CHAPTER 113-B

COMPLEMENTARY HEALTH CARE PROVIDERS

SUBCHAPTER 1

BOARD OF COMPLEMENTARY HEALTH CARE PROVIDERS

§12501. Definitions

As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings. [PL 1995, c. 671, §13 (NEW).]

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.
[PL 2003, c. 666, §1 (AMD).]

1-A. Accreditation commission for midwifery education. "Accreditation commission for midwifery education" means the United States Department of Education-recognized commission approved in rules adopted by the board that provides accreditation, pre-accreditation of certificate, graduate and precertification programs that meet the national college of nurse midwives core competencies for midwifery practice.
[PL 2015, c. 502, §1 (NEW).]

1-B. Acupuncture detoxification specialist "Acupuncture detoxification specialist" means an individual licensed under this chapter to practice auricular acupuncture detoxification.
[PL 2019, c. 269, §1 (NEW).]

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.
[PL 1995, c. 671, §13 (NEW).]

3. Approved naturopathic medical college. "Approved naturopathic medical college" means a college or program granting the degree of doctor of naturopathic medicine or doctor of naturopathy approved by the board that:

A. Is accredited by an accrediting agency recognized by the Federal Government; or [PL 1995, c. 671, §13 (NEW).]

B. Is a candidate for accreditation with such an agency. [PL 1995, c. 671, §13 (NEW).]
[PL 1995, c. 671, §13 (NEW).]

4. Board. "Board" means the Board of Complementary Health Care Providers.
[PL 1995, c. 671, §13 (NEW).]

4-A. Certified midwife. "Certified midwife" means an individual who holds a current and valid national certification as a certified midwife from the national midwifery certification board and is licensed under this chapter to practice midwifery.
[PL 2015, c. 502, §2 (NEW).]

4-B. Certified professional midwife. "Certified professional midwife" means an individual who holds a current and valid national certification as a certified professional midwife from the national registry of midwives and is licensed under this chapter and practices midwifery.
[PL 2015, c. 502, §2 (NEW).]

5. Commissioner. "Commissioner" means the Commissioner of Professional and Financial Regulation.
[PL 1995, c. 671, §13 (NEW).]

5-A. Department. "Department" means the Department of Professional and Financial Regulation.
[PL 2015, c. 502, §3 (NEW).]

6. Homeopathic preparation. "Homeopathic preparation" means medicine prepared according to the "Homeopathic Pharmacopoeia of the United States Revised Service" (Nov. 1995).
[PL 1995, c. 671, §13 (NEW).]

6-A. International confederation of midwives. "International confederation of midwives" means a nongovernmental organization, approved in rules adopted by the board, representing midwives and midwifery associations that authors international standards for education and essential competencies for practice.
[PL 2015, c. 502, §4 (NEW).]

6-B. Midwife. "Midwife" means a person who practices midwifery.
[PL 2015, c. 502, §4 (NEW).]

6-C. Midwifery. "Midwifery" means providing primary health or maternity care to women and infants. "Midwifery" includes consultation with or referral to medical and other health care providers when indicated by client health care needs.
[PL 2015, c. 502, §4 (NEW).]

6-D. Midwifery bridge certificate. "Midwifery bridge certificate" means a certificate issued by the national registry of midwives that documents completion of accredited continuing education for certified professional midwives based upon identified areas to address education in emergency skills and other competencies set by the international confederation of midwives.
[PL 2015, c. 502, §4 (NEW).]

6-E. Midwifery education accreditation council. "Midwifery education accreditation council" means the United States Department of Education-recognized commission that provides accreditation for programs and institutions that meet the national midwives alliance core competencies, the international confederation of midwives competencies and the national registry of midwives skills and standards for basic midwifery practice.
[PL 2015, c. 502, §4 (NEW).]

6-F. National association of certified professional midwives. "National association of certified professional midwives" means the national professional and standard-setting association for certified professional midwives approved in rules adopted by the board.
[PL 2015, c. 502, §4 (NEW).]

6-G. National college of nurse midwives. "National college of nurse midwives" means the national professional and standard-setting organization for midwives certified by the national midwifery certification board.
[PL 2015, c. 502, §4 (NEW).]

6-H. National midwifery certification board. "National midwifery certification board" means the national certifying body, approved in rules adopted by the board, for candidates in midwifery who have received graduate-level education in programs accredited by the accreditation commission for midwifery education.

[PL 2015, c. 502, §4 (NEW).]

6-I. National midwives alliance. "National midwives alliance" means the national midwifery organization, approved in rules adopted by the board, that has articulated core competencies for midwives.
[PL 2015, c. 502, §4 (NEW).]

6-J. National registry of midwives. "National registry of midwives" means the organization that sets national standards for the certified professional midwife credential approved in rules adopted by the board.
[PL 2015, c. 502, §4 (NEW).]

6-K. National acupuncture detoxification association. "National acupuncture detoxification association" means the national organization that provides training in auricular acupuncture detoxification, as specified in rules by the board.
[PL 2019, c. 269, §2 (NEW).]

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.
[PL 1995, c. 671, §13 (NEW).]

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.
[PL 1995, c. 671, §13 (NEW).]

9. Naturopathic doctor. "Naturopathic doctor" means a person authorized and licensed to practice naturopathic medicine under this chapter.
[PL 1995, c. 671, §13 (NEW).]

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.
[PL 1995, c. 671, §13 (NEW).]

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.
[PL 1995, c. 671, §13 (NEW).]

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, hydrotherapy, naturopathic manipulative therapy, therapeutic exercise and acupuncture if the provider is certified pursuant to section 12525, subsection 3.
[PL 1995, c. 671, §13 (NEW).]

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.

[PL 1995, c. 671, §13 (NEW).]

14. Person. "Person" means any individual, firm, partnership, corporation or other association or organization.
[PL 1995, c. 671, §13 (NEW).]

14-A. Qualified midwife preceptor. "Qualified midwife preceptor" means a licensed and experienced midwife, or other health professional licensed in this State, who participates in the clinical education of individuals enrolled in a midwifery education program accredited by the midwifery education accreditation council or accreditation commission for midwifery education and who meets the criteria for midwife preceptors set forth by the organization.
[PL 2015, c. 502, §5 (NEW).]

15. Topical medicine. "Topical medicine" means topical analgesics, anesthetics, antiseptics, scabicides, antifungals and antibacterials.
[PL 1995, c. 671, §13 (NEW).]

SECTION HISTORY

PL 1995, c. 671, §13 (NEW). PL 2003, c. 666, §1 (AMD). PL 2015, c. 502, §§1-5 (AMD). PL 2019, c. 269, §§1, 2 (AMD).

§12502. Board of Complementary Health Care Providers established

1. Membership. The Board of Complementary Health Care Providers, as established in Title 5, section 12004-A, subsection 8-A, shall regulate the professions of acupuncture, naturopathic medicine and midwifery according to the provisions of this chapter. The board consists of 9 members appointed by the Governor. The Governor shall make the initial appointments to the board no later than 60 days after the effective date of this section and shall inform the Commissioner of Professional and Financial Regulation of these appointments. The commissioner shall call the first meeting of the board on a date no later than 30 days following notification of appointments by the Governor. All members of the board must be residents of this State. Two members of the board must be acupuncturists licensed in this State. Two members of the board must be naturopathic doctors who are eligible for licensure under, or are licensed pursuant to, the requirements of subchapter 3. One member must be a certified professional midwife licensed in this State. One member must be a midwife of any classification licensed in this State. One member must be a public member as defined in Title 5, section 12004-A. One member must be an allopathic or osteopathic physician, board-certified in obstetrics and gynecology, who is licensed in this State. One member must be a physician or nurse practitioner with a specialty in pediatric care who is licensed in this State.
[PL 2015, c. 502, §6 (AMD).]

2. Terms. Appointments are for 3-year terms. Appointments of members must comply with Title 10, section 8009. The Governor may remove any member for cause.
[PL 2007, c. 402, Pt. AA, §1 (AMD).]

3. Qualifications. Each board member, other than the public member, must have been engaged in the active practice of the member's profession in the State for a minimum of 3 years prior to appointment.
[PL 2007, c. 402, Pt. AA, §1 (AMD).]

4. Vacancy.
[PL 2007, c. 402, Pt. AA, §1 (RP).]

5. Quorum.
[PL 2007, c. 402, Pt. AA, §1 (RP).]

6. Meetings; chair. The board shall meet at least once a year to conduct its business and elect a chair. Additional meetings must be held as necessary to conduct the business of the board and may be convened at the call of the chair or a majority of the board members.
[PL 2013, c. 246, Pt. B, §22 (AMD).]

7. Reporting.
[PL 2007, c. 402, Pt. AA, §1 (RP).]

SECTION HISTORY

PL 1995, c. 671, §13 (NEW). PL 1997, c. 727, §C11 (AMD). PL 2007, c. 402, Pt. AA, §1 (AMD). PL 2013, c. 246, Pt. B, §22 (AMD). PL 2015, c. 502, §6 (AMD).

§12503. Powers and duties of the board

The board has the following powers and duties in addition to all other powers and duties set forth in this chapter. [PL 1995, c. 671, §13 (NEW).]

1. Duties. The board shall:

A. Adopt rules necessary to administer this chapter; [PL 2007, c. 402, Pt. AA, §2 (AMD).]

B. Set standards of practice for acupuncturists and naturopathic doctors; [PL 1995, c. 671, §13 (NEW).]

B-1. Set the standards of practice for midwives. Prior to January 1, 2021, rules relating to the limitations in section 12536, the drug formulary, informed consent documentation, preexisting conditions that render a pregnancy ineligible for out-of-hospital birth and data collection and reporting must be adopted by the board in joint rulemaking with the Board of Licensure in Medicine. On or after January 1, 2021, rules adopted pursuant to this paragraph must be adopted by the board. All other rules must be adopted by the board. [PL 2015, c. 502, §7 (NEW).]

C. [PL 2003, c. 666, §2 (RP).]

D. Ensure that acupuncturists, naturopathic doctors and midwives serving the public meet minimum standards of proficiency and competency to protect the health, safety and welfare of the public; and [PL 2015, c. 502, §8 (AMD).]

E. Administer and enforce the provisions of this chapter and any rules adopted by the board under that authority granted in this chapter. [PL 2007, c. 402, Pt. AA, §2 (AMD).]

F. [PL 2007, c. 402, Pt. AA, §2 (RP).]

G. [PL 2007, c. 402, Pt. AA, §2 (RP).]

H. [PL 2007, c. 402, Pt. AA, §2 (RP).]

I. [PL 2007, c. 402, Pt. AA, §2 (RP).]

J. [PL 2007, c. 402, Pt. AA, §2 (RP).]

K. [PL 2007, c. 402, Pt. AA, §2 (RP).]
[PL 2015, c. 502, §§7, 8 (AMD).]

2. Complaints.
[PL 2007, c. 402, Pt. AA, §2 (RP).]

3. Hearings.
[PL 2007, c. 402, Pt. AA, §2 (RP).]

4. Subpoena power; administration of oaths; power to compel production of documents.
[PL 2007, c. 402, Pt. AA, §2 (RP).]

5. Witness fees.

[PL 2007, c. 402, Pt. AA, §2 (RP).]

6. Suspension and revocation.

[PL 2007, c. 402, Pt. AA, §2 (RP).]

SECTION HISTORY

PL 1995, c. 671, §13 (NEW). PL 1999, c. 547, §B78 (AMD). PL 1999, c. 547, §B80 (AFF). PL 2003, c. 666, §2 (AMD). PL 2007, c. 402, Pt. AA, §2 (AMD). PL 2015, c. 502, §§7, 8 (AMD).

§12503-A. Denial or refusal to renew license; disciplinary action

In addition to the grounds enumerated in Title 10, section 8003, subsection 5-A, paragraph A, the board may deny a license, refuse to renew a license or impose the disciplinary sanctions authorized by Title 10, section 8003, subsection 5-A upon a legal finding of mental incompetence. [PL 2007, c. 402, Pt. AA, §3 (NEW).]

SECTION HISTORY

PL 2007, c. 402, Pt. AA, §3 (NEW).

§12504. Unauthorized employment

A person in the course of business may not employ an acupuncturist, naturopathic doctor or midwife who does not have a license unless that person is a student or intern within the meaning of this chapter. [PL 2015, c. 502, §9 (AMD).]

SECTION HISTORY

PL 1995, c. 671, §13 (NEW). PL 2015, c. 502, §9 (AMD).

§12505. Violation

(REPEALED)

SECTION HISTORY

PL 1995, c. 671, §13 (NEW). PL 1999, c. 547, §B78 (AMD). PL 1999, c. 547, §B80 (AFF). PL 2007, c. 402, Pt. AA, §4 (RP).

§12505-A. Unlicensed practice

A person who violates section 12504, 12511, 12521 or 12531 is subject to the provisions of Title 10, section 8003. [PL 2015, c. 502, §10 (AMD).]

SECTION HISTORY

PL 2007, c. 402, Pt. AA, §5 (NEW). PL 2015, c. 502, §10 (AMD).

§12506. Rulemaking

Rules adopted pursuant to section 12522, subsection 4 are major substantive rules as defined by Title 5, chapter 375, subchapter 2-A. All other rules adopted pursuant to this chapter are routine technical rules. [PL 2007, c. 621, §12 (AMD).]

SECTION HISTORY

PL 1995, c. 671, §13 (NEW). PL 2007, c. 621, §12 (AMD).

SUBCHAPTER 2

ACUPUNCTURE LICENSING REQUIREMENTS AND SCOPE OF PRACTICE

§12511. Licensure

1. Licensure required. A person may not practice acupuncture or profess to be practicing as an acupuncturist in this State unless that person holds a current and valid license from the board, except that a student of acupuncture who has completed at least one year of full-time study in a board-approved acupuncture school may practice acupuncture in a board-approved internship program. The student must be supervised, as defined by rule, by an instructor who is a licensed acupuncturist in this State and be identified as an acupuncture intern when in a clinical setting.
[PL 2007, c. 402, Pt. AA, §6 (AMD).]

2. Exception. This chapter does not apply to any person who is licensed to practice any healing art or science and who is practicing acupuncture in the course of that practice and within the scope of that license.
[PL 1995, c. 671, §13 (NEW).]

SECTION HISTORY

PL 1995, c. 671, §13 (NEW). PL 2007, c. 402, Pt. AA, §6 (AMD).

§12512. Qualifications for acupuncturists

The eligibility of an applicant for a license to practice acupuncture must be determined in accordance with the following. [PL 1995, c. 671, §13 (NEW).]

1. Eligibility. To be eligible to apply for a license to practice acupuncture, an applicant must:

A. Be at least 21 years of age; and [RR 1995, c. 2, §80 (COR).]

B. Have met requirements regarding education and experience as established by the board. These requirements must include the following:

(1) A baccalaureate degree from an accredited institution of higher learning, a license from the State to practice as a registered professional nurse or successful completion of the training program and any competency examination required by the Board of Licensure in Medicine to be qualified as a physician associate;

(2) A minimum of 1,000 hours of classroom instruction in acupuncture and related subjects at an institution approved by the board;

(3) A minimum of 300 hours of clinical experience in the field of acupuncture; and

(4) Certification by the National Commission for the Certification of Acupuncturists and Oriental Medicine, or its successor or other organization approved by the board, or passage of a written examination approved by the board. [RR 2025, c. 1, Pt. B, §9 (COR).]
[RR 2025, c. 1, Pt. B, §9 (COR).]

2. Endorsement. An applicant who holds a current valid license to practice acupuncture from another state with requirements for licensure at least equal to the requirements under this section must be issued a license by the board.
[PL 1995, c. 671, §13 (NEW).]

SECTION HISTORY

RR 1995, c. 2, §80 (COR). PL 1995, c. 671, §13 (NEW). PL 2007, c. 402, Pt. AA, §7 (AMD). RR 2025, c. 1, Pt. B, §9 (COR).

§12513. Licensing

1. Licensed acupuncturist. The board shall issue a license to practice acupuncture to an applicant who has satisfactorily met the following minimal requirements:

A. The eligibility requirements set forth in section 12512; and [PL 1995, c. 671, §13 (NEW).]

B. Any other reasonable criteria the board may prescribe by rule. [PL 1995, c. 671, §13 (NEW).]

[PL 1995, c. 671, §13 (NEW).]

SECTION HISTORY

PL 1995, c. 671, §13 (NEW).

§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. [PL 2003, c. 666, §3 (NEW).]

B. "Chinese premade herbal remedies" means premade herbal remedies used in accordance with traditional Chinese, Japanese and Korean herbal literature. [PL 2003, c. 666, §3 (NEW).]

C. "Custom-made Chinese herbal formulations" means custom-made herbal formulations used in accordance with traditional Chinese, Japanese and Korean herbal literature. [PL 2003, c. 666, §3 (NEW).]

[PL 2003, c. 666, §3 (NEW).]

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. [PL 2003, c. 666, §3 (NEW).]

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. [PL 2003, c. 666, §3 (NEW).]

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. [PL 2003, c. 666, §3 (NEW).]

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. [PL 2003, c. 666, §3 (NEW).]

[PL 2003, c. 666, §3 (NEW).]

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.

[PL 2003, c. 666, §3 (NEW).]

SECTION HISTORY

PL 2003, c. 666, §3 (NEW).

§12513-B. Licensure by endorsement

Notwithstanding any provision of this subchapter to the contrary, the board, in accordance with Title 10, section 8003-H and any applicable rules adopted pursuant to that section, shall establish a process to issue a license by endorsement for each license authorized under this subchapter that the board determines is appropriate for licensure by endorsement. An applicant may submit an application under the process established under this section or any other licensure process authorized in this subchapter. [PL 2021, c. 642, §35 (NEW).]

SECTION HISTORY

PL 2021, c. 642, §35 (NEW).

§12514. Fees

(REPEALED)

SECTION HISTORY

PL 1995, c. 671, §13 (NEW). PL 1999, c. 257, §6 (AMD). PL 1999, c. 386, §T1 (AMD). PL 2003, c. 666, §4 (RP).

§12514-A. Fees

The Director of the Office of Professional and Occupational Regulation within the Department of Professional and Financial Regulation may establish by rule fees for purposes authorized under this subchapter in amounts that are reasonable and necessary for their respective purposes, except that the fee for any application may not exceed $200, the fee for initial and renewal licensure may not exceed $675 annually and the fee for initial and renewal certification in custom-made Chinese herbal formulation may not exceed $200 annually. Rules adopted pursuant to this section are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A. [PL 2003, c. 666, §5 (NEW); PL 2011, c. 286, Pt. B, §5 (REV).]

SECTION HISTORY

PL 2003, c. 666, §5 (NEW). PL 2011, c. 286, Pt. B, §5 (REV).

§12515. Reapplication

Any applicant who is denied a license as an acupuncturist may apply again for licensing after a period of not less than 6 months from the date of the last denial. [PL 1995, c. 671, §13 (NEW).]

SECTION HISTORY

PL 1995, c. 671, §13 (NEW).

§12516. Application for renewal

1. Requirements. Prior to the expiration of a license, a licensee may make an application for renewal upon payment of the renewal fee as set under section 12514-A and upon satisfactory demonstration of completion of continuing education requirements adopted by the board as a condition of renewal. It is not a condition of renewal that an applicant who qualified for licensure as a licensed registered nurse continue to be licensed as a registered nurse.
[PL 2007, c. 402, Pt. AA, §8 (AMD).]

2. Late renewal. An application made no more than 90 days past the date of expiration of a license must include a late fee in addition to the renewal fee as set under section 12514-A. An application received more than 90 days past the expiration date is subject to all requirements covering new applicants under this chapter.
[PL 2007, c. 402, Pt. AA, §8 (AMD).]

SECTION HISTORY

PL 1995, c. 671, §13 (NEW). PL 2003, c. 666, §6 (AMD). PL 2007, c. 402, Pt. AA, §8 (AMD).

SUBCHAPTER 3

NATUROPATHIC MEDICINE LICENSING REQUIREMENTS AND SCOPE OF PRACTICE

§12521. License required; licensee title

1. License required. A person may not practice naturopathic medicine or profess to be a naturopathic doctor in this State unless that person holds a current, valid license from the board to practice naturopathic medicine.
[PL 1995, c. 671, §13 (NEW).]

2. Title. A licensee must use the title "naturopathic doctor." Naturopathic doctors have the exclusive right to the use of the terms "naturopathic doctor," "naturopathic," "naturopath," "doctor of naturopathic medicine," "doctor of naturopathy," "naturopathic medicine," "naturopathic health care," "naturopathy" and the recognized abbreviation "N.D." Use of the title "physician" by the licensee is prohibited.
[PL 1997, c. 210, §13 (AMD).]

SECTION HISTORY

PL 1995, c. 671, §13 (NEW). PL 1997, c. 210, §13 (AMD).

§12522. Scope of practice

1. Medicines and therapies. A naturopathic doctor may use and order for preventative and therapeutic purposes the following natural medicines and therapies: food, food extracts, vitamins, minerals, enzymes, digestive aids, whole gland thyroid and other natural hormones, plant substances, all homeopathic preparations, immunizations, counseling, hypnotherapy, biofeedback, dietary therapy, naturopathic manipulative therapy, naturopathic physical medicine, therapeutic devices, barrier devices for contraception and office procedures. Naturopathic doctors may also prescribe medications, including natural antibiotics and topical medicines, within the limitations set forth in subsection 4. This

subsection may not be construed to prevent an individual other than a naturopathic doctor from using, ordering or recommending any of the above listed items as long as the individual is not prohibited from doing so by any other federal or state statute or regulation.
[PL 1995, c. 671, §13 (NEW).]

2. Diagnostic procedures. A naturopathic doctor may use physical examinations for diagnostic purposes including phlebotomy, clinical laboratory tests, speculum examinations and physiological function tests, excluding all endoscopies and physiological function tests requiring infusion, injection, inhalation or ingestion of medications to perform tests. A naturopathic doctor may order ultrasound, x-ray and electrocardiogram tests but must refer to an appropriate licensed health care professional for conducting and interpreting the tests.
[PL 1995, c. 671, §13 (NEW).]

3. Other devices and procedures. A naturopathic doctor may prescribe therapeutic devices or use noninvasive diagnostic procedures commonly used by allopathic or osteopathic physicians in general practice.
[PL 1995, c. 671, §13 (NEW).]

4. Prescriptive authority. Naturopathic doctors have a limited scope of prescriptive authority.

A. A naturopathic doctor may prescribe nonprescription medications without limitation. [PL 1995, c. 671, §13 (NEW).]

B. A naturopathic doctor may only prescribe noncontrolled legend drugs from the following categories: homeopathic remedies, vitamins and minerals, hormones, local anesthesia and immunizations that are designated by rule by a subcommittee of the board consisting of the naturopathic members and the allopathic or osteopathic physician member, as consistent with a naturopathic doctor's education and training. A naturopathic doctor may not prescribe psychotropic medications. [PL 2025, c. 150, §1 (AMD).]

C. Prior to independently prescribing noncontrolled legend drugs, a naturopathic doctor shall establish and complete a 12-month collaborative relationship with a licensed allopathic or osteopathic physician to review the naturopathic doctor's prescribing practices. The board shall further define the terms of the collaborative relationship by rule. [PL 1995, c. 671, §13 (NEW).]
[PL 2025, c. 150, §1 (AMD).]

5. Prohibition. A naturopathic doctor may not:

A. Prescribe, dispense or administer any substance or device identified in Schedule I, II, III, IV or V as described in the federal Controlled Substance Act, 21 United States Code, Sections 801 to 971 (1988), or any controlled substances or devices; [PL 1995, c. 671, §13 (NEW).]

B. Perform surgical procedures except those office procedures authorized by this chapter; [PL 1995, c. 671, §13 (NEW).]

C. Practice emergency medicine except when a good Samaritan rendering gratuitous services in the case of emergency and except for the care of minor injuries; or [PL 1995, c. 671, §13 (NEW).]

D. Practice or claim to practice medicine and surgery, osteopathy, dentistry, podiatry, optometry, chiropractic, physical therapy or any other system or method of treatment not authorized in this chapter. [PL 1995, c. 671, §13 (NEW).]
[PL 1995, c. 671, §13 (NEW).]

SECTION HISTORY

PL 1995, c. 671, §13 (NEW). PL 2025, c. 150, §1 (AMD).

§12523. Application

This chapter is not intended to prohibit or restrict: [PL 1995, c. 671, §13 (NEW).]

1. Practice within authorized scope of practice. The practice of a profession by individuals who are licensed, certified or registered under other laws of this State and are performing services within the authorized scope of practice;
[PL 1995, c. 671, §13 (NEW).]

2. Individual performing duties prescribed by federal laws. The practice of naturopathic medicine by an individual employed by the Federal Government while the individual is engaged in the performance of duties prescribed by the laws and regulations of the United States;
[PL 1995, c. 671, §13 (NEW).]

3. Duly licensed elsewhere. The practice by a naturopathic doctor duly licensed in another state, territory or the District of Columbia when that naturopathic doctor is incidentally called into this State for consultation with a licensed doctor; or
[PL 1995, c. 671, §13 (NEW).]

4. Students. The practice of naturopathic medicine by students enrolled in an approved naturopathic medical college. Services must be performed pursuant to a course of instruction or assignments from an instructor and under the supervision of the instructor. The instructor must be a naturopathic doctor licensed pursuant to this chapter.
[PL 1995, c. 671, §13 (NEW).]

SECTION HISTORY

PL 1995, c. 671, §13 (NEW).

§12524. Public health authority and responsibility

A naturopathic doctor is a licensed doctor and has the same authority and responsibility as other licensed doctors regarding public health laws, reportable disease and conditions, communicable disease control and prevention, recording of vital statistics, health and physical examinations and local boards of health, except that this authority is limited to activity consistent with the scope of practice authorized by this chapter. [PL 1995, c. 671, §13 (NEW).]

SECTION HISTORY

PL 1995, c. 671, §13 (NEW).

§12525. Qualification for licensure

1. Qualification for licensure. To be eligible for a license to practice naturopathic medicine, the applicant must:

A. Be a graduate of an approved naturopathic medical college and pass or have passed a competency-based examination approved by the board, covering the appropriate naturopathic subjects, including basic and clinical sciences; [PL 1995, c. 671, §13 (NEW).]

B. [PL 2007, c. 402, Pt. AA, §9 (RP).]

B-1. Be trustworthy and competent; [PL 2007, c. 402, Pt. AA, §9 (NEW).]

C. Be physically and mentally capable of safely practicing naturopathic medicine with or without reasonable accommodation; [PL 1995, c. 671, §13 (NEW).]

D. Have had no license to practice naturopathic medicine refused, revoked or suspended by any other state or country for reasons that relate to the applicant's ability to skillfully and safely practice naturopathic medicine unless that license has been restored to good standing by that state or country; and [PL 1995, c. 671, §13 (NEW).]

E. File an application and pay the licensing fees established under section 12526. [PL 2003, c. 666, §7 (AMD).]
[PL 2007, c. 402, Pt. AA, §9 (AMD).]

2. Conditional licensure.

[PL 2007, c. 402, Pt. AA, §9 (RP).]

3. Naturopathic acupuncture specialty certification. In order to practice naturopathic acupuncture, a naturopathic doctor must obtain a naturopathic acupuncture specialty certification from the board. The board may issue this specialty certification to a naturopathic doctor who has:

A. Submitted an application and a certification fee established under section 12526; [PL 2003, c. 666, §8 (AMD).]

B. Completed an acupuncture program approved by the board that includes 1,000 hours of classroom training and 300 hours of supervised clinical training; and [PL 1995, c. 671, §13 (NEW).]

C. Passed an examination administered by the National Commission for the Certification of Acupuncturists and Oriental Medicine, or its successor or other organization approved by the board. [PL 2007, c. 402, Pt. AA, §9 (AMD).]

[PL 2007, c. 402, Pt. AA, §9 (AMD).]

4. Disclosures. Naturopathic doctors shall:

A. Clearly disclose to each patient and on all printed material that their training is in naturopathic medicine; [PL 1995, c. 671, §13 (NEW).]

B. Openly display their license, attaching renewals and specialty certifications when applicable; and [PL 1995, c. 671, §13 (NEW).]

C. When practicing without malpractice insurance, disclose to each patient that they do not have insurance. [PL 1995, c. 671, §13 (NEW).]

[PL 1995, c. 671, §13 (NEW).]

SECTION HISTORY

PL 1995, c. 671, §13 (NEW). PL 2003, c. 666, §§7,8 (AMD). PL 2007, c. 402, Pt. AA, §9 (AMD).

§12525-A. Licensure by endorsement

Notwithstanding any provision of this subchapter to the contrary, the board, in accordance with Title 10, section 8003-H and any applicable rules adopted pursuant to that section, shall establish a process to issue a license by endorsement for each license authorized under this subchapter that the board determines is appropriate for licensure by endorsement. An applicant may submit an application under the process established under this section or any other licensure process authorized in this subchapter. [PL 2021, c. 642, §36 (NEW).]

SECTION HISTORY

PL 2021, c. 642, §36 (NEW).

§12526. Fees, renewals and continuing education

1. Fees. The Director of the Office of Professional and Occupational Regulation within the Department of Professional and Financial Regulation may establish by rule fees for purposes authorized under this subchapter in amounts that are reasonable and necessary for their respective purposes, except that the fee for any application may not exceed $200, the fee for initial and renewal licensure may not exceed $675 annually and the fee for initial and renewal specialty certification may not exceed $50 annually. Rules adopted pursuant to this subsection are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A.

[PL 2003, c. 666, §9 (RPR); PL 2011, c. 286, Pt. B, §5 (REV).]

2. Renewal. A license to practice naturopathic medicine and a specialty certification must be renewed annually and be accompanied by the required renewal fee established in subsection 1.
[PL 2003, c. 666, §10 (AMD).]

3. Continuing education. When renewing a license, a naturopathic doctor must certify to successful completion of continuing education. The minimum continuing education requirement for license renewal is 25 hours annually, at least 7 hours of which must be in pharmacology. Naturopathic doctors who possess a certification in naturopathic acupuncture must complete an additional 15 hours of board-approved continuing education annually, specific to that specialty. The board may further define and implement these continuing education requirements through rulemaking.
[PL 2007, c. 402, Pt. AA, §10 (AMD).]

SECTION HISTORY

PL 1995, c. 671, §13 (NEW). PL 1999, c. 257, §7 (AMD). PL 2003, c. 666, §§9,10 (AMD). PL 2007, c. 402, Pt. AA, §10 (AMD). PL 2011, c. 286, Pt. B, §5 (REV).

SUBCHAPTER 4

MIDWIFERY LICENSING REQUIREMENTS AND SCOPE OF PRACTICE

§12531. License required

1. License required. Beginning January 1, 2020, a person may not practice, offer to practice or profess to be authorized to practice midwifery, or hold oneself out to the public, as a midwife licensed in this State or use the words "certified professional midwife" or "certified midwife" or the letters "C.P.M." or "C.M." or other words or letters to indicate that the person using the words or letters is a licensed certified midwife or licensed certified professional midwife or that may misrepresent to the public that the person is authorized to practice midwifery in this State, unless that person is licensed in accordance with this subchapter.
[PL 2015, c. 502, §11 (NEW).]

2. National certification. This section is not intended to prohibit persons holding national certifications as midwives from identifying themselves as holding such certifications, so long as those persons are not practicing midwifery or professing to be authorized to practice midwifery in this State.
[PL 2015, c. 502, §11 (NEW).]

3. Individual license. Only an individual may be licensed under this subchapter.
[PL 2015, c. 502, §11 (NEW).]

SECTION HISTORY

PL 2015, c. 502, §11 (NEW).

§12532. Persons and practices exempt

Nothing in this subchapter may be construed as preventing: [PL 2015, c. 502, §11 (NEW).]

1. Licensed persons. A person licensed in this State by any other law who is performing services within that person's authorized scope of practice from engaging in the profession or occupation for which the person is licensed, including midwives authorized and licensed as advanced practice registered nurses under the State Board of Nursing to practice as certified nurse midwives;
[PL 2015, c. 502, §11 (NEW).]

2. Students. Midwifery services provided by student midwives acting under the direct supervision of a qualified midwife preceptor;
[PL 2015, c. 502, §11 (NEW).]

3. Religious or cultural traditions. A traditional birth attendant from practicing midwifery without a license if the traditional birth attendant has cultural or religious traditions that have historically included the attendance of traditional birth attendants at births and that birth attendant serves only the women and families in that distinct cultural or religious group; or
[PL 2015, c. 502, §11 (NEW).]

4. Emergency. The rendering of midwifery services in the case of emergency.
[PL 2015, c. 502, §11 (NEW).]

SECTION HISTORY

PL 2015, c. 502, §11 (NEW).

§12533. Qualifications for licensure as a certified professional midwife

An applicant for a license to practice midwifery as a certified professional midwife shall submit to the board in a format as prescribed by the board the following: [PL 2015, c. 502, §11 (NEW).]

1. Fee. A completed application together with the fee established under section 12538;
[PL 2015, c. 502, §11 (NEW).]

2. Certification. Proof of a current and valid national certification as a certified professional midwife from the national registry of midwives; and
[PL 2015, c. 502, §11 (NEW).]

3. Education. Proof of successful completion of a formal midwifery education and training program as follows:

A. An educational program or institution accredited by the midwifery education accreditation council; [PL 2015, c. 502, §11 (NEW).]

B. For an applicant certified as a certified professional midwife who is certified before January 1, 2020 and who has completed a midwifery education and training program from an educational program or institution that is not accredited by the midwifery education accreditation council, a midwifery bridge certificate; or [PL 2015, c. 502, §11 (NEW).]

C. For an applicant who has maintained an authorization to practice midwifery as a licensed certified professional midwife in a state that does not require completion of a midwifery education and training program from an educational program or institution that is accredited by the midwifery education accreditation council, regardless of the date of that authorization, a midwifery bridge certificate. [PL 2015, c. 502, §11 (NEW).]
[PL 2015, c. 502, §11 (NEW).]

SECTION HISTORY

PL 2015, c. 502, §11 (NEW).

§12534. Qualifications for licensure as a certified midwife

An applicant for a license to practice midwifery as a certified midwife shall submit to the board in a format as prescribed by the board the following: [PL 2015, c. 502, §11 (NEW).]

1. Fee. A completed application together with the fee established under section 12538;
[PL 2015, c. 502, §11 (NEW).]

2. Certification. Proof of a current and valid national certification as a certified midwife from the national midwifery certification board; and
[PL 2015, c. 502, §11 (NEW).]

3. Education. Proof of successful completion of a graduate-level education program in midwifery that is accredited by the accreditation commission for midwifery education.
[PL 2015, c. 502, §11 (NEW).]

SECTION HISTORY

PL 2015, c. 502, §11 (NEW).

§12534-A. Licensure by endorsement

Notwithstanding any provision of this subchapter to the contrary, the board, in accordance with Title 10, section 8003-H and any applicable rules adopted pursuant to that section, shall establish a process to issue a license by endorsement for each license authorized under this subchapter that the board determines is appropriate for licensure by endorsement. An applicant may submit an application under the process established under this section or any other licensure process authorized in this subchapter. [PL 2021, c. 642, §37 (NEW).]

SECTION HISTORY

PL 2021, c. 642, §37 (NEW).

§12535. Scope of practice for certified professional midwife

1. Certification. A certified professional midwife may not practice without a current and valid certification.
[PL 2015, c. 502, §11 (NEW).]

2. National standards. A certified professional midwife shall at all times practice within the scope of practice and national standards as delineated by the national association of certified professional midwives.
[PL 2015, c. 502, §11 (NEW).]

3. Medical testing and supplies. The scope of practice of a certified professional midwife includes authorization to order and interpret medical laboratory tests and ultrasound scanning and to obtain equipment and supplies necessary for the safe practice of midwifery.
[PL 2015, c. 502, §11 (NEW).]

4. Administration of drugs. The scope of practice of a certified professional midwife includes the authority to obtain and administer certain drugs as determined by board rule. The board shall limit the drug formulary for certified professional midwives to only those medications that are indicated for the safe conduct of pregnancy, labor and birth and care of women and newborns and that a midwife is educationally prepared to administer and monitor. These may not include schedule II, III or IV drugs as defined in the federal Controlled Substances Act of 1970, 21 United States Code, Section 812.
[PL 2015, c. 502, §11 (NEW).]

5. Board rules. Clarifications of the scope of practice of a certified professional midwife may be established by board rule.
[PL 2015, c. 502, §11 (NEW).]

SECTION HISTORY

PL 2015, c. 502, §11 (NEW).

§12536. Limitations on scope of practice for certified professional midwife

1. Limitations. Certified professional midwives must refer clients to a hospital-based perinatal care provider and may not provide birth services to parents in a home or freestanding birth center setting when there is a reasonable likelihood that any of the following conditions exist:

A. Multifetal gestation; [PL 2015, c. 502, §11 (NEW).]

B. Breech presentation; [PL 2015, c. 502, §11 (NEW).]

C. Vaginal birth after a cesarean section; and [PL 2015, c. 502, §11 (NEW).]

D. Conditions that present a moderate or high risk of harm to parent or child as defined in board rule. [PL 2015, c. 502, §11 (NEW).]

[PL 2015, c. 502, §11 (NEW).]

2. Rules. Notwithstanding subsection 1, the board and the Board of Licensure in Medicine, jointly, prior to January 1, 2021 or the board beginning January 1, 2021 may adopt rules relating to the provision of birth services by certified professional midwives in cases in which there is a reasonable likelihood that any condition identified in subsection 1 exists.
[PL 2015, c. 502, §11 (NEW).]

3. Contingent repeal. Any paragraph in subsection 1 the subject matter of which is addressed in a rule or rules adopted pursuant to subsection 2 is repealed after the effective date of the rule or rules upon notification from the Director of the Office of Professional and Occupational Regulation within the department, or the commissioner, to the Secretary of the Senate, the Clerk of the House of Representatives and the Revisor of Statutes that the rule or rules have been adopted.
[PL 2015, c. 502, §11 (NEW).]

SECTION HISTORY

PL 2015, c. 502, §11 (NEW).

§12537. Scope of practice for certified midwife

1. Certification. A certified midwife may not practice without a current and valid certification.
[PL 2015, c. 502, §11 (NEW).]

2. Standards. A certified midwife shall at all times practice within the scope of practice and national standards as delineated by the national college of nurse midwives.
[PL 2015, c. 502, §11 (NEW).]

3. Medical testing and supplies. The scope of practice of a certified midwife includes authorization to order and interpret medical laboratory tests, to perform ultrasound scanning and to obtain equipment and supplies necessary for the safe practice of midwifery.
[PL 2015, c. 502, §11 (NEW).]

4. Prescriptive authority. The scope of practice of a certified midwife includes prescriptive authority, which may not include schedule II drugs. As used in this subsection, "schedule II drug" has the same meaning as in the federal Controlled Substances Act of 1970, 21 United States Code, Section 812.
[PL 2015, c. 502, §11 (NEW).]

5. Board rules. Clarifications of the scope of practice of a certified midwife may be established by board rule, consistent with national standards.
[PL 2015, c. 502, §11 (NEW).]

SECTION HISTORY

PL 2015, c. 502, §11 (NEW).

§12538. Fees and renewals

1. Fees. The Director of the Office of Professional and Occupational Regulation within the department may establish by rule fees for purposes authorized under this subchapter in amounts that are reasonable and necessary for their respective purposes, except that the fee for initial and renewal licensure may not exceed $675 annually. Rules adopted pursuant to this subsection are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A.
[PL 2015, c. 502, §11 (NEW).]

2. Renewal. A license issued under this subchapter expires on the stated expiration date as determined by the commissioner. Prior to expiration of a license, a licensee may make an application

in a format as determined by the commissioner for renewal and upon payment of the renewal fee as set pursuant to subsection 1. A license may not be issued until the applicant certifies to the board that the applicant has completed the continuing education requirements adopted by the board.
[PL 2015, c. 502, §11 (NEW).]

3. Late renewal. Licenses may be renewed up to 90 days after the date of expiration upon payment of a late fee in addition to the renewal fee as set pursuant to subsection 1. A person who submits an application for renewal more than 90 days after the date of expiration is subject to all requirements governing new applicants under this subchapter, except that the board, giving due consideration to the protection of the public, may waive any such requirement if that renewal application is received, together with the late fee and renewal fee, within 2 years from the date of the expiration.
[PL 2015, c. 502, §11 (NEW).]

SECTION HISTORY

PL 2015, c. 502, §11 (NEW).

§12539. Data collection and reporting for a licensed midwife

1. Report. Beginning February 1, 2017, and on each February 1st thereafter, a midwife licensed under this subchapter shall report to the board, in a form specified by the board, the following information regarding cases in which the midwife assisted during the previous calendar year when the intended place of birth at the onset of care was an out-of-hospital setting:

A. The total number of clients served as primary maternity caregiver at the onset of care; [PL 2015, c. 502, §11 (NEW).]

B. The number, by county, of live births attended as primary maternity caregiver; [PL 2015, c. 502, §11 (NEW).]

C. The number, by county, of cases of fetal demise, infant deaths and maternal deaths attended as primary maternity caregiver at the discovery of the demise or death; [PL 2015, c. 502, §11 (NEW).]

D. The number of women whose primary maternity care was transferred to another health care practitioner during the antepartum period and the reason for transfer; [PL 2015, c. 502, §11 (NEW).]

E. The number, reason for and outcome of each nonemergency transfer during the intrapartum or postpartum period; [PL 2015, c. 502, §11 (NEW).]

F. The number, reason for and outcome of each urgent or emergency transport of an expectant mother in the antepartum period; [PL 2015, c. 502, §11 (NEW).]

G. The number, reason for and outcome of each urgent or emergency transport of an infant or mother during the intrapartum or immediate postpartum period; [PL 2015, c. 502, §11 (NEW).]

H. The number of planned out-of-hospital births at the onset of labor and the number of births completed in an out-of-hospital setting; [PL 2015, c. 502, §11 (NEW).]

I. A brief description of any complications resulting in the morbidity or mortality of a mother or a neonate; and [PL 2015, c. 502, §11 (NEW).]

J. Any information required by the board in rules. [PL 2015, c. 502, §11 (NEW).]
[PL 2015, c. 502, §11 (NEW).]

2. Penalty. Failure to comply with the reporting requirements under subsection 1 is grounds for discipline by the board.
[PL 2015, c. 502, §11 (NEW).]

SECTION HISTORY

PL 2015, c. 502, §11 (NEW).

§12540. Qualified immunity

Other health care practitioners or health care providers, as defined in Title 24, section 2502, subsections 1-A and 2, respectively, are immune from civil liability for any injuries or death resulting from the acts or omissions of a midwife. Notwithstanding any inconsistent provisions of any public or private and special law, a health care practitioner or health care provider who consults or collaborates with a midwife or accepts transfer of care of clients of a midwife is not liable for damages for injuries or death alleged to have occurred by reason of an act or omission, unless it is established that the injuries or the death were caused willfully, wantonly or recklessly or by gross negligence on the part of the health care practitioner or health care provider. [PL 2015, c. 502, §11 (NEW).]

SECTION HISTORY

PL 2015, c. 502, §11 (NEW).

§12541. Informed consent to care

In a format accepted by the board, a midwife licensed under this subchapter attending a birth at a home or freestanding birth center shall provide each client with and maintain a record of a signed informed consent to care form that describes the midwife's education and credentials, written practice guidelines, services provided, whether the midwife has professional liability insurance coverage, procedures and risks of birth in the client's chosen environment, components of the emergency plan and the address and telephone number of the board where complaints may be filed. The board shall establish by rule a form for this purpose. [PL 2015, c. 502, §11 (NEW).]

SECTION HISTORY

PL 2015, c. 502, §11 (NEW).

§12542. Public health authority and responsibility

A certified professional midwife or certified midwife is a licensed health care provider and has the same authority and responsibility as other licensed health care providers regarding public health laws, reportable disease and conditions, communicable disease control and prevention, recording of vital statistics, health and physical examinations and local boards of health, except that this authority is limited to activity consistent with the scope of practice authorized by this subchapter. [PL 2015, c. 502, §11 (NEW).]

SECTION HISTORY

PL 2015, c. 502, §11 (NEW).

§12543. Disciplinary actions

1. Disciplinary action. The board may deny a license, refuse to renew a license or impose the disciplinary sanctions authorized by Title 10, section 8003, subsection 5-A for any of the reasons enumerated in Title 10, section 8003, subsection 5-A, paragraph A.
[PL 2015, c. 502, §11 (NEW).]

2. Consultation. In any disciplinary actions involving consultation between midwives and physicians, informed consent, transport, transfer of care, scope of practice, drug formulary or standards of care, the board shall act in consultation with the Board of Licensure in Medicine but is not bound by that board's recommendations.
[PL 2015, c. 502, §11 (NEW).]

3. Reinstatement after revocation. An application for reinstatement may be made to the board one year from the date of revocation of a license. The board may accept or reject the application for reinstatement and hold a hearing to consider reinstatement.

[PL 2015, c. 502, §11 (NEW).]

SECTION HISTORY

PL 2015, c. 502, §11 (NEW).

SUBCHAPTER 5

AURICULAR ACUPUNCTURE DETOXIFICATION LICENSING REQUIREMENTS AND SCOPE OF PRACTICE

§12551. License required; licensee title; scope of practice; limitations

1. License required. A person may not practice, offer to practice or profess to be authorized to practice auricular acupuncture detoxification or represent to the public that the person is an acupuncture detoxification specialist unless licensed by the board pursuant to this subchapter.
[PL 2019, c. 269 (NEW).]

2. Title. A person licensed under this subchapter may use the title "licensed acupuncture detoxification specialist" and the designation "A.D.S." or "L.A.D.S." but may not represent to the public that the person is an acupuncturist.
[PL 2019, c. 269 (NEW).]

3. Scope of practice. Auricular acupuncture detoxification is the subcutaneous insertion of sterile, single-use disposable acupuncture needles in consistent, predetermined bilateral locations on the outer ear according to national acupuncture detoxification association protocol for the purpose of treatment of substance use and co-occurring disorders. The practice is limited to the outer ear.
[PL 2019, c. 269 (NEW).]

4. Limitations. An acupuncture detoxification specialist:

A. May not perform acupuncture outside of the scope of practice of auricular acupuncture detoxification; [PL 2019, c. 269 (NEW).]

B. May provide auricular acupuncture detoxification only under the general supervision of a licensed acupuncturist whose license is in good standing. The supervising acupuncturist must, at a minimum, be available by telephone or electronic means during business hours and shall conduct at least 2 in-person visits or visits through videoconferencing with the acupuncture detoxification specialist during the first year the supervising acupuncturist oversees the work of the acupuncture detoxification specialist; and [PL 2019, c. 269 (NEW).]

C. May provide auricular acupuncture detoxification in, or in collaboration with, a program for substance use and co-occurring disorders or other state-approved program. An acupuncture detoxification specialist shall provide documentation to the program administrator demonstrating that the acupuncture detoxification specialist possesses a record of completion of training in auricular acupuncture detoxification from the national acupuncture detoxification association or completion of other board-approved auricular acupuncture detoxification training. [PL 2019, c. 269 (NEW).]

[PL 2019, c. 269 (NEW).]

SECTION HISTORY

PL 2019, c. 269 (NEW).

§12552. Qualifications for licensure as an acupuncture detoxification specialist

1. Qualifications. To be eligible for licensure as an acupuncture detoxification specialist under this subchapter, the applicant must hold a valid unrestricted Maine license as a:

A. Certified alcohol and drug counselor or licensed alcohol and drug counselor; [PL 2019, c. 269 (NEW).]

B. Physician or physician associate; [PL 2019, c. 269 (NEW); PL 2025, c. 316, §3 (REV).]

C. Nurse or nurse practitioner; [PL 2019, c. 269 (NEW).]

D. Professional counselor or clinical professional counselor; [PL 2019, c. 269 (NEW).]

E. Psychologist; or [PL 2019, c. 269 (NEW).]

F. Licensed social worker, conditional licensed social worker, licensed clinical social worker or licensed master social worker, conditional. [PL 2019, c. 269 (NEW).]

[PL 2019, c. 269 (NEW); PL 2025, c. 316, §3 (REV).]

2. Requirements for license. To apply for licensure under this subchapter, the applicant shall submit to the board the following:

A. Evidence of having completed training in auricular acupuncture detoxification from the national acupuncture detoxification association or other board-approved auricular acupuncture detoxification training; [PL 2019, c. 269 (NEW).]

B. The identity of the licensed acupuncturist who will be supervising the applicant in accordance with section 12551, subsection 4, paragraph B; and [PL 2019, c. 269 (NEW).]

C. A fee as set under section 12554. [PL 2019, c. 269 (NEW).]

[PL 2019, c. 269 (NEW).]

SECTION HISTORY

PL 2019, c. 269 (NEW). PL 2025, c. 316, §3 (REV).

§12552-A. Licensure by endorsement

Notwithstanding any provision of this subchapter to the contrary, the board, in accordance with Title 10, section 8003-H and any applicable rules adopted pursuant to that section, shall establish a process to issue a license by endorsement for each license authorized under this subchapter that the board determines is appropriate for licensure by endorsement. An applicant may submit an application under the process established under this section or any other licensure process authorized in this subchapter. [PL 2021, c. 642, §38 (NEW).]

SECTION HISTORY

PL 2021, c. 642, §38 (NEW).

§12553. Rulemaking

The board may adopt rules necessary to implement this subchapter and set standards for acupuncture detoxification specialists. Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A. [PL 2019, c. 269 (NEW).]

SECTION HISTORY

PL 2019, c. 269 (NEW).

§12554. Fees and renewal

1. Fees. The Director of the Office of Professional and Occupational Regulation within the department may establish by rule fees for the purposes authorized under this subchapter in amounts that are reasonable and necessary for their respective purposes, except that the fee for initial and renewal licensure may not exceed $675 annually. Rules adopted pursuant to this subsection are routine technical rules pursuant to Title 5, chapter 375, subchapter 2-A.

[PL 2019, c. 269 (NEW).]

2. Renewal. A license issued under this subchapter expires on the stated expiration date as determined by the commissioner. To maintain licensure, prior to expiration of a license, a licensee shall apply for renewal, pay the required fee and identify the supervising licensed acupuncturist in accordance with section 12551, subsection 4, paragraph B.
[PL 2019, c. 269 (NEW).]

3. Late renewal. A license may be renewed up to 90 days after the date of expiration upon payment of a late fee in addition to the renewal fee as set pursuant to subsection 1. A person who submits an application for renewal more than 90 days after the date of expiration is subject to all requirements governing new applicants under this subchapter, except that the board, giving due consideration to the protection of the public, may waive any such requirement if that renewal application is received, together with the late fee and renewal fee, within 2 years from the date of the expiration.
[PL 2019, c. 269 (NEW).]

SECTION HISTORY

PL 2019, c. 269 (NEW).

SUBCHAPTER 6

COMPLEMENTARY AND ALTERNATIVE HEALTH CARE

§12601. Short title

This subchapter may be known and cited as "the Right To Practice Complementary and Alternative Health Care Act." [PL 2019, c. 265, §1 (NEW).]

SECTION HISTORY

PL 2019, c. 265, §1 (NEW).

§12602. License not required

A person who provides complementary or alternative health care services in accordance with this subchapter but who is not licensed, certified or registered in this State as a health care professional or practitioner under this Title does not violate any law relating to the licensing of health care professionals under this Title as long as the person complies with the requirements of this subchapter. [PL 2019, c. 265, §1 (NEW).]

1. Prohibited acts. A person providing complementary or alternative health care services under this subchapter may not engage in any of the following activities:

A. Performing surgery, setting fractures or performing any other procedure on a person that punctures the skin; [PL 2019, c. 265, §1 (NEW).]

B. Administering or prescribing radiation, including x-ray radiation; [PL 2019, c. 265, §1 (NEW).]

C. Prescribing or administering medications, drugs or devices that require a prescription from a licensed health care professional; [PL 2019, c. 265, §1 (NEW).]

D. Recommending the discontinuance of medications or drugs or the use of devices prescribed by a licensed health care professional; [PL 2019, c. 265, §1 (NEW).]

E. Performing chiropractic adjustment of joints or spine; or [PL 2019, c. 265, §1 (NEW).]

F. Acting in any way that suggests, advertises or implies that the person providing complementary or alternative health care services is licensed as a health care professional under any other chapter of this Title. [PL 2019, c. 265, §1 (NEW).]

[PL 2019, c. 265, §1 (NEW).]

2. Required disclosures. A person who provides complementary or alternative health care services under this subchapter and is advertising or charging a fee for those services shall, prior to providing services, disclose the following in writing to the person receiving services:

A. The name, business address and telephone number of the person providing complementary or alternative health care services; [PL 2019, c. 265, §1 (NEW).]

B. The fact that the person providing complementary or alternative health care services is not a licensed health care professional; [PL 2019, c. 265, §1 (NEW).]

C. The nature of the complementary or alternative health care services to be provided; and [PL 2019, c. 265, §1 (NEW).]

D. The degrees, training, experience, credentials or other qualifications of the person providing complementary or alternative health care services. [PL 2019, c. 265, §1 (NEW).]

A written copy of the disclosures required under this subsection must be posted in a prominent location on the premises where the complementary or alternative health care services are being provided.
[PL 2019, c. 265, §1 (NEW).]

3. Acknowledgment required. Prior to providing complementary or alternative health care services to another person for the first time, the person providing services shall obtain a written, signed statement that the disclosures required in subsection 2 have been provided and understood. The written, signed statement must be retained for 2 years by the person providing the complementary or alternative health care services.
[PL 2019, c. 265, §1 (NEW).]

4. Relief. This subchapter does not limit the right of any person to seek relief for negligence or other civil remedy against a person providing complementary or alternative health care services subject to this subchapter.
[PL 2019, c. 265, §1 (NEW).]

5. Scope of practice. This subchapter does not affect the scope of practice of a health care professional licensed under this Title.
[PL 2019, c. 265, §1 (NEW).]

This subchapter may not be construed to prevent a person from providing complementary or alternative health care services that would otherwise be exempt under this Title. This subchapter may not be construed to require a person to be licensed to provide services that would be exempt under this Title. [PL 2019, c. 265, §1 (NEW).]

SECTION HISTORY

PL 2019, c. 265, §1 (NEW).

SUBCHAPTER 7

TELEHEALTH SERVICES

§12611. Definitions

As used in this subchapter, unless the context otherwise indicates, the following terms have the following meanings. [PL 2021, c. 291, Pt. B, §18 (NEW).]

1. Asynchronous encounter. "Asynchronous encounter" means an interaction between a patient and a person licensed under this chapter through a system that has the ability to store digital information, including, but not limited to, still images, video files, audio files, text files and other relevant data, and to transmit such information without requiring the simultaneous presence of the patient and the person licensed under this chapter.
[PL 2021, c. 291, Pt. B, §18 (NEW).]

2. Store and forward transfer. "Store and forward transfer" means the transmission of a patient's records through a secure electronic system to a person licensed under this chapter.
[PL 2021, c. 291, Pt. B, §18 (NEW).]

3. Synchronous encounter. "Synchronous encounter" means a real-time interaction conducted with an interactive audio or video connection between a patient and a person licensed under this chapter or between a person licensed under this chapter and another health care provider.
[PL 2021, c. 291, Pt. B, §18 (NEW).]

4. Telehealth services. "Telehealth services" means health care services delivered through the use of information technology and includes synchronous encounters, asynchronous encounters, store and forward transfers and telemonitoring.
[PL 2021, c. 291, Pt. B, §18 (NEW).]

5. Telemonitoring. "Telemonitoring" means the use of information technology to remotely monitor a patient's health status via electronic means, allowing the person licensed under this chapter to track the patient's health data over time. Telemonitoring may be synchronous or asynchronous.
[PL 2021, c. 291, Pt. B, §18 (NEW).]

SECTION HISTORY

PL 2021, c. 291, Pt. B, §18 (NEW).

§12612. Telehealth services permitted

A person licensed under this chapter may provide telehealth services as long as the licensee acts within the scope of practice of the licensee's license, in accordance with any requirements and restrictions imposed by this subchapter and in accordance with standards of practice. [PL 2021, c. 291, Pt. B, §18 (NEW).]

SECTION HISTORY

PL 2021, c. 291, Pt. B, §18 (NEW).

§12613. Confidentiality

When providing telehealth services, a person licensed under this chapter shall comply with all state and federal confidentiality and privacy laws. [PL 2021, c. 291, Pt. B, §18 (NEW).]

SECTION HISTORY

PL 2021, c. 291, Pt. B, §18 (NEW).

§12614. Professional responsibility

All laws and rules governing professional responsibility, unprofessional conduct and generally accepted standards of practice that apply to a person licensed under this chapter also apply to that licensee while providing telehealth services. [PL 2021, c. 291, Pt. B, §18 (NEW).]

SECTION HISTORY

PL 2021, c. 291, Pt. B, §18 (NEW).

§12615. Rulemaking

The board shall adopt rules governing telehealth services by persons licensed under this chapter. These rules must establish standards of practice and appropriate restrictions for the various types and forms of telehealth services. Rules adopted pursuant to this section are routine technical rules as defined by Title 5, chapter 375, subchapter 2-A. [PL 2021, c. 291, Pt. B, §18 (NEW).]

SECTION HISTORY

PL 2021, c. 291, Pt. B, §18 (NEW).

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