins on page 8 of original bill)

Yes

COMMITTEE STATEMENT:

ASSEMBLY:

SENATE:

No Yes

FLOOR AMENDMENT STATEMENT:

No

LEGISLATIVE FISCAL ESTIMATE:

No

(continued)

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VETO MESSAGE:

[First Reprint]

ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, No. 1408

STATE OF NEW JERSEY

213th LEGISLATURE

ADOPTED FEBRUARY 25, 2008

Sponsored by:

Assemblyman DOUGLAS H. FISHER
District 3 (Salem, Cumberland and Gloucester)
Assemblywoman JOAN M. VOSS
District 38 (Bergen)
Assemblyman PATRICK J. DIEGNAN, JR.
District 18 (Middlesex)
Assemblyman VINCENT PRIETO
District 32 (Bergen and Hudson)
Assemblyman JOSEPH VAS
District 19 (Middlesex)

Co-Sponsored by:

Assemblywoman Wagner, Senators Sweeney, Gill and Assemblyman Moriarty

SYNOPSIS

Revises statutes regarding acupuncturists; criminalizes unauthorized practice of acupuncture.

CURRENT VERSION OF TEXT

As reported by the Senate Commerce Committee on December 11, 2008, with amendments.

(Sponsorship Updated As Of: 3/6/2009)

AN ACT concerning acupuncturists, amending ¹[and] the title and 1 2 body of P.L.1983, c.7 and various parts of the statutory law,1 supplementing P.L.1983, c.7 ¹and chapter 21 of Title 2C of the 3 4 New Jersey Statutes¹, and repealing sections 12 and 14 of P.L.1983, c.7. 5

6 7

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

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- ¹1. The title of P.L.1983, c.7 is amended to read as follows:
- AN ACT regulating the practice of acupuncture, providing 11 12 standards, qualifications and [certification] licensure 13 practitioners with respect thereto, amending P.L.1971, c.60, P.L.1974, c.46 and P.L.1978, c.73 and supplementing Title 45 of 14 15 the Revised Statutes.1
- (cf: P.L.1983, c.7, title) 16

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- ¹[1.] 2. Section 2 of P.L.1983, c.7 (C.45:2C-2) is amended to read as follows:
 - 2. As used in this act:
- "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 [certain] diseases or dysfunctions of the body and includes the techniques of electroacupuncture, mechanical stimulation, adjunctive therapies and moxibustion.
 - "Board" means the Acupuncture Examining Board.
- "Electroacupuncture" means the therapeutic use of weak 32 electric currents at acupuncture loci.
 - "Moxibustion" means the therapeutic use of thermal stimulus at acupuncture loci by burning artemisia.
- 35 (cf: P.L.1983, c.7, s.2)

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- ¹[2.] 3.¹ Section 3 of P.L.1983, c.7 (C.45:2C-3) is amended to read as follows:
- 39 3. There is created in the Division of Consumer Affairs of the Department of Law and Public Safety and under the State Board of 40
- 41 Medical Examiners an Acupuncture Examining Board consisting of
- 42 nine members, four of whom shall be acupuncturists [certified]
- 43 licensed in this State and not licensed as physicians and surgeons,

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

1 two members shall be physicians and surgeons licensed in this 2 State, with at least two years' experience in acupuncture; and 3 pursuant to the provisions of section 2 of P.L.1971, c.60 (C.45:1-4 2.2), two members shall be public members who do not hold a 5 license [or certificate] as a physician and surgeon or acupuncturist and one member shall be from a department in the Executive 6 Branch of the State government. [The four acupuncturists initially 7 appointed to the board need not be certified in this State, but shall 8 9 be certified in another state and shall be deemed to be and shall 10 become certified acupuncturists in this State immediately upon their 11 appointments as members of the board. The members of the board shall be residents of the State appointed by the Governor for terms 12 13 of three years and until the appointment and qualification of their 14 successors. Of the members initially appointed, three shall hold 15 office for one year; three shall hold office for two years; and three 16 shall hold office for three years. Vacancies shall be filled for the 17 unexpired terms only.

The board shall organize as soon as possible after the appointment of its members and shall annually elect a chairman and a secretary from among its members. The board shall carry out the responsibilities assigned to it under this act and such other matters as the State Board of Medical Examiners may require. The board shall promulgate such rules and regulations as it deems necessary to effectuate the purposes of this act. All regulations adopted, amended or repealed by the board shall be subject to the review and approval of the State Board of Medical Examiners.

(cf: P.L.1984, c.76, s.1)

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¹[3.] <u>4.</u> ¹ Section 4 of P.L.1983, c.7 (C.45:2C-4) is amended to read as follows:

- 4. The board shall keep a record of its proceedings under this act and a register of all applications for [certification] <u>licensure</u> hereunder, which register shall include but not be limited to:
 - a. The name and residence of each applicant;
 - b. The date of the application;
 - c. The applicant's place of business;
- d. Whether the applicant was rejected or a [certificate] <u>license</u> was granted and the date of such action.

The board shall compile annually a list of [certified] <u>licensed</u>
acupuncturists authorized to practice in this State [and approved
acupuncturists authorized to supervise tutorial programs in this
State]. This list shall be available to the public.

43 (cf: P.L.1983, c.7, s.4)

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- 45 ¹[4.] <u>5.</u> ¹ Section 5 of P.L.1983, c.7 (C.45:2C-5) is amended to 46 read as follows:
 - 5. a. The State Board of Medical Examiners, after consultation

with the board, shall establish standards governing the practice of acupuncture, including but not limited to:

- (1) [Initial acupuncture treatment shall only be performed on presentation by the patient of a referral by or diagnosis from a licensed physician. A diagnosis and preevaluation of the patient shall be made available to the treating acupuncturist by the referring or diagnosing physician. In each case an accurate and detailed clinical record shall be kept by the acupuncturist, which shall include the referring physician's preevaluation of the patient.] (Deleted by amendment, P.L. , c.) (pending before the Legislature as this bill)
- (2) An acupuncturist shall obtain informed written consent from each patient, giving each patient a full explanation of the procedure to be performed and informing each patient of the possible complications which may result therefrom, before performing acupuncture.
- (3) Only acupuncture devices labeled in accordance with United States Food and Drug Administration guidelines shall be used by acupuncturists.
- (4) An acupuncturist 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 that advice. The form shall be in duplicate, with one copy to be issued to the patient, and signed and dated by both the acupuncturist and the patient.
- ¹(5) An acupuncturist shall maintain medical malpractice liability insurance coverage, at appropriate amounts as set forth in regulation. ¹
- b. The board may employ such personnel as it deems necessary for the administration of this act.

(cf: P.L.1983, c.7, s.5)

- ¹[5.] <u>6.</u> Section 6 of P.L.1983, c.7 (C.45:2C-6) is amended to read as follows:
- 6. <u>a.</u> A [certificate] <u>license</u> 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 <u>tuina</u>, <u>shiatsu</u>, and other forms of [oriental] <u>Oriental</u> 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] 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

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requirements set forth in section '[13] 14' of P.L., c. (C.
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      (pending before the Legislature as this bill), herbology.
                                                                    <sup>1</sup>Any
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      adjunctive therapies utilized by the holder of a license shall be
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      approved by the board.1
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      (cf: P.L.1983, c.7, s.6)
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        <sup>1</sup>[6.] 7.<sup>1</sup>
                    Section 7 of P.L.1983, c.7 (C.45:2C-7) is amended to
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      read as follows:
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        7. [No] '[a.]' A person who is not [certified] licensed under
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      this act shall <u>not</u> practice acupuncture, hold himself out as
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      practicing acupuncture, or use a title or description, including the
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      following: L.Ac; Licensed Acupuncturist; C. A. [,]; Certified
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      Acupuncturist; [M. D., C. A.; M. D., Certified
      Acupuncturist; or any other letters or words denoting that the
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      person so practices acupuncture. A person who is participating in an
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      approved course of study [,] or school [or tutorial program] in
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      acupuncture may practice acupuncture under conditions established
     by the board.
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        The State Board of Medical Examiners may suspend or revoke a
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      license to practice medicine and surgery, upon proof to its
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      satisfaction that the holder thereof practiced acupuncture contrary to
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      the provisions of this act or employed a person who practiced
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      acupuncture without [certification] licensure.
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         <sup>1</sup>[b. Notwithstanding the provisions of subsection a. of this
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      section, the State Board of Medical Examiners, after consultation
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      with the Acupuncture Examining Board, may, by regulation, denote
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      a title or description indicating that a physician or surgeon practices
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      acupuncture.]1
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      (cf: P.L.1984, c.76, s.2)
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        <sup>1</sup>[7.] <u>8.</u><sup>1</sup>
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                    Section 8 of P.L.1983, c.7 (C.45:2C-8) is amended to
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      read as follows:
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        8. Nothing in this act shall be construed to prevent the practice
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      of acupuncture by a person licensed in New Jersey as a physician
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      and surgeon or dentist and is in good standing, provided his course
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      of training has included acupuncture. The course of training in
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      acupuncture shall be for a minimum of 300 hours and shall include
      a clinical training program of not less than 150 hours. A person
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      licensed in New Jersey as a physician and surgeon or dentist, who
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      practices acupuncture as permitted pursuant to this section, shall be
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      subject to oversight by the State Board of Medical Examiners or the
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      New Jersey State Board of Dentistry, as appropriate, and shall not
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      be subject to oversight by the Acupuncture Examining Board.<sup>1</sup>
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      (cf: P.L.1983, c.7, s.8)
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46 ¹[8.] 9. ¹ Section 9 of P.L.1983, c.7 (C.45:2C-9) is amended to

read as follows:

- 9. [Each] Except as provided in section 8 of P.L.1983, c.7 (C.45:2C-8), each person desiring to obtain a [certification] license to practice acupuncture shall make application therefor to the board upon such form and in such manner as the board shall prescribe and shall furnish satisfactory evidence to the board that he:
 - a. Is at least 21 years of age;
 - b. Is of good moral character; and
- c. (1) Has a baccalaureate degree and has successfully completed a board approved [two-year] course of study or a board approved [two-year] program of a school of acupuncture[; or].
- (2) [has successfully completed a board approved tutorial program in acupuncture or at least three years' experience practicing acupuncture within three years after the enactment of this act, which is recognized by the board; or] (Deleted by amendment, P.L., c.) (pending before the Legislature as this bill)
- (3) [is the holder of a license to practice medicine and surgery.]

 (Deleted by amendment, P.L., c.) (pending before the Legislature as this bill)

The application shall be accompanied by the fee prescribed by the board.

The board shall evaluate each applicant applying for a [certificate] <u>license</u> to practice acupuncture and make the final determination regarding each applicant's admission to the examination and the issuance or denial of a [certificate] <u>license</u>.

26 (cf: P.L.1984, c.76, s.3)

¹[9.] <u>10.</u> ¹ Section 11 of P.L.1983, c.7 (C.45:2C-11) is amended to read as follows:

11. The board shall [certify] <u>license</u> each applicant who passes the examination, in accordance with standards fixed by it and who is not disqualified to be [certified] <u>licensed</u> pursuant to the provisions of this act or P.L.1978, c.73 (C.45:1-14 et seq.). (cf: P.L.1983, c.7, s.11)

¹[10.] 11. Section 13 of P.L.1983, c.7 (C.45:2C-13) is amended to read as follows:

- 13. a. The board shall establish standards for the approval or recognition of courses of study[,] and schools, [tutorial programs and practical experience in acupuncture,] completion of which will satisfy the requirements of subsection c. of section 9 of this act.
- b. [The board shall approve or recognize training or practical experience acquired by an applicant prior to the effective date of this act, where the training or practical experience meets the standards set by the board.] (Deleted by amendment, P.L., c.)

1 (pending before the Legislature as this bill) 2 (cf: P.L.1984, c.76, s.4) 3 4 ¹[11.] <u>12.</u> Section 16 of P.L.1983, c.7 (C.45:2C-16) is amended 5 to read as follows: 6 16. Before practicing acupuncture, an acupuncturist shall post 7 his [certificate] license in a conspicuous location in his office. If 8 an acupuncturist has more than one office, he shall obtain from the 9 board a duplicate [certificate] license for each additional office. 10 Where a [certificate] license or duplicate is lost or destroyed, notice of the loss or destruction shall be given to the board 11 12 forthwith and the board may issue a copy thereof. acupuncturist shall notify the board in writing of any change of 13 14 address or location of his office at least [5] five days prior to the change, returning therewith his [certificate] license and any 15 16 duplicates, so that the board may either endorse thereon the change 17 or issue a new [certificate] license and duplicates as of the same 18 date as the original [certificate] license, in lieu of the [certificate] 19 license and duplicates so surrendered. 20 (cf: P.L.1983, c.7, s.16) 21 22 ¹[12.] <u>13.</u> Section 17 of P.L.1983, c.7 (C.45:2C-17) is amended 23 to read as follows: 24 17. In addition to the provisions of section 8 of P.L.1978, c.73 25 (C.45:1-21), the board may refuse to grant or may suspend or 26 revoke a [certificate] license to practice acupuncture upon proof to 27 the satisfaction of the board that the holder thereof has: 28 Employed [uncertified] unlicensed persons to practice 29 acupuncture; or 30 b. Advertised the practice of acupuncture so as to disseminate 31 false, deceptive or misleading information, whether as an 32 individual, through a professional service corporation or through a 33 third party. 34 (cf: P.L.1983, c.7, s.17) 35 ¹[13.] 14. (New section) a. An acupuncturist licensed on or 36 37 after the effective date of P.L., c. (C.) (pending before the 38 Legislature as this bill), before employing herbology in his practice, 39 shall submit to the board proof of current certification in either Chinese Herbology or Oriental Medicine by the National 40 41 Certification Commission for Acupuncture and Oriental Medicine 42 (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:

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- 1 (a) An acupuncturist certified on or before the effective date of 2 P.L., c. (C.) (pending before the Legislature as this bill), 3 who employs herbology in his practice; or
 - (b) A person who, on or before the effective date of P.L., c. (C.) (pending before the Legislature as this bill), 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 approval pursuant to this subsection, which shall include:
 - (a) professional level training in herbology at a school accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM);
 - (b) experience in the professional use of herbology in the acupuncturist's practice; or
 - (c) any other criteria deemed appropriate by the board.
 - (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.

¹[14.] 15. (New section) Any person who is a certified acupuncturist pursuant to section 9 of P.L. 1983, c.7 (C.45:2C-9) on the effective date of P.L., c. (C.) (pending before the Legislature as this bill) shall be deemed a licensed acupuncturist under, and subject to the provisions of, P.L. 1983, c.7 (C.45:2C-1 et seq.), as amended and supplemented by P.L., c. (C.) (pending before the Legislature as this bill).

- ¹[15.] <u>16.</u>¹ (New section) A person is guilty of a crime of the third degree if he does not possess a license to practice acupuncture, or his license is suspended, revoked or otherwise limited by an order entered by the Acupuncture Examining Board, and, so knowing, he:
 - a. engages in that practice;
 - b. exceeds the scope of practice permitted by the board order;
- c. holds himself out to the public or any person as being licensed to engage in that practice;
- d. engages in any activity for which a license is a necessary prerequisite; or
- e. practices acupuncture under a false or assumed name or falsely impersonates another person licensed by the board.

- ¹17. Section 4 of P.L.1998, c.21 (C.39:6A-3.1) is amended to read as follows:
- 46 4. As an alternative to the mandatory coverages provided in sections 3 and 4 of P.L.1972, c.70 (C.39:6A-3 and 39:6A-4), any

owner or registered owner of an automobile registered or principally garaged in this State may elect a basic automobile insurance policy providing the following coverage:

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Personal injury protection coverage, for the payment of benefits without regard to negligence, liability or fault of any kind, to the named insured and members of his family residing in his household, who sustained bodily injury as a result of an accident while occupying, entering into, alighting from or using an automobile, or as a pedestrian, caused by an automobile or by an object propelled by or from an automobile, and to other persons sustaining bodily injury while occupying, entering into, alighting from or using the automobile of the named insured, with the "Personal injury protection permission of the named insured. coverage" issued pursuant to this section means and includes payment of medical expense benefits, as provided in the policy and approved by the commissioner, for the reasonable and necessary treatment of bodily injury in an amount not to exceed \$15,000 per person per accident; except that, medical expense benefits shall be paid in an amount not to exceed \$250,000: (1) for all medically necessary treatment of permanent or significant brain injury, spinal cord injury or disfigurement or (2) for medically necessary treatment of other permanent or significant injuries rendered at a trauma center or acute care hospital immediately following the accident and until the patient is stable, no longer requires critical care and can be safely discharged or transferred to another facility in the judgment of the attending physician. In the event benefits paid by an insurer pursuant to this subsection are in excess of \$75,000 on account of personal injury to any one person in any one accident covered by a policy issued or renewed prior to January 1, 2004, such excess shall be paid by the insurer and shall be reimbursable to the insurer from the Unsatisfied Claim and Judgment Fund pursuant to section 2 of P.L.1977, c.310 (C.39:6-Benefits provided under basic coverage shall be in accordance with a benefit plan provided in the policy and approved by the commissioner. The policy form, which shall be subject to the approval of the commissioner, shall set forth the benefits provided under the policy, including eligible medical treatments, diagnostic tests and services as well as such other benefits as the policy may provide. The commissioner shall set forth by regulation a statement of the basic benefits which shall be included in the policy. Medical treatments, diagnostic tests, and services provided by the policy shall be rendered in accordance with commonly accepted protocols and professional standards and practices which are commonly accepted as being beneficial for the treatment of the covered injury. Protocols and professional standards and practices which are deemed to be commonly accepted pursuant to this section shall be those recognized by national standard setting organizations,

[1R] ACS for A1408 FISHER, VOSS

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national or state professional organizations of the same discipline as the treating provider, or those designated or approved by the commissioner in consultation with the professional licensing boards in the Division of Consumer Affairs in the Department of Law and Public Safety. The commissioner, in consultation with the Commissioner of the Department of Health and Senior Services and the applicable licensing boards, may reject the use of protocols, standards and practices or lists of diagnostic tests set by any organization deemed not to have standing or general recognition by the provider community or the applicable licensing boards. Protocols shall be deemed to establish guidelines as to standard appropriate treatment and diagnostic tests for injuries sustained in automobile accidents, but the establishment of standard treatment protocols or protocols for the administration of diagnostic tests shall not be interpreted in such a manner as to preclude variance from the standard when warranted by reason of medical necessity. policy form may provide for the precertification of certain procedures, treatments, diagnostic tests, or other services or for the purchase of durable medical goods, as approved by the commissioner, provided that the requirement for precertification shall not be unreasonable, and no precertification requirement shall apply within ten days of the insured event. The policy may provide that certain benefits provided by the policy which are in excess of the basic benefits required by the commissioner to be included in the policy may be subject to reasonable copayments in addition to the copayments provided for herein, provided that the copayments shall not be unreasonable and shall be established in such a manner as not to serve to encourage underutilization of benefits subject to the copayments, nor encourage overutilization of benefits. The policy form shall clearly set forth any limitations on benefits or exclusions, which may include, but need not be limited to, benefits which are otherwise compensable under workers' compensation, or deemed to be experimental or benefits for treatments investigational, or benefits deducted pursuant to section 6 of P.L.1972, c.70 (C.39:6A-6). The commissioner may enlist the services of a benefit consultant in establishing the basic benefits level provided in this subsection, which shall be set forth by regulation no later than 120 days following the enactment date of this amendatory and supplementary act. The commissioner shall not advertise for the consultant as provided in sections 3 and 4 of P.L.1954, c.48 (C.52:34-8 and 52:34-9). Medical expense benefits payable under this subsection shall not be assignable, except to a provider of service benefits, in accordance with policy terms approved by the commissioner, nor shall they be subject to levy, execution, attachment or other process for satisfaction of debts. Medical expense benefits payable in accordance with this subsection may be subject to a deductible and

copayments as provided for in the policy, if any. No insurer or provider providing service benefits to an insured shall have a right of subrogation for the amount of benefits paid pursuant to any deductible or copayment under this section.

Notwithstanding the provisions of P.L.2003, c.18, physical therapy treatment shall not be reimbursable as medical expense benefits pursuant to this subsection unless rendered by a licensed physical therapist pursuant to a referral from a licensed physician, dentist, podiatrist or chiropractor within the scope of their respective practices. Notwithstanding the provisions of P.L., c. (C.) (pending before the Legislature as this bill), acupuncture treatment shall not be reimbursable as medical expense benefits pursuant to this subsection unless rendered by a licensed acupuncturist pursuant to a referral from a licensed physician within the scope of the physician's practice.

- b. Liability insurance coverage insuring against loss resulting from liability imposed by law for property damage sustained by any person arising out of the ownership, maintenance, operation or use of an automobile in an amount or limit of \$5,000, exclusive of interest and costs, for damage to property in any one accident.
- c. In addition to the aforesaid coverages required to be provided in a basic automobile insurance policy, optional liability insurance coverage insuring against loss resulting from liability imposed by law for bodily injury or death in an amount or limit of \$10,000, exclusive of interests and costs, on account of injury to, or death of, one or more persons in any one accident.

If a named insured has elected the basic automobile insurance policy option and an immediate family member or members or relatives resident in his household have one or more policies with the coverages provided for in sections 3 and 4 of P.L.1972, c.70 (C.39:6A-3 and 39:6A-4), the provisions of section 12 of P.L.1983, c.362 (C.39:6A-4.2) shall apply.

Every named insured and any other person to whom the basic automobile insurance policy, with or without the optional \$10,000 liability coverage insuring against loss resulting from liability imposed by law for bodily injury or death provided for in subsection c. of this section, applies shall be subject to the tort option provided in subsection a. of section 8 of P.L.1972, c.70 (C.39:6A-8).

No licensed insurance carrier shall refuse to renew the coverage stipulated by this section of an eligible person as defined in section 25 of P.L.1990, c.8 (C.17:33B-13) except in accordance with the provisions of section 26 of P.L.1988, c.119 (C.17:29C-7.1) or with the consent of the Commissioner of Banking and Insurance.

45 (cf: P.L.2003, c.89, s.36)

- 1 18. Section 4 of P.L.1972, c.70 (C.39:6A-4) is amended to read 2 as follows:
 - 4. Personal injury protection coverage, regardless of fault.

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Except as provided by section 45 of P.L.2003, c.89 (C.39:6A-3.3) and section 4 of P.L.1998, c.21 (C.39:6A-3.1), every standard automobile liability insurance policy issued or renewed on or after the effective date of P.L.1998, c.21 (C.39:6A-1.1 et al.) shall contain personal injury protection benefits for the payment of benefits without regard to negligence, liability or fault of any kind, to the named insured and members of his family residing in his household who sustain bodily injury as a result of an accident while occupying, entering into, alighting from or using an automobile, or as a pedestrian, caused by an automobile or by an object propelled by or from an automobile, and to other persons sustaining bodily injury while occupying, entering into, alighting from or using the automobile of the named insured, with permission of the named insured.

"Personal injury protection coverage" means and includes:

Payment of medical expense benefits in accordance with a benefit plan provided in the policy and approved by the commissioner, for reasonable, necessary, and appropriate treatment and provision of services to persons sustaining bodily injury, in an amount not to exceed \$250,000 per person per accident. In the event benefits paid by an insurer pursuant to this subsection are in excess of \$75,000 on account of bodily injury to any one person in any one accident, that excess shall be paid by the insurer and shall be reimbursable to the insurer from the Unsatisfied Claim and Judgment Fund pursuant to section 2 of P.L.1977, c.310 (C.39:6-73.1). The policy form, which shall be subject to the approval of the commissioner, shall set forth the benefits provided under the policy, including eligible medical treatments, diagnostic tests and services as well as such other benefits as the policy may provide. The commissioner shall set forth by regulation a statement of the basic benefits which shall be included in the policy. treatments, diagnostic tests, and services provided by the policy shall be rendered in accordance with commonly accepted protocols and professional standards and practices which are commonly accepted as being beneficial for the treatment of the covered injury. Protocols and professional standards and practices and lists of valid diagnostic tests which are deemed to be commonly accepted pursuant to this section shall be those recognized by national standard setting organizations, national or state professional organizations of the same discipline as the treating provider, or those designated or approved by the commissioner in consultation with the professional licensing boards in the Division of Consumer Affairs in the Department of Law and Public Safety. commissioner, in consultation with the Commissioner of the

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Department of Health and Senior Services and the applicable licensing boards, may reject the use of protocols, standards and practices or lists of diagnostic tests set by any organization deemed not to have standing or general recognition by the provider community or the applicable licensing boards. Protocols shall be deemed to establish guidelines as to standard appropriate treatment and diagnostic tests for injuries sustained in automobile accidents, but the establishment of standard treatment protocols or protocols for the administration of diagnostic tests shall not be interpreted in such a manner as to preclude variance from the standard when warranted by reason of medical necessity. The policy form may provide for the precertification of certain procedures, treatments, diagnostic tests, or other services or for the purchase of durable medical goods, as approved by the commissioner, provided that the requirement for precertification shall not be unreasonable, and no precertification requirement shall apply within ten days of the insured event. The policy may provide that certain benefits provided by the policy which are in excess of the basic benefits required by the commissioner to be included in the policy may be subject to reasonable copayments in addition to the copayments provided for pursuant to subsection e. of this section, provided that the copayments shall not be unreasonable and shall be established in such a manner as not to serve to encourage underutilization of benefits subject to the copayments, nor encourage overutilization of benefits. The policy form shall clearly set forth any limitations on benefits or exclusions, which may include, but need not be limited to, benefits which are otherwise compensable under workers' compensation, or benefits for treatments deemed to be experimental or investigational, or benefits deducted pursuant to section 6 of P.L.1972, c.70 (C.39:6A-6). The commissioner may enlist the services of a benefit consultant in establishing the basic benefits level provided in this subsection, which shall be set forth by regulation no later than 120 days following the enactment date of P.L.1998, c.21 (C.39:6A-1.1 et al.). The commissioner shall not advertise for bids for the consultant as provided in sections 3 and 4 of P.L.1954, c.48 (C.52:34-8 and 52:34-9).

Notwithstanding the provisions of P.L.2003, c.18, physical therapy treatment shall not be reimbursable as medical expense benefits pursuant to this subsection unless rendered by a licensed physical therapist pursuant to a referral from a licensed physician, dentist, podiatrist or chiropractor within the scope of their respective practices. Notwithstanding the provisions of P.L., c. (C.) (pending before the Legislature as this bill), acupuncture treatment shall not be reimbursable as medical expense benefits pursuant to this subsection unless rendered by a licensed acupuncturist pursuant to a referral from a licensed physician within the scope of the physician's practice.

- b. Income continuation benefits. The payment of the loss of income of an income producer as a result of bodily injury disability, subject to a maximum weekly payment of \$100. Such sum shall be payable during the life of the injured person and shall be subject to an amount or limit of \$5,200, on account of injury to any one person in any one accident, except that in no case shall income continuation benefits exceed the net income normally earned during the period in which the benefits are payable.
- c. Essential services benefits. Payment of essential services benefits to an injured person shall be made in reimbursement of necessary and reasonable expenses incurred for such substitute essential services ordinarily performed by the injured person for himself, his family and members of the family residing in the household, subject to an amount or limit of \$12 per day. Such benefits shall be payable during the life of the injured person and shall be subject to an amount or limit of \$4,380, on account of injury to any one person in any one accident.
- d. Death benefits. In the event of the death of an income producer as a result of injuries sustained in an accident entitling such person to benefits under this section, the maximum amount of benefits which could have been paid to the income producer, but for his death, under subsection b. of this section shall be paid to the surviving spouse, or in the event there is no surviving spouse, then to the surviving children, and in the event there are no surviving spouse or surviving children, then to the estate of the income producer.

In the event of the death of one performing essential services as a result of injuries sustained in an accident entitling such person to benefits under subsection c. of this section, the maximum amount of benefits which could have been paid to such person, under subsection c., shall be paid to the person incurring the expense of providing such essential services.

e. Funeral expenses benefits. All reasonable funeral, burial and cremation expenses, subject to a maximum benefit of \$1,000, on account of the death of any one person in any one accident shall be payable to the decedent's estate.

Benefits payable under this section shall:

- (1) Be subject to any option elected by the policyholder pursuant to section 13 of P.L.1983, c.362 (C.39:6A-4.3);
- (2) Not be assignable, except to a provider of service benefits under this section in accordance with policy terms approved by the commissioner, nor subject to levy, execution, attachment or other process for satisfaction of debts.

Medical expense benefit payments shall be subject to any deductible and any copayment which may be established as provided in the policy. Upon the request of the commissioner or any party to a claim for benefits or payment for services rendered, a

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provider shall present adequate proof that any deductible or 2 copayment related to that claim has not been waived or discharged 3 by the provider. 4 No insurer or health provider providing benefits to an insured 5 shall have a right of subrogation for the amount of benefits paid 6 pursuant to any deductible or copayment under this section. 7 (cf: P.L.2003, c.89, s.37) 8 9 ¹[16.] <u>19.</u> Sections 12 and 14 of P.L.1983, c.7 (C.45:2C-12 and 10 45:2C-14) are repealed. 11 ¹[17.] 20. This act shall take effect on the 180th day next 12 13 following enactment.

bill) shall be deemed a licensed acupuncturist under, and subject to the provisions of, P.L.1983, c.7 (C.45:2C-1 et seq.), as amended and supplemented by P.L., c. (C.) (pending before the Legislature as this bill).

16. Section 14 of P.L.1983, c.7 (C.45:2C-14) is repealed.

17. This act shall take effect on the 180th day following enactment.

5PUNSORS STATEMENT

This bill revises the law regulating the practice of acupuncture. The bill provides for the licensure of acupuncturists, rather than certification, as is currently the case.

This bill permits consumers to access directly the services of acupuncturists, and eliminates the requirement that acupuncture can only be performed with a referral or diagnosis from a physician. The bill stipulates that an acupuncturist shall advise each patient as to the importance of consulting with a licensed physician regarding the patient's condition.

The definition of acupuncture is also revised to clarify that acupuncture means the practice of Oriental medicine based on traditional Oriental medical theories that can be utilized for the treatment of diseases or dysfunctions of the body. Furthermore, the bill specifies that acupuncturists may 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; guasha; and percutaneous and transcutaneous electrical nerve stimulation. The bill also authorizes an acupuncturist to perform or prescribe the use of tuina, shiatsu or other forms of oriental massage when engaging in the practice of acupuncture.

The bill further allows the Acupuncture Examining Board to establish certification criteria for the use of herbology in the practice of acupuncture, but "grandfathers" certain persons currently practicing or studying acupuncture from these new certification requirements.

In addition, the bill eliminates tutorial programs, in which an acupuncturist may supervise students in acupuncture.

ASSEMBLY REGULATED PROFESSIONS COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, No. 1408

STATE OF NEW JERSEY

DATED: FEBRUARY 25, 2008

The Assembly Regulated Professions Committee reports favorably an Assembly Committee Substitute for Assembly Bill No. 1408.

This committee substitute revises the law regulating the practice of acupuncture. The bill provides for the licensure of acupuncturists, rather than certification, as is currently the case.

This bill permits consumers to access directly the services of acupuncturists, and eliminates the requirement that acupuncture can only be performed with a referral or diagnosis from a physician. The bill stipulates that an acupuncturist shall advise each patient as to the importance of consulting with a licensed physician regarding the patient's condition.

The definition of acupuncture is also revised to clarify that acupuncture means the practice of Oriental medicine based on traditional Oriental medical theories that can be utilized for the treatment of diseases or disfunctions of the body. Furthermore, the bill specifies that acupuncturists may 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; and percutaneous and transcutaneous electrical nerve stimulation. The bill also authorizes an acupuncturist to perform or prescribe the use of tuina, shiatsu or other forms of oriental massage when engaging in the practice of acupuncture.

The bill also requires that a physician, surgeon or dentist who wishes to practice acupuncture must complete a course of training of not less than 300 hours, of which 150 hours must be clinical training.

As provided in the bill, the State Board of Medical Examiners, after consultation with the Acupuncture Examining Board, may, by regulation, denote a title or description indicating that a physician or surgeon practices acupuncture.

The bill further allows the Acupuncture Examining Board to establish certification criteria for the use of herbology in the practice of acupuncture, but provides an exemption from these new certification requirements for certain persons currently practicing or studying to practice acupuncture.

The bill also eliminates tutorial programs, in which an acupuncturist may supervise students in acupuncture.

In addition, the bill makes it a crime of the third degree for any person to practice acupuncture without a license or while that license is suspended or revoked.

As reported, Assembly Committee Substitute for Assembly Bill No. 1408 is identical to Senate Bill No. 1311.

SENATE COMMERCE COMMITTEE

STATEMENT TO

ASSEMBLY COMMITTEE SUBSTITUTE FOR ASSEMBLY, No. 1408

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 11, 2008

The Senate Commerce Committee reports favorably and with committee amendments Assembly Committee Substitute for Assembly Bill No. 1408.

This substitute bill, as amended, revises the law regulating the practice of acupuncture. It provides for the licensure of acupuncturists, rather than certification, as is currently the case.

With respect to the scope of practice, the substitute permits consumers to access directly the services of acupuncturists, and eliminates the requirement that acupuncture only be performed with a referral or diagnosis from a licensed physician. Notwithstanding the substitute's allowance for direct access, it additionally stipulates that an acupuncturist shall advise each patient as to the importance of consulting with a licensed physician regarding the patient's condition. Further, with respect to personal injury protection coverage provided under private passenger automobile insurance, a referral from a licensed physician shall be necessary in order for any acupuncture treatment to be reimbursable under such coverage.

The definition of acupuncture is revised to clarify that acupuncture means the practice of Oriental medicine based on traditional Oriental medical theories that can be utilized for the treatment of diseases or dysfunctions of the body. Furthermore, the substitute specifies that acupuncturists may 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; and percutaneous and transcutaneous electrical nerve stimulation. The Acupuncture Examining Board shall approve these adjunctive therapies. The substitute also authorizes an acupuncturist to perform or prescribe the use of tuina, shiatsu or other forms of Oriental massage when engaging in the practice of acupuncture.

The substitute requires the State Board of Medical Examiners, after consultation with the Acupuncture Examining Board, to establish standards governing the practice of acupuncture regarding mandatory medical malpractice liability insurance coverage, which an

acupuncturist shall maintain at appropriate amounts as set forth in regulation.

While current law permits a physician and surgeon or dentist to practice acupuncture, the substitute specifies that any such licensed professional shall be in good standing in order to do so. Additionally, the physician and surgeon or dentist shall have completed, as part of his course of professional training, a minimum of 300 hours of acupuncture training, which includes not less than 150 hours of clinical training.

In addition to the acupuncture license, the substitute further allows the Acupuncture Examining Board to establish specialized certification criteria for the use of herbology in the practice of acupuncture. However, there is an exemption from any new herbology certification requirements for persons certified on or before the substitute's effective date to practice acupuncture who employ herbology in their practice, and for any person who is enrolled and graduates, or has graduated, from an accredited school for acupuncture on or before the effective date.

The substitute also eliminates tutorial programs, in which an acupuncturist may supervise students in acupuncture.

Finally, the substitute makes it a crime of the third degree for any person to knowingly practice acupuncture without a license or while that license is suspended, revoked, or otherwise limited. This is similar to the existing criminal statute, section 14 of P.L.1989, c.300 (C.2C:21-20), which makes it a crime of the third degree to knowingly practice medicine and surgery or podiatry without a license or while that license is suspended, revoked, or otherwise limited. A crime of the third degree is punishable by a term of imprisonment of three to 5 years, a fine of up to \$15,000, or both.

This substitute bill, as amended, is identical to the provisions of Senate Bill No. 1311, as amended and reported by the committee.

The committee amendments to the substitute:

- mandate that acupuncturists maintain medical malpractice liability insurance coverage, at appropriate amounts as set forth in regulation;
- require that the Acupuncture Examination Board shall approve the utilization of any adjunctive therapies;
- remove a provision that permitted the creation of a title or description by the State Board of Medical Examiners, after consultation with the Acupuncture Examination Board, to indicate that a physician and surgeon also practices acupuncture;
- expressly indicate that a physician and surgeon or dentist practicing acupuncture shall be subject to oversight by their respective licensing authorities, and not subject to oversight by the Acupuncture Examining Board;
- provide that a referral from a licensed physician shall be necessary in order for acupuncture treatment to be reimbursable as medical expense benefits under the personal injury protection coverage

provided by private passenger automobile insurance; and

- update the title of the substitute, as well as the title of P.L.1983, c.7, the underlying law certifying acupuncturists, to properly reflect the object of the substitute and the law, as updated, to license acupuncturists as well as criminalize certain actions related to the practice of acupuncture.

his license is suspended, revoked or otherwise limited by an order entered by the Acupuncture Examining Board, and, so knowing, he:

a. engages in that practice;

- b. exceeds the scope of practice permitted by the board order;
- c. holds himself out to the public or any person as being licensed to engage in that practice;
- d. engages in any activity for which a license is a necessary prerequisite; or
- e. practices acupuncture under a false or assumed name or falsely impersonates another person licensed by the board.

12 16. Sections 12 and 14 of P.L.1983, c.7 (C.45:2C-12 and 45:26-13 14) are repealed.

15 17. This act shall take effect on the 180th day next following enactment.

SPONSOR'S STATEMENT

This bill revises the law regulating the practice of acupuncture. The bill provides for the licensure of acupuncturists, rather than certification, as is currently the case.

This bill permits consumers to access directly the services of acupuncturists, and eliminates the requirement that acupuncture can only be performed with a referral or diagnosis from a physician. The bill stipulates that an acupuncturist shall advise each patient as to the importance of consulting with a licensed physician regarding the patient's condition.

The definition of acupuncture is also revised to clarify that acupuncture means the practice of Oriental medicine based on traditional Oriental medical theories that can be utilized for the treatment of diseases or disfunctions of the body. Furthermore, the bill specifies that acupuncturists may 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; guasha; and percutaneous and transcutaneous electrical nerve stimulation. The bill also authorizes an acupuncturist to perform or prescribe the use of tuina, shiatsu or other forms of oriental massage when engaging in the practice of acupuncture.

The bill also requires that a physician, surgeon or dentist who wishes to practice acupuncture must complete a course of training of not less than 300 hours, of which 150 hours must be clinical training.

As provided in the bill, the State Board of Medical Examiners, after consultation with the Acupuncture Examining Board, may, by regulation, denote a title or description indicating that a physician

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or surgeon practices acupuncture.

The bill further allows the Acupuncture Examining Board to establish certification criteria for the use of herbology in the practice of acupuncture, but provides an exemption from these new certification requirements for certain persons currently practicing or studying to practice acupuncture.

The bill also eliminates tutorial programs, in which an acupuncturist may supervise students in acupuncture.

In addition, the bill makes it a crime of the third degree for any person to practice acupuncture without a license or while that license is suspended or revoked.

SENATE COMMERCE COMMITTEE

STATEMENT TO

SENATE, No. 1311

with committee amendments

STATE OF NEW JERSEY

DATED: DECEMBER 11, 2008

The Senate Commerce Committee reports favorably and with committee amendments Senate Bill No. 1311.

This bill, as amended, revises the law regulating the practice of acupuncture. It provides for the licensure of acupuncturists, rather than certification, as is currently the case.

With respect to the scope of practice, the bill permits consumers to access directly the services of acupuncturists, and eliminates the requirement that acupuncture only be performed with a referral or diagnosis from a licensed physician. Notwithstanding the bill's allowance for direct access, it additionally stipulates that an acupuncturist shall advise each patient as to the importance of consulting with a licensed physician regarding the patient's condition. Further, with respect to personal injury protection coverage provided under private passenger automobile insurance, a referral from a licensed physician shall be necessary in order for any acupuncture treatment to be reimbursable under such coverage.

The definition of acupuncture is revised to clarify that acupuncture means the practice of Oriental medicine based on traditional Oriental medical theories that can be utilized for the treatment of diseases or dysfunctions of the body. Furthermore, the bill specifies that acupuncturists may 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; and percutaneous and transcutaneous electrical nerve stimulation. The Acupuncture Examining Board shall approve these adjunctive therapies. The bill also authorizes an acupuncturist to perform or prescribe the use of tuina, shiatsu or other forms of Oriental massage when engaging in the practice of acupuncture.

The bill requires the State Board of Medical Examiners, after consultation with the Acupuncture Examining Board, to establish standards governing the practice of acupuncture regarding mandatory medical malpractice liability insurance coverage, which an acupuncturist shall maintain at appropriate amounts as set forth in regulation.

While current law permits a physician and surgeon or dentist to practice acupuncture, the bill specifies that any such licensed professional shall be in good standing in order to do so. Additionally, the physician and surgeon or dentist shall have completed, as part of his course of professional training, a minimum of 300 hours of acupuncture training, which includes not less than 150 hours of clinical training.

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In addition to the acupuncture license, the bill further allows the Acupuncture Examining Board to establish specialized certification criteria for the use of herbology in the practice of acupuncture. However, there is an exemption from any new herbology certification requirements for persons certified on or before the bill's effective date to practice acupuncture who employ herbology in their practice, and for any person who is enrolled and graduates, or has graduated, from an accredited school for acupuncture on or before the effective date.

The bill also eliminates tutorial programs, in which an acupuncturist may supervise students in acupuncture.

Finally, the bill makes it a crime of the third degree for any person to knowingly practice acupuncture without a license or while that license is suspended, revoked, or otherwise limited. This is similar to the existing criminal statute, section 14 of P.L.1989, c.300 (C.2C:21-20), which makes it a crime of the third degree to knowingly practice medicine and surgery or podiatry without a license or while that license is suspended, revoked, or otherwise limited. A crime of the third degree is punishable by a term of imprisonment of three to 5 years, a fine of up to \$15,000, or both.

This bill, as amended, is identical to the provisions of the Assembly Committee Substitute for Assembly Bill No. 1408, as amended and reported by the committee.

The committee amendments to the bill:

- mandate that acupuncturists maintain medical malpractice liability insurance coverage, at appropriate amounts as set forth in regulation;
- require that the Acupuncture Examination Board shall approve the utilization of any adjunctive therapies;
- remove a provision that permitted the creation of a title or description by the State Board of Medical Examiners, after consultation with the Acupuncture Examination Board, to indicate that a physician and surgeon also practices acupuncture;
- expressly indicate that a physician and surgeon or dentist practicing acupuncture shall be subject to oversight by their respective licensing authorities, and not subject to oversight by the Acupuncture Examining Board;
- provide that a referral from a licensed physician shall be necessary in order for acupuncture treatment to be reimbursable as medical expense benefits under the personal injury protection coverage provided by private passenger automobile insurance; and
 - modify the title of the bill, as well as the title of P.L.1983, c.7, the

underlying law certifying acupuncturists, to properly reflect the object of the bill and the law, as updated, to license acupuncturists, as well as supplement and amend various parts of the statutory law.