I Mina'trentai Ocho Na Liheslaturan Guåhan
BILL STATUS

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	FISCAL NOTES	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	NOTES
276-38 (COR)	Tina Rose Muña-Barnes	AN ACT TO *AMEND* § 121504.1 AND § 12904 BOTH OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO INCLUDING DRY NEEDLING AND SPINAL MANIPULATION AS AUTHORIZED ACTIVITIES FOR LICENSED PRACTICTIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE.	2/12/26 1:45 p.m.	2/20/26	Committee on Health and Veterans Affairs.	Request: 2/20/26 Waiver: 2/27/26	5/6/26 1:00 p.m.	8/25/26	

Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

August 21, 2026

The Honorable Frank Blas Jr., Speaker
I Mina'trentai Ocho Na Liheslaturan Guåhan
163 *Hagåtña, Guåhan*
Chalan Santo Papa

VIA: **The Honorable V. Anthony Ada, Vice Speaker**
Chairperson, Committee on Rules

I. RE: **Committee Report on Public Hearing**

Håfa Adai Speaker Blas,

Transmitted herewith is the Committee Report on Public Hearing relative **Bill No. 276-38 (COR)** - **Tina Rose Muña-Barnes. – "AN ACT TO AMEND § 121504.1 AND § 12904 BOTH OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO INCLUDING DRY NEEDLING AND SPINAL MANIPULATION AS AUTHORIZED ACTIVITIES FOR LICENSED PRACTITIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE."**

Committee votes are as follows:

___1__TO DO PASS

___1__TO NOT PASS

___6_ TO REPORT OUT ONLY

_____ TO ABSTAIN

_____ TO PLACE IN INACTIVE FILE

Sincerely,

Senator Sabrina Salas Matanane

Chairwoman, Committee on Health and Veterans Affairs

COMMITTEE ON RULES
RECEIVED:
August 21, 2026 5:07 p.m.
Marie Crisostomo

163 W. Chalan Santo Papa, Hagåtña, Guam 96910
(671) 989-2572 | Office.SenatorBri@guamlegislature.gov

Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

COMMITTEE REPORT

Bill No. 276-38 (COR) - Tina Rose Muña-Barnes. – "AN ACT TO AMEND § 121504.1 AND § 12904 BOTH OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO INCLUDING DRY NEEDLING AND SPINAL MANIPULATION AS AUTHORIZED ACTIVITIES FOR LICENSED PRACTITIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE."

163 W. Chalan Santo Papa, Hagåtña, Guam 96910
(671) 989-2572 | Office.SenatorBri@guamlegislature.gov

Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

August 21, 2026

To: **ALL MEMBERS**
Committee on Health and Veterans Affairs

From: **Senator Sabrina Salas Matanane**
Chairwoman, Committee on Health and Veterans Affairs

Subject: Committee Report on **Bill No. 276-38 (COR) - Tina Rose Muña-Barnes. – "AN ACT TO AMEND § 121504.1 AND § 12904 BOTH OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO INCLUDING DRY NEEDLING AND SPINAL MANIPULATION AS AUTHORIZED ACTIVITIES FOR LICENSED PRACTITIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE."**

Transmitted herewith for your consideration is the Committee Report on **Bill No. 276-38 (COR) - Tina Rose Muña-Barnes. – "AN ACT TO AMEND § 121504.1 AND § 12904 BOTH OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO INCLUDING DRY NEEDLING AND SPINAL MANIPULATION AS AUTHORIZED ACTIVITIES FOR LICENSED PRACTITIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE."**

COR Referral Memorandum

- Notice of Hearing
- Hearing Agenda
- Hearing Sign-in Sheet
- Submitted Testimonies and Supporting Documents
- Committee Report Vote Sheet
- Committee Report Digest
- Copy of Bill No. 276-38 (COR)
- Fiscal Note

Please take appropriate action on the attached vote sheet. Your attention to this matter is greatly appreciated. Should you have any questions or concerns, please contact the Office of Senator Sabrina Salas Matanane.

Sincerely,

Senator Sabrina Salas Matanane
Chairwoman, Committee on Health and Veterans Affairs

COMMITTEE ON RULES

Vice Speaker V. Anthony Ada, Chairperson
I Mina'trentai Ocho Na Liheslaturan Guåhan
38th Guam Legislature

February 20, 2026

To: **Rennae V. C. Meno**
Clerk of the Legislature

Attorney Darleen E.H. Phillips
Legislative Legal Counsel

From: **Vice Speaker V. Anthony Ada**
Chairperson, Committee on Rules

Subject: **Referral of Bill No. 276-38 (COR)**

Håfa Adai,

As per my authority as Chairperson of the Committee on Rules and subject to §6.01(d)(1), Rule VI of our Standing Rules, I am forwarding the referral of **Bill No. 276-38 (COR)** - Tina Rose Muña-Barnes. – "AN ACT TO AMEND § 121504.1 AND § 12904 BOTH OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO INCLUDING DRY NEEDLING AND SPINAL MANIPULATION AS AUTHORIZED ACTIVITIES FOR LICENSED PRACTITIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE."

Please ensure that the subject bill is referred to the Committee on Health and Veterans Affairs chaired by Senator Sabrina Salas Matanane. I also request that the same be copied to the Prime Sponsor of the subject bill and to Management Information Services (MIS) for posting on our website.

A copy of the bill is available on our legislative website.

Should you have any questions or concerns, please feel free to contact Kamarin Nelson, Committee on Rules Director at 671-472-2461.

THE GUAM LEGISLATURE

Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

First Notice of Public Hearing: Wednesday May 6, 2026, 1:00 P.M.

4 messages

Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>
Wed, Apr 29, 2026 at 8:00 AM
To: phnotice@guamlegislature.gov, Ed Pocaigue <sgtarms@guamlegislature.gov>, Giovanni Naz <mis@guamlegislature.gov>, Audio / Video <av@guamlegislature.gov>, 38th Committee On Rules <committeeonrules@guamlegislature.gov>
Bcc: Ann San Nicolas <ann.sn@guamlegislature.gov>, Sergio Salas <sergio.salas@guamlegislature.gov>, john.mafnas@guamlegislature.gov, joesir@guamlegislature.gov

The Committee on Health and Veterans Affairs will conduct a Public Hearing on Wednesday May 6, 2026, beginning at 1:00 P.M., in the Public Hearing Room of the Guam Congress Building.

The Committee will hear and accept testimony on the following:

Bill No. 276-38 (COR) - Tina Rose Muña-Barnes. – "AN ACT TO AMEND § 121504.1 AND § 12904 BOTH OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO INCLUDING DRY NEEDLING AND SPINAL MANIPULATION AS AUTHORIZED ACTIVITIES FOR LICENSED PRACTITIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE."

Bill No. 277-38 (COR) - Tina Rose Muña-Barnes. – "AN ACT TO AMEND § 12901 AND ADD A NEW §§ 12907 AND 12908 ALL OF ARTICLE 9 CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO AUTHORIZING AND REGULATING ACUPUNCTURE AND ORIENTAL MEDICINE ASSISTANTS."

Appointment – May A. Camacho - Member (Speech and Language Pathologist-Representative) Guam Board of Allied Health Examiners

Appointment – Erika M. Alford – Member (Physician Representative) Guam Board of Medical Examiners

Appointment – Ramona M Domen – Member – Guam Nurses Association Representative) Guam Memorial Hospital Authority

How to Participate: Written testimony may be delivered to the Office of Senator Sabrina Salas Matanane at the Guam Congress Building, 163 *Chalan Santo Papa Hagåtña*, Guam 96910 or via email to Office.SenatorBri@guamlegislature.gov. The Committee requests that testimonies be submitted at least forty-eight (48) hours prior to the scheduled hearing. Please confirm your attendance by contacting the Office of Senator Sabrina Salas Matanane via email at Office.SenatorBri@guamlegislature.gov or via voice call at (671) 989-2572.

Special Accommodations: In compliance with the Americans with Disabilities Act (ADA), individuals requiring assistance or accommodations should contact Annie San Nicolas, at the Office of Senator Sabrina Salas Matanane.

Watch Live/Record: The hearing will be broadcast on local television, GTA Channel 21, Docomo Channel 117, and streamed online via *I Liheslaturan Guåhan's* live feed on YouTube. After the hearing, a hearing recording will also be available online via Guam Legislature Media on YouTube.

--

Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs
163 W. Chalan Santo Papa, Hagåtña, Guam 96910
office.senatorbri@guamlegislature.gov
671-989-2572

PH 4.29 First Notice 2026.05.06.pdf
360K

Ed Pocaigue <sgtarms@guamlegislature.gov> Wed, Apr 29, 2026 at 8:26 AM
To: Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

Hafa adai and posted the calendar.
[Quoted text hidden]
--

Edward S. Pocaigue, Jr.
Sergeant-at-Arms

I Mina'trentai Ocho Na Liheslaturan Guåhan
Guam Congress Building, 1st Floor
163 Chalan Santo Papa
Hagåtña, Guam 96910

1-671-969-3514
sgtarms@guamlegislature.gov

Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov> Wed, Apr 29, 2026 at 8:39 AM
To: Ed Pocaigue <sgtarms@guamlegislature.gov>

Here are the links. So sorry. I'll make sure it's on the second notice.
[Quoted text hidden]

.....PH 4.29 First Notice 2026.05.06.pdf
362K

Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov> Wed, Apr 29, 2026 at 8:59 AM
To: Ed Pocaigue <sgtarms@guamlegislature.gov>

word doc with links
[Quoted text hidden]

PH 4.29 First Notice 2026.05.06.docx
301K

Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

April 29, 2026

MEMORANDUM

To: **All Senators, Stakeholders, Media**

From: **Senator Sabrina Salas Matanane**
Chairperson, Committee on Health and Veterans Affairs

Subject: **First Notice of Public Hearing: Wednesday May 6, 2026, 1:00 P.M.**

Håfa Adai!
The Committee on Health and Veterans Affairs will conduct a Public Hearing on Wednesday May 6, 2026, beginning at 1:00 P.M., in the Public Hearing Room of the Guam Congress Building.

The Committee will hear and accept testimony on the following:

Bill No. 276-38 (COR) - Tina Rose Muña-Barnes. – "AN ACT TO AMEND § 121504.1 AND § 12904 BOTH OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO INCLUDING DRY NEEDLING AND SPINAL MANIPULATION AS AUTHORIZED ACTIVITIES FOR LICENSED PRACTITIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE."

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First Notice of Public Hearing: Wednesday May 6, 2026, 1:00 P.M.

PRINT

First Notice of Public Hearing: Wednesday May 6, 2026, 1:00 P.M.

PUBLIC HEARING

Posted on: 04/29/2026 08:16 AM

Posted by: Annie San Nicolas

Public Hearing Date: 05/06/2026 01:00 PM

Department(s):
GUAM LEGISLATURE (/notices?department_id=92)

Division(s):
OFFICE OF SENATOR SABRINA SALAS MATANANE (/notices?division_id=295)

Notice Topic(s): PUBLIC HEARING (/notices?topic_id=74)

Types of Notice: PUBLIC HEARING (/notices?type_id=7)

For Audience(s): PUBLIC (/notices?public=1)

Share this notice

The Committee on Health and Veterans Affairs will conduct a Public Hearing on Wednesday May 6, 2026, beginning at 1:00 P.M., in the Public Hearing Room of the Guam Congress Building.

The Committee will hear and accept testimony on the following:

Bill No. 276-38 (COR) (https://guamlegislature.gov/38th_Guam_Legislature/Bills_Introduced_38th/Bill%20No.%20276-38%20(COR).pdf) **- Tina Rose Muña-Barnes. – "AN ACT TO AMEND § 121504.1 AND § 12904 BOTH OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO INCLUDING DRY NEEDLING AND SPINAL MANIPULATION AS AUTHORIZED ACTIVITIES FOR LICENSED PRACTITIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE."**

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SENATOR SABRINA SALAS MATANANE
COMMITTEE ON HEALTH AND VETERANS AFFAIRS

Notice of Public Hearing
Wednesday May 6, 2026, 1:00 P.M.

The Committee on Health and Veterans Affairs will conduct a Public Hearing on
Wednesday May 6, 2026, beginning at 1:00 P.M., in the Public Hearing Room, Guam Congress Building.

The purpose of this Hearing is to hear the following:

Bill No. 276-38 (COR) - Tina Rose Muña-Barnes. – "AN ACT TO AMEND § 121504.1 AND § 12904 BOTH OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO INCLUDING DRY NEEDLING AND SPINAL MANIPULATION AS AUTHORIZED ACTIVITIES FOR LICENSED PRACTITIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE."

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SENATOR SABRINA SALAS MATANANE
COMMITTEE ON HEALTH AND VETERANS AFFAIRS

How to Participate: Written testimony may be delivered to the Office of Senator Sabrina Salas Matanane at the Guam Congress Building, 163 *Chalan Santo Papa Hagåtña*, Guam 96910 or via email to Office.SenatorBri@guamlegislature.gov. The Committee requests that testimonies be submitted at least forty-eight (48) hours prior to the scheduled hearing.

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GUAM LEGISLATURE
AUDIO VISUAL DEPARTMENT
PUBLIC ANNOUNCEMENT REQUEST FORM

Office Submitting Request: Senator Sabrina Salas Matanane

Date of Request: April 29, 2026

POINT OF CONTACT

Name: Annie San Nicolas Contact #:

Email: ann.sn@guamlegislature.gov

PUBLIC HEARING DETAILS

Notice Type: Public Hearing ☒ Informational Briefing ☐ Roundtable Discussion

Oversight Hearing ☐ Committee Meeting ☐ Other: _____

Notice Title / Bill(s) / Resolution(s) / Appointment:

Bill No. 276-38 **(COR)**

Date of Event: Wednesday May 6, 2026 Start Time: 1:00 **PM**

Run Dates: April 29, 2026 - May 6, 2026

Location: Guam Congress Building, Public Hearing Room

MEDIA HANDLING

Recording Format: ☒ MP4 ☐ MP3 ☐ Other: _____

Delivery Method: ☒ Email ☐ USB Drive ☐ Cloud Link ☐ Other: _____

CERTIFIED BY AV:

Name: Ruby Perez

Posted on/Air Date: 4.29.26-5.6.26

Signature:

THE GUAM LEGISLATURE

Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

Second Notice of Public Hearing: Wednesday May 6, 2026, 1:00 P.M.

1 message

Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov> Fri, May 1, 2026 at 1:52 PM
To: Giovanni Naz <mis@guamlegislature.gov>, Audio / Video <av@guamlegislature.gov>, phnotice@guamlegislature.gov, Ed Pocaigue <sgtarms@guamlegislature.gov>, 38th Committee On Rules <committeeonrules@guamlegislature.gov>
Bcc: Ann San Nicolas <ann.sn@guamlegislature.gov>, Sergio Salas <sergio.salas@guamlegislature.gov>, john.mafnas@guamlegislature.gov, joesir@guamlegislature.gov, senator.sabrina@guamlegislature.gov

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Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
***I Mina'trentai Ocho Na Liheslaturan Guåhan* | 38th Guam Legislature**
Chairperson, Committee on Health and Veterans Affairs
163 W. Chalan Santo Papa, Hagåtña, Guam 96910
office.senatorbri@guamlegislature.gov
671-989-2572

....PH 5.4 Second Notice 2026.05.06.pdf
362K

Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

May 4, 2026

MEMORANDUM

To: **All Senators, Stakeholders, Media**

From: **Senator Sabrina Salas Matanane**
Chairperson, Committee on Health and Veterans Affairs

Subject: **Second Notice of Public Hearing: Wednesday May 6, 2026, 1:00 P.M.**

Håfa Adai!
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Second Notice of Public Hearing: Wednesday May 6, 2026, 1:00 P.M.

PRINT

Second Notice of Public Hearing: Wednesday May 6, 2026, 1:00 P.M.

PUBLIC HEARING

Posted on: 05/04/2026 08:27 AM

Posted by: Annie San Nicolas

Public Hearing Date: 05/06/2026 01:00 PM

Department(s):
GUAM LEGISLATURE (/notices?department_id=92)

Division(s):
OFFICE OF SENATOR SABRINA SALAS MATANANE (/notices?division_id=295)

Notice Topic(s): PUBLIC HEARING (/notices?topic_id=74)

Types of Notice: PUBLIC HEARING (/notices?type_id=7)

For Audience(s): PUBLIC (/notices?public=1)

Share this notice

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Appointment – May A. Camacho - Member (Speech and Language Pathologist-Representative) Guam Board of Allied Health Examiners (https://guamlegislature.gov/38th_Guam_Legislature/Mess_Comms_38th/Doc.%20No.%2038GL-26-2095.pdf)

Appointment – Erika M. Alford – Member (Physician Representative) Guam Board of Medical Examiners (https://guamlegislature.gov/38th_Guam_Legislature/Mess_Comms_38th/Doc.%20No.%2038GL-26-2069.pdf)

Appointment – Ramona M Domen – Member – Guam Nurses Association Representative) Guam Memorial Hospital Authority (https://guamlegislature.gov/38th_Guam_Legislature/Mess_Comms_38th/Doc.%20No.%2038GL-26-2045.pdf)

How to Participate: Written testimony may be delivered to the Office of Senator Sabrina Salas Matanane at the Guam Congress Building, 163 *Chalan Santo Papa Hagåtña*, Guam 96910 or via email to **OfficeSenatorBri@guamlegislature.gov**

to **Office.SenatorBri@guamlegislature.gov (mailto:Office.SenatorBri@guamlegislature.gov)**. The Committee requests that testimonies be submitted at least forty-eight (48) hours prior to the scheduled hearing. Please confirm your attendance by contacting the Office of Senator Sabrina Salas Matanane via email at **Office.SenatorBri@guamlegislature.gov (mailto:Office.SenatorBri@guamlegislature.gov)** or via voice call at (671) 989-2572.

Special Accommodations: In compliance with the Americans with Disabilities Act (ADA), individuals requiring assistance or accommodations should contact Annie San Nicolas, at the Office of Senator Sabrina Salas Matanane.

Watch Live/Record: The hearing will be broadcast on local television, GTA Channel 21, Docomo Channel 117, and streamed online via *I Liheslaturan Guåhan's* live feed on YouTube. After the hearing, a hearing recording will also be available online via Guam Legislature Media on YouTube.

SENATOR SABRINA SALAS MATANANE
COMMITTEE ON HEALTH AND VETERANS AFFAIRS

Notice of Public Hearing
Wednesday May 6, 2026, 1:00 P.M.

The Committee on Health and Veterans Affairs will conduct a Public Hearing on
Wednesday May 6, 2026, beginning at 1:00 P.M., in the Public Hearing Room, Guam Congress Building.

The purpose of this Hearing is to hear the following:

Bill No. 276-38 (COR) - Tina Rose Muña-Barnes. – "AN ACT TO AMEND § 121504.1 AND § 12904 BOTH OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO INCLUDING DRY NEEDLING AND SPINAL MANIPULATION AS AUTHORIZED ACTIVITIES FOR LICENSED PRACTITIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE."

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SENATOR SABRINA SALAS MATANANE
COMMITTEE ON HEALTH AND VETERANS AFFAIRS

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GUAM LEGISLATURE
AUDIO VISUAL DEPARTMENT
PUBLIC ANNOUNCEMENT REQUEST FORM

Office Submitting Request: Senator Sabrina Salas Matanane

Date of Request: April 29, 2026

POINT OF CONTACT

Name: Annie San Nicolas Contact #:

Email: ann.sn@guamlegislature.gov

PUBLIC HEARING DETAILS

Notice Type: Public Hearing ☒ Informational Briefing ☐ Roundtable Discussion

Oversight Hearing ☐ Committee Meeting ☐ Other: _____

Notice Title / Bill(s) / Resolution(s) / Appointment:

Bill No. 276-38 **(COR)**

Date of Event: Wednesday May 6, 2026 Start Time: 1:00 **PM**

Run Dates: April 29, 2026 - May 6, 2026

Location: Guam Congress Building, Public Hearing Room

MEDIA HANDLING

Recording Format: ☒ MP4 ☐ MP3 ☐ Other: _____

Delivery Method: ☒ Email ☐ USB Drive ☐ Cloud Link ☐ Other: _____

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Name: Ruby Perez

Posted on/Air Date: 4.29.26-5.6.26

Signature:

THE GUAM LEGISLATURE

Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

Invitation to Public Hearing on Wednesday May 6, 2026, at 1:00 P.M.

5 messages

Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov> Tue, Apr 28, 2026 at 1:00 PM
To: Breanna Sablan <breanna.sablan@dphss.guam.gov>, "Theresa C. Arriola" <theresa.c.arriola@dphss.guam.gov>, "Nadine T. Cepeda" <ntcepeda@gdoe.net>,, "Robert James L. Barcinas" <Robert.barcinas@guam.gov>, Arthur.sanagustin@guam.gov, , vpereda.gbahe@gmail.com, "PeterJohn D. Camacho" <peterjohn.camacho@dphss.guam.gov>, "Amanda L. Shelton" <amanda.shelton@dphss.guam.gov>, Joaquin Blaz <Joaquin.Blaz@dphss.guam.gov>, Meera Salas <meera.salas@dphss.guam.gov>, Ann San Nicolas <ann.sn@guamlegislature.gov>, senator.sabrina@guamlegislature.gov, Sergio Salas <sergio.salas@guamlegislature.gov>, john.mafnas@guamlegislature.gov, joesir@guamlegislature.gov

Håfa Adai,

The Committee on Health and Veterans Affairs has scheduled an Public Hearing on Wednesday May 6, 2026, beginning at 1:00 P.M., in the Public Hearing Room of the Guam Congress Building. Your attendance is requested to provide insights on the following agenda items:

Bill No. 276-38 (COR) - Tina Rose Muña-Barnes. – "AN ACT TO AMEND § 121504.1 AND § 12904 BOTH OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO INCLUDING DRY NEEDLING AND SPINAL MANIPULATION AS AUTHORIZED ACTIVITIES FOR LICENSED PRACTITIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE."

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If your office requires any assistance or accommodation that can be provided by my office or the 38th Guam Legislature, please contact my office via email or voice call.

Should you have any questions or concerns, you may contact my office at 671-989-2572 or email office.senatorbri@guamlegislature.gov.

Senator Sabrina Salas Matanane
38th Guam Legislature

--

Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs
163 W. Chalan Santo Papa, Hagåtña, Guam 96910
office.senatorbri@guamlegislature.gov
671-989-2572

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Final-Recipient: rfc822; admin@infusionwellness.com
Action: failed
Status: 5.5.1
Remote-MTA: dns; mx002.netsol.xion.oxcs.net. (173.45.18.129, the server for
the domain
Diagnostic-Code: smtp; 550 5.5.1 Recipient rejected - OXSUS001_403 - https://postmaster-oxsus.vadesecure.com/inbound_error_codes/#_403
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Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

April 29, 2026,

TRANSMITTED VIA EMAIL:

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Acting HPLO Administrator, DPHSS
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SBBH Clinical Director
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Dr. Richard Chong
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Ramona M. Domen

May Camacho

Subject: Invitation to Public Hearing on Wednesday May 6, 2026, at 1:00 P.M.

Håfa Adai,

The Committee on Health and Veterans Affairs has scheduled an Public Hearing on Wednesday May 6, 2026, beginning at 1:00 P.M., in the Public Hearing Room of the Guam Congress Building. Your attendance is requested to provide insights on the following agenda items:

Bill No. 276-38 (COR) - Tina Rose Muña-Barnes. – "AN ACT TO AMEND § 121504.1 AND § 12904 BOTH OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO INCLUDING DRY NEEDLING AND SPINAL MANIPULATION AS AUTHORIZED ACTIVITIES FOR LICENSED PRACTITIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE."

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Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

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Senator Sabrina Salas Matanane
38th Guam Legislature

Cc:

163 W. Chalan Santo Papa, Hagåtña, Guam 96910
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meera.salas@dphss.guam.gov>,

Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

PUBLIC HEARING

Wednesday May 6, 2026, 1:00PM
Public Hearing Room, Guam Congress Building

Agenda

Appointment – Ramona M Domen – Member – Guam Nurses Association Representative) Guam Memorial Hospital Authority

Appointment – Erika M. Alford – Member (Physician Representative) Guam Board of Medical Examiners

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The Office of the Legislative Secretary

SENATOR SABRINA SALAS MATANANE

I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature

Chairwoman, Committee on Health and Veterans Affairs

OVERSIGHT/PUBLIC HEARING

Wednesday May 6, 2026, 1:00 PM

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Check all that apply. Please provide staff with written testimony for photocopying.

Name (Please Print)	Agency /Organization	Contact Information	Bill No./Doc No. Appointment	Participation	Stance
Ramona M Domen	GNA		276/277-38 Appointments	O Observing O Written O Verbal	O In Support O Not In Support
Mamie Balajadia	GBAHE		276/277-38 Appointments	O Observing O Written O Verbal	O In Support O Not In Support
Lani Larkin, DC			276/277-38 Appointments	O Observing O Written O Verbal	O In Support O Not In Support
Breanna Estolan	DPHSS		276/277-38 Appointments	O Observing O Written ✓ Verbal	O In Support O Not In Support
Kassie Lee	DPHSS		276/277-38 Appointments	✓ Observing O Written O Verbal	O In Support O Not In Support
Jordan Tinyson			276/277-38 Appointments	O Observing ✓ Written O Verbal	O In Support O Not In Support
Sheila M Thomas Nededog	Self		276/277-38 Appointments	O Observing O Written O Verbal	✓ In Support O Not In Support
Brenda J Simmons	Self		276/277-38 Appointments	O Observing O Written O Verbal	O In Support O Not In Support
			276/277-38 Appointments	O Observing O Written O Verbal	O In Support O Not In Support

The Office of the Legislative Secretary

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Chairwoman, Committee on Health and Veterans Affairs

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Check all that apply. Please provide staff with written testimony for photocopying.

Name (Please Print)	Agency /Organization	Contact Information	Bill No./Doc No. Appointment	Participation	Stance
Barbara Gregory, DC	Pacific Life Chiropractic		276/277-38 Appointments	~~X~~ Observing ~~X~~ Written O Verbal	O In Support O Not In Support
Megumi Homma, D.C.	Pacific Life Chiropractic		276/277-38 Appointments	~~X~~ Observing ~~X~~ Written O Verbal	O In Support O Not In Support
Robert Gregory D.C.	Pacific Life Chiropractic		276/277-38 Appointments	~~X~~ Observing ~~X~~ Written O Verbal	O In Support O Not In Support
Chang H. Chang	HMC		276/277-38 Appointments	O Observing O Written O Verbal	O In Support O Not In Support
Jung C. Yu	Yu's china Acupuncture		276/277-38 Appointments	O Observing O Written O Verbal	O In Support O Not In Support
Gregory Miller DC	self-chiro		276/277-38 Appointments	O Observing ~~O~~ Written ~~O~~ Verbal	O In Support O Not In Support
Placido A. Nicolas	Nicolas Chiropractic		276/277-38 Appointments	O Observing ~~O~~ Written O Verbal	O In Support O Not In Support
			276/277-38 Appointments	O Observing O Written O Verbal	O In Support O Not In Support
			276/277-38 Appointments	O Observing O Written O Verbal	O In Support O Not In Support

미주한의사총연합회, ASSOCIATION OF KOREAN ASIAN MEDICINE & ACUPUNCTURE OF AMERICA
가주한의사협회, ASSOCIATION OF KOREAN ASIAN MEDICINE & ACUPUNCTURE OF CALIFORNIA
3242 W. 8th St. #110, Los Angeles, CA 90005, Tel: 213-382-4412 akamac.net akamac00@gmail.com

No.24-025

LETTER OF SUPPORT

Date: May 16, 2026

Proposal: Establishment of Dry Needling & Spinal Manipulation Authorization for ACOM Practitioners
36th Guam Legislature/ Bill No:276-38 (COR)

Honorable Members of the 36th Guam Legislature
Guam Congress Building
Hagåtña, Guam

Dear Honorable Senators,
I respectfully submit this letter in strong support of Bill No. 276-38 (COR), which authorizes Dry Needling and Spinal Manipulation within the scope of practice for qualified Acupuncture and Oriental Medicine (ACOM) practitioners. This legislation is essential to strengthening Guam's integrative healthcare system and expanding access to safe, non-pharmacological pain management.

ACOM practitioners complete **over 4,520 hours of accredited graduate-level education**, including anatomy, physiology, neuroanatomy, orthopedic assessment, clean needle technique, and supervised clinical training. This curriculum provides **advanced competency in needle insertion, anatomical depth control, neurovascular safety, and musculoskeletal evaluation**, meeting or exceeding the standards required to safely perform Dry Needling. Spinal manipulation—particularly non-thrust mobilization, traction, and soft-tissue techniques—has long been part of East Asian manual therapy traditions such as Tuina, Chuna, and Anma. These methods are already recognized within Guam's ACOM regulatory framework. Modern ACOM programs provide **rigorous instruction in joint biomechanics, functional assessment, and manual therapy**, ensuring that practitioners are fully prepared to perform non-thrust spinal manipulation safely and effectively.

Authorizing these procedures for ACOM practitioners enhances public safety by ensuring that only highly trained, licensed professionals perform invasive or orthopedic techniques. It also expands Guam's musculoskeletal care workforce at a time when chronic pain, occupational injuries, and limited access to rehabilitative services remain significant public health challenges.
For these reasons, I respectfully urge the 36th Guam Legislature to pass Bill No. 276-38 (COR) and formally recognize that ACOM education and clinical training provide more than sufficient qualifications for the safe and effective performance of Dry Needling and Spinal Manipulation.

Thank you for your leadership and your continued commitment to improving healthcare access for the people of Guam.

Respectfully submitted,

Dr. Bon Cho, L.Ac., PhD.
President
Association of Korean Asian Medicine and Acupuncture of California (AKAMAC)

California

In California, dry needling is legally classified as a subset of acupuncture.

- **Acupuncturists:** Under the **California Acupuncture Act (Business and Professions Code § 4927)**, licensed acupuncturists have a broad scope of practice that includes "the stimulation of a certain point or points on or near the surface of the body by the insertion of needles." Dry needling—which involves inserting needles into trigger points—is considered a specific technique within this license.
- **The Monopoly:** Because California currently prohibits physical therapists and chiropractors from performing dry needling (ruling it the "unlicensed practice of acupuncture"), acupuncturists are the primary providers of this service in the state.

New York

New York maintains one of the strictest legal barriers in the country regarding needle use.

- **Acupuncturists:** Licensed acupuncturists are fully authorized to perform dry needling. It is a standard part of the **Licensed Acupuncturist (L.Ac.)** curriculum and is recognized as a modern application of "Ashi" (pain) point needling.
- **The Status Quo:** The **New York State Education Department (NYSED)** has issued practice alerts specifically stating that dry needling is **not** within the scope of physical therapy. As of May 2026, despite professional lobbying, New York remains a state where only acupuncturists (and certain medical doctors) can legally perform the procedure.

Key Professional Differences

If you are looking for articles or legal documentation, you will find that the acupuncture boards in these states emphasize the difference in training:

Feature	**Licensed Acupuncturist (L.Ac.)**	**Typical "Dry Needling" Certification**
Education	3,000+ hours (Masters/Doctoral)	24–50 hours (Weekend courses)
Clinical Training	~1,000 supervised hours	Minimal to none
Clean Needle Tech	Rigorous national certification	Often a brief module

Spinal Manipulation Comparison in the United States

Profession	Spinal Manipulation Authorization
Chiropractors (D.C.)	Licensed in all 50 states
Osteopathic Physicians (D.O.)	Licensed in all 50 states
Medical Doctors (M.D.)	May perform within medical practice but not a typical specialty
Acupuncturists	Not authorized in state acupuncture statutes

Chiropractic is the only non-physician profession licensed in all 50 states specifically for spinal manipulation.

U.S. REGULATORY OVERVIEW
Scope of Spinal Manipulation

Across the United States, health-care professions are regulated through state licensing statutes that define each profession's scope of practice. These laws typically assign specific clinical procedures to particular professions based on education, training, and licensure requirements.

Spinal manipulation is widely recognized as a clinical procedure associated with chiropractic practice. In most jurisdictions, chiropractic practice acts specifically authorize chiropractors to perform spinal manipulation as part of the diagnosis and treatment of musculoskeletal conditions.

Chiropractic education programs are designed around the evaluation and treatment of spinal and musculoskeletal disorders and include extensive training in spinal biomechanics, neurology, orthopedics, radiology, and spinal manipulation procedures.

Other health professions, such as physicians, physical therapists, and licensed acupuncturists, are also regulated through state licensing statutes. These statutes generally define professional scopes of practice around the primary therapies associated with each profession. For example, acupuncture statutes typically authorize acupuncture, traditional East Asian medical therapies, and related manual therapies.

Many professions are authorized to perform manual therapy techniques such as soft-tissue work, stretching, or mobilization procedures. These techniques differ from chiropractic spinal manipulation, which generally involves a controlled thrust applied to a spinal joint beyond its passive range of motion.

Because spinal manipulation involves significant anatomical, neurological, and biomechanical considerations, many jurisdictions regulate it as a procedure performed by practitioners who receive extensive education and clinical training specifically focused on spinal diagnosis and adjustment techniques.

Maintaining clear professional scopes of practice helps protect public health and safety, ensures procedures are performed by appropriately trained professionals, and supports regulatory clarity within healthcare licensing systems.

Training Comparison: Chiropractic vs Acupuncture Education

Category	Doctor of Chiropractic (DC)	Acupuncture / Oriental Medicine (L.Ac.)
Professional Degree	Doctor of Chiropractic	Master's / Doctorate in Acupuncture or Oriental Medicine
Typical Program Hours	~4,200–4,800 hours	~2,500–3,500 hours
Primary Focus	Spine, musculoskeletal system, nervous system	Acupuncture theory, meridians, herbal medicine
Spinal Biomechanics	Extensive training	Limited
Orthopedic Diagnosis	Extensive	Limited
Neurology	Extensive	Limited
Radiology & Imaging	Extensive training and interpretation	Generally minimal or none
Spinal Manipulation Training	Core component of education	Not a core component
National Licensing Exams	National Board of Chiropractic Examiners (NBCE)	NCCAOM
Manipulation Tested on National Exam	Yes	No

Key Consideration: Chiropractic education is specifically designed around spinal diagnosis and spinal manipulation procedures, while acupuncture programs focus primarily on acupuncture theory and related traditional therapies.

May 4, 2026

Honorable Members
Guam Legislature
Public Hearing - Bill 276-38 (COR)

RE: Testimony in Opposition to Bill 276-38 (COR)

Honorable Members of the Guam Legislature:

Thank you for the opportunity to submit testimony regarding Bill 276-38 (COR). I respectfully submit this testimony in opposition to the provisions of the bill that would authorize spinal manipulation and related procedures under the acupuncture statute.

Existing Guam Law. Guam law already clearly defines spinal manipulation within the chiropractic statute. Under 10 GCA Health and Safety, Chapter 12, Medical Practices, Part 2, Article 11 - Chiropractic, §121101(g), spinal manipulation is defined as a procedure utilizing a carefully graded thrust applied across spinal joints at the end of passive range of motion for the purpose of restoring joint alignment and function. This definition appears within the statutory provisions governing the practice of chiropractic in Guam and establishes spinal manipulation as a chiropractic procedure regulated under the chiropractic licensing framework.

Patient Safety. Spinal manipulation is a specialized clinical procedure involving significant anatomical, neurological, and biomechanical considerations. The procedure requires a detailed understanding of spinal structure, joint mechanics, neurological function, and clinical diagnosis. When performed improperly, particularly in the cervical spine, spinal manipulation can carry the risk of serious adverse outcomes, including neurological or vascular injury. For this reason, spinal manipulation has historically been regulated as a procedure performed by chiropractors who receive extensive education and clinical training specifically focused on spinal diagnosis and adjustment techniques. These safeguards exist to protect the public and ensure that complex spinal procedures are performed by appropriately trained practitioners.

Training and Education. Doctors of Chiropractic complete professional education programs accredited by the Council on Chiropractic Education that typically include approximately 4,200 to 4,800 hours of training, including extensive instruction in spinal biomechanics, neurology, orthopedics, radiology, and spinal adjustment techniques. Chiropractic students also complete clinical internships and must successfully pass the National Board of Chiropractic Examiners examinations prior to licensure. By contrast, accredited acupuncture and Oriental medicine educational programs focus primarily on acupuncture theory, needling techniques, herbal

medicine, and related traditional therapies. These programs do not include comparable training in spinal manipulation, spinal biomechanics, radiologic interpretation, or spinal adjustment procedures.

National Precedent. While acupuncture statutes may authorize traditional acupuncture therapies, chiropractic spinal manipulation is not part of the acupuncture scope of practice in U.S. licensing laws.

> **Chiropractors are the only non-physician profession specifically trained and licensed in all fifty states to perform spinal manipulation.**
>
> **Acupuncturists are asking for authority to perform spinal manipulation that no legislature in the United States has granted them.**
>
> Guam should carefully consider whether it intends to become the first jurisdiction in the United States to authorize spinal manipulation within an acupuncture statute.

Dry Needling and Training Standards. The bill also raises additional concerns beyond spinal manipulation. It proposes authorizing dry needling, intramuscular stimulation, trigger-point needling, and related procedures without clearly defining minimum training standards within the statute. It is also important to recognize that dry needling and acupuncture are distinct procedures. Dry needling is typically used in modern musculoskeletal medicine to treat myofascial trigger points based on anatomical and orthopedic diagnosis. Acupuncture, by contrast, is traditionally practiced within the framework of traditional Chinese medicine and meridian theory. Because these procedures arise from different clinical models and training pathways, it is important that any authorization of dry needling clearly specify the education and competency standards required for practitioners performing the procedure, including acupuncturists.

Training Question. What minimum training hours will be required before acupuncturists can perform dry needling under this bill to ensure patient safety? In many jurisdictions where the procedure known as dry needling is authorized, it is specifically regulated within the scope of practice of physical therapists or chiropractors and is not defined within acupuncture statutes.

Manual Therapy and Mobilization Definitions. The bill also authorizes “manual therapy” and “mobilization” techniques without providing statutory definitions for those terms. In healthcare regulation, these phrases can encompass a wide range of procedures involving the spine and musculoskeletal system. Without clear definitions in statute, the scope of those procedures may later be interpreted expansively through regulation rather than through legislative review.

Additional Training Question. What minimum number of training hours will be required before acupuncturists can perform manual therapy or mobilization under this bill to ensure patient safety?

Regulatory Delegation. The bill also authorizes procedures based on language stating they may be performed "consistent with education, training, and demonstrated competency." This language effectively delegates scope-of-practice decisions to a regulatory board rather than the Legislature itself. Scope decisions involving invasive procedures should remain clearly defined in statute to ensure transparency and public accountability.

Additional Regulatory Considerations. In addition to the concerns raised by Bill 276-38 (COR), Bill 277-38 (COR) also raises regulatory considerations regarding the proposed scope and training standards for Acupuncture and Oriental Medicine (ACOM) Assistants. The bill would authorize assistants to perform clinical support tasks, including removal of acupuncture needles and operation of electroacupuncture devices, with a minimum of forty (40) hours of training, which appears limited relative to the responsibilities described. Legislators may wish to consider whether the proposed training thresholds and delegated activities are sufficiently defined to ensure consistent patient safety standards, regulatory clarity, and appropriate oversight within the existing statutory framework.

Billing Recognition. Additionally, the national medical billing system recognizes spinal manipulation as a chiropractic and osteopathic procedure through dedicated treatment codes.

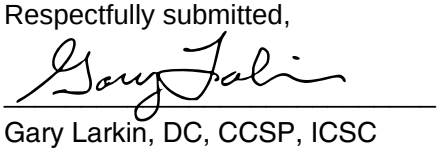
Patient Protection. Healthcare professions exist to serve patients. The safest system is one where each profession practices within the area it is specifically trained for. Chiropractors specialize in the diagnosis and treatment of spinal biomechanical disorders and are specifically trained to perform spinal manipulation.

The purpose of professional licensing laws is not to protect professions; it is to protect the public.

For these reasons, I respectfully urge the Legislature **not to advance Bill 276-38 (COR)** and to maintain the existing statutory protections governing spinal manipulation within the chiropractic profession.

Thank you for your time and consideration of this important matter.

Respectfully submitted,



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DR. GREGORY J. MILLER D.C.
2078 Army Drive, Ste C, Dededo, Guam 96929
Office # (671) 637-7926

May 5, 2026

LEGISLATIVE STATEMENT OF OPPOSITION

Re: Bill No. 276-38 (COR)

Including Dry Needling and Spinal Manipulation as Authorized Activities for Licensed Practitioners of Acupuncture and Oriental Medicine

Honorable Members of the 38th Guam Legislature:

Thank you for the opportunity to provide information relevant to Bill No. 276-38 (COR). The following statement summarizes the documented training differences between chiropractic education and acupuncture/Oriental medicine education, specifically regarding **spinal manipulation therapy (SMT)**.

The analysis below is based exclusively on the curricula and regulatory documents provided, including:

- Emperor's College of Traditional Oriental Medicine
- Yo San University (MACCHM, DAcCHM, DAOM)
- South Baylo University
- Korean Traditional Medicine university system
- U.S. regulatory overview of spinal manipulation
- Training comparison documents
- Spinal manipulation comparison tables

Across all programs reviewed, **no acupuncture or Oriental medicine college includes spinal manipulation therapy in its core curriculum or as an elective**. This finding is consistent across U.S. and Korean programs.

I. Summary of Findings

1. Spinal Manipulation Therapy (SMT) is not taught in acupuncture colleges

Every curriculum reviewed—Emperor's College, Yo San University, South Baylo University, and the 12 Korean Medicine universities—contains coursework in:

- Acupuncture techniques
- Meridian theory
- Oriental medicine diagnosis
- Herbal medicine
- Qi cultivation
- Biomedical sciences
- Clinical internships

None include:

- High-velocity, low-amplitude (HVLA) thrust techniques
- Joint manipulation beyond passive range of motion
- Chiropractic orthopedics
- Chiropractic biomechanics
- Radiologic interpretation for manipulation
- SMT laboratory training
- SMT competency examinations

2. Chiropractic programs include SMT as a core, mandatory competency

Your provided document states:

"Spinal Manipulation Training – **Core component of education**" for chiropractors "**Not a core component**" for acupuncture/Oriental medicine programs.

3. U.S. regulatory documents confirm SMT is not part of acupuncture practice

Your provided regulatory overview states:

"Acupuncture statutes typically authorize acupuncture... These techniques **differ from chiropractic spinal manipulation**..."

"Spinal manipulation... is performed by practitioners who receive **extensive education** specifically focused on spinal diagnosis and adjustment techniques."

4. National comparison confirms acupuncturests are not authorized for SMT

Your provided table states:

"**Acupuncturests – Not authorized** in state acupuncture statutes."

II. Comparison Chart: Chiropractic SMT Training vs. Acupuncture Training

Chiropractic vs. Acupuncture Education (Based on Your Documents)

Category	Doctor of Chiropractic (D.C.)	Acupuncture / Oriental Medicine Programs (L.Ac., MACCHM, DAcCHM, DAOM)
Total Program Hours	~4,200–4,800 hours	~2,500–3,500 hours
Primary Focus	Spine, musculoskeletal system, neurology	Acupuncture, meridians, herbal medicine
Spinal Biomechanics	**Extensive**	Limited / none
Orthopedic Diagnosis	**Extensive**	Limited
Neurology	**Extensive**	Limited
Radiology & Imaging	**Extensive training and interpretation**	Minimal or none
Spinal Manipulation Training (HVLA)	**Core component of education**	**Not included**
Manipulation Tested on National Boards	**Yes (NBCE)**	**No (NCCAOM)**
Authorization in U.S. Law	Licensed in all 50 states for SMT	Not authorized in state acupuncture statutes

III. Testimony Insert for Bill 276-38 (COR)

(Legislative-Ready, Neutral, Factual)

Honorable Chair and Members of the Committee:

Thank you for the opportunity to provide testimony regarding Bill No. 276-38 (COR). The bill proposes expanding the scope of licensed practitioners of acupuncture and Oriental medicine to include **dry needling** and **spinal manipulation**.

Based on the educational programs and regulatory documents reviewed, the following facts are relevant to the Committee's consideration:

1. **Spinal manipulation therapy (SMT) <u>is not</u> part of acupuncture education.** None of the acupuncture or Oriental medicine colleges reviewed—including Emperor's College, Yo San University, South Baylo University, or the Korean Medicine university system—teach SMT in their core curriculum or as an elective. Their programs focus on acupuncture, meridian theory, herbal medicine, and traditional diagnostic systems.
2. **Chiropractic programs include SMT as a core, mandatory competency.** Chiropractic education includes extensive training in spinal biomechanics, neurology, orthopedics, radiology, and high-velocity spinal manipulation techniques. SMT is a tested component of the National Board of Chiropractic Examiners examinations.
3. **Regulatory documents distinguish acupuncture from spinal manipulation.** The provided U.S. regulatory overview states that acupuncture statutes authorize acupuncture and related traditional therapies, but these techniques differ from chiropractic spinal manipulation, which requires extensive specialized training.
4. **National comparison tables confirm acupuncturests are not authorized for SMT.** The provided comparison chart notes that acupuncturests are not authorized in state acupuncture statutes to perform spinal manipulation.

These findings indicate that spinal manipulation therapy **<u>is not</u>** part of acupuncture education or competency standards, while it is a core component of chiropractic training and licensure.

Thank you for considering this information as you review Bill No. 276-38 (COR).

We ask that you VOTE TO OPPOSE this BILL.

Respectfully submitted,

Gregory J. Miller D.C.

Sole Proprietor, Chiropractic Clinic of Dr. Gregory J. Miller

Serving the Island of Guam for more than 40 years.

LEGISLATIVE PACKET

Proposal for the Establishment of the Dry Needling & Spinal Manipulation Authorization for ACOM Practitioners
36th Guam Legislature/ Bill No:276-38 (COR)

A New Allied-Health Role for Guam's Integrative Healthcare System

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Submitted to:

The 36th Guam Legislature
Guam Congress Building
Hagåtña, Guam

Submitted by:

Dr. Richard CH. Chong
President of Guam Traditional Oriental Medicine Association
2068 Army Drive suite 1C Lotus building Dededo, Guam 96929
(671) 637-4443
Email Address: dr.chong@outlook.com

Date of Submission:
March 12, 2026

Purpose of This Packet

This legislative packet provides the justification and supporting documentation for authorizing Dry Needling and Spinal Manipulation for qualified ACOM practitioners in Guam. These procedures are essential components of modern integrative musculoskeletal care and are widely recognized as safe and effective when performed by highly trained professionals. Establishing clear statutory authority for these techniques strengthens public safety, prevents unregulated practice, and expands access to evidence-based, non-pharmacological pain-management options. This packet outlines the clinical rationale, regulatory need, and workforce benefits of formally recognizing these procedures within Guam's healthcare system.

Guam Traditional Oriental Medicine Association

P.O. Box 27585GMF, Barrigada, Guam 96921 Tel. (671) 637-4443

LETTER OF SUPPORT

Date: March 12, 2026

Proposal: Establishment of Dry Needling & Spinal Manipulation Authorization for ACOM Practitioners 36th Guam Legislature/ Bill No:276-38 (COR)

Honorable Members of the 36th Guam Legislature
Guam Congress Building
Hagåtña, Guam

Dear Honorable Senators,
I am writing to express strong support for legislation authorizing **Dry Needling** and **Spinal Manipulation** within the scope of practice for qualified **Doctor of Acupuncture and Oriental Medicine (DAOM)** practitioners. This legislation is essential to modernizing Guam's integrative healthcare system, expanding access to safe, non-pharmacological pain management, and ensuring that these procedures are performed only by highly trained, regulated professionals.

Dry needling is a minimally invasive technique used to deactivate myofascial trigger points, reduce pain, and improve functional mobility. DAOM practitioners already possess extensive training in needle insertion, anatomical depth control, neurovascular safety, and infection-control protocols. Dry needling is simply the biomedical application of competencies that DAOM clinicians are trained to perform at an advanced level. Including dry needling in the statutory scope protects the public by preventing untrained individuals from offering invasive procedures without proper education or oversight.

Spinal manipulation, including mobilization, traction, and non-thrust manual techniques, has long been part of East Asian manual therapy traditions. **Tuina** is already included in Guam's Acupuncture and Oriental medicine regulations and scope of practice, and related methods such as **Chuna** and **Anma** have likewise been practiced for centuries. Modern DAOM programs provide advanced instruction in orthopedic assessment, joint biomechanics, soft-tissue mobilization, and functional evaluation. These competencies meet or exceed the requirements necessary to safely perform non-thrust spinal manipulation.

Authorizing DAOM practitioners to provide these services expands Guam's musculoskeletal care workforce and improves access to conservative, non-opioid treatment options.
Guam continues to face high rates of chronic pain, occupational injuries, and limited access to rehabilitative care. This legislation strengthens public safety by establishing clear regulatory authority, defining competency-based standards, and ensuring that both dry needling and spinal manipulation are performed only under the highest level of clinical training available in the field of East Asian Medicine.

For these reasons, I respectfully urge the 36th Guam Legislature to support this legislation and recognize the essential role that DAOM practitioners play in delivering safe, effective, and accessible integrative healthcare for the people of Guam.

Thank you for your leadership and commitment to improving healthcare access on our island.

Respectfully submitted,

Sincerely,

Dr. Richard CH. Chong
Chair of Guam Traditional Oriental Medicine Association.

AGAINST Bill 276-38

Dear Senator Matanane,

I am writing to express my strong opposition to Bill 276-38. I respectfully ask that this bill be tabled to allow for a deeper evaluation of its impact on patient safety and professional standards.

As someone focused on the health of the nervous system, I have serious concerns regarding the proposed scope expansion:

- **Neurological Integrity:** Spinal manipulation is not merely a mechanical procedure; it is a neurological intervention. Ensuring the safety of the **overall spine** and the delicate pathways of the nervous system—including the Vagus nerve—requires years of dedicated, specialized training. Broadening this scope without equivalent educational standards puts patients at risk.
- **Distinct Skill Sets:** Dry needling and spinal manipulation are separate disciplines. Mastery of one does not grant proficiency in the other. Forcing an overlap without clear, procedure-specific requirements ignores the clinical complexity required to perform these treatments safely.
- **Professional Clarity:** This bill creates unnecessary conflict with established chiropractic statutes. To protect the public, legislation must maintain clear boundaries between professions to ensure every practitioner is operating within the full depth of their regulated training.

The nervous system is too complex for "shortcut" training standards. I urge you to prioritize patient safety by allowing for more stakeholder input and the development of rigorous, consistent benchmarks.

I will be attending the public hearing on **Wednesday, May 6th, at 1:00 PM**.

Thank you for your time and for protecting the health of our community.

Respectfully,

Megumi Homma, D.C.

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT

LOURDES A. LEON GUERRERO
MAGA'HÅGAN GUÅHAN
GOVERNOR OF GUAM

JOSHUA F. TENORIO
SEGUNDO MAGA'LÅHEN GUÅHAN
LT. GOVERNOR OF GUAM

THERESA C. ARRIOLA, MBA
DIRECTOR

PETERJOHN D. CAMACHO, MPH
DEPUTY DIRECTOR

May 1, 2026

Senator Sabrina Salas Matanane
Chairwoman on Health and Veterans Affairs
Guam Congress Building
163 Chalan Santo Papa
Hagatna, Guam 96910

RE: Legislative Testimony **REGARDING BILL NO. 276-38 (COR):** *"An Act to amend § 121504.1 and § 12904 both of Chapter 12, Title 10, Guam Code Annotated, relative to including dry needling and spinal manipulation as authorized activities for licensed practitioners of Acupuncture and Oriental Medicine."*

Håfa Adai Committee Chair Sabrina Salas Matanane and members of the 38th Guam Legislature. Thank you for the opportunity to provide testimony on Bill 276-38, which is an "An Act to amend § 121504.1 and § 12904 both of Chapter 12, Title 10, Guam Code Annotated, relative to including dry needling and spinal manipulation as authorized activities for licensed practitioners of Acupuncture and Oriental Medicine.

While Bill 276-38 (COR) seeks to modernize the scope of practice for Licensed Acupuncture and Oriental Medicine (ACOM) practitioners by explicitly authorizing dry needling and spinal manipulation, there is a critical concern regarding whether the Department of Public Health and Social Services (DPHSS) currently possesses sufficient information to make a definitive determination on the bill's safety and regulatory impact.

As written, the bill introduces significant changes to Title 10 of the Guam Code Annotated that require deeper administrative and clinical analysis:

The bill states that Acupuncturist practitioners may perform these advanced techniques "consistent with the practitioner's education, training, and demonstrated competency". However:

- Unlike the specific requirements for physical therapists—who must complete 50 hours of instructional courses, 30 hours of didactic work, and 200 supervised sessions—the bill does not provide a baseline of hours or specific curriculum for ACOM practitioners.
- The DPHSS Director cannot currently determine if the existing "graduate-level education" mentioned in the legislative findings universally covers these specific modalities to the same safety standard as the physical therapy requirements.

Section 2(e) of the bill mandates that DPHSS assist Board members in the periodic inspection of clinics where dry needling is performed.

- Without seeing the proposed rules or regulations from the board, DPHSS lacks the necessary data to evaluate how these standards will interact with existing public health safety codes.
- There is no provided data on how the "regulatory ambiguity" cited by the bill has historically impacted patient outcomes in Guam, making it difficult to measure the necessity of this expansion against potential risks.

In its current form, Bill 276-38 places the burden of safety and enforcement on DPHSS without providing the specific clinical benchmarks or resource assessments needed for a responsible determination. We respectfully suggest that the Committee request a comprehensive briefing from DPHSS and Guam Board of Allied Health Examiners to ensure the department is fully prepared to implement these changes effectively.

Un Dångkulu na si Yu'us ma'åse'

THERESA C. ARRIOLA, MBA
Director

DAOM Degree

Advanced Doctoral Program in Integrative Medicine

An Executive Program for Working Professionals

Attend Just 1 Weekend Per Month

DAOM Residency Dates 2022-2025

Why the Advanced Practice Doctorate or DAOM degree?

The Doctor of Acupuncture & Oriental Medicine (DAOM) is the most advanced degree in the field of Traditional Chinese Medicine (TCM), the terminal degree. The purpose of Yo San University's DAOM program is to broaden and deepen the knowledge and skills of our students in Asian and Integrative Medicine by way of instruction, scholarly activity, research, clinical specialization and practice, resulting in enhanced competencies in patient assessment, diagnosis, treatment intervention and integrative patient-centered care.

Doctoral candidates are encouraged to embrace their core knowledge, expand their understanding and active practice of all aspects of Asian Medicine including acupuncture, herbal medicine, Qi cultivation and nutrition. The DAOM program at Yo San University also seeks to strengthen candidates' understanding of biomedical sciences while assisting candidates to develop relationships with other healthcare providers for professional collaboration and scholarly endeavors. By imparting and supporting critical thinking and lifelong learning, the DAOM program at Yo San University strives to cultivate superior practitioners, scholars, teachers and leaders in the fields of Integrative medicine, acupuncture, and herbal Medicine.

While our doctoral students earn CEU credits for classes, our doctor level classes are not open to the public for CEU's. This provides for a nurturing environment where doctoral candidates can foster relationship with their peers and faculty.

Duration: 2 years (212 units / 1220 Hours, 570 didactic and 650 clinical)
Admission Requirements: practitioners with a Master's or First Professional Doctorate degree from an accredited school of Chinese Medicine.
Program Highlights: graduates will enhance their practice with a medical specialization, pursue breakthrough research projects, and qualify to teach
Program Tuition: $33,735
Financial Aid: Yo San Scholarships, Federal Aid, Veteran Benefits and Corporate Scholarships
Other Degree Names: Doctor of Acupuncture and Oriental Medicine, Advanced Practice Doctorate
Classes held: 1 weekend per month in-person, with some classes available online
Advanced Clinical Education: opportunities for externships, mentorships and preceptorships
Clinical Doctorate Specialties: Women's Health & Reproductive Medicine, Whole Health & Longevity Medicine

AGAINST Bill 276-38

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As someone focused on the health of the nervous system, I have serious concerns regarding the proposed scope expansion:

- **Neurological Integrity:** Spinal manipulation is not merely a mechanical procedure; it is a neurological intervention. Ensuring the safety of the **overall spine** and the delicate pathways of the nervous system—including the Vagus nerve—requires years of dedicated, specialized training. Broadening this scope without equivalent educational standards puts patients at risk.
- **Distinct Skill Sets:** Dry needling and spinal manipulation are separate disciplines. Mastery of one does not grant proficiency in the other. Forcing an overlap without clear, procedure-specific requirements ignores the clinical complexity required to perform these treatments safely.
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The nervous system is too complex for "shortcut" training standards. I urge you to prioritize patient safety by allowing for more stakeholder input and the development of rigorous, consistent benchmarks.

I will be attending the public hearing on **Wednesday, May 6th, at 1:00 PM**.

Thank you for your time and for protecting the health of our community.

Respectfully,

Megumi Homma, D.C.

California

In California, dry needling is legally classified as a subset of acupuncture.

- **Acupuncturists:** Under the **California Acupuncture Act (Business and Professions Code § 4927)**, licensed acupuncturists have a broad scope of practice that includes "the stimulation of a certain point or points on or near the surface of the body by the insertion of needles." Dry needling—which involves inserting needles into trigger points—is considered a specific technique within this license.
- **The Monopoly:** Because California currently prohibits physical therapists and chiropractors from performing dry needling (ruling it the "unlicensed practice of acupuncture"), acupuncturists are the primary providers of this service in the state.

New York

New York maintains one of the strictest legal barriers in the country regarding needle use.

- **Acupuncturists:** Licensed acupuncturists are fully authorized to perform dry needling. It is a standard part of the **Licensed Acupuncturist (L.Ac.)** curriculum and is recognized as a modern application of "Ashi" (pain) point needling.
- **The Status Quo:** The **New York State Education Department (NYSED)** has issued practice alerts specifically stating that dry needling is **not** within the scope of physical therapy. As of May 2026, despite professional lobbying, New York remains a state where only acupuncturists (and certain medical doctors) can legally perform the procedure.

Key Professional Differences

If you are looking for articles or legal documentation, you will find that the acupuncture boards in these states emphasize the difference in training:

Feature	**Licensed Acupuncturist (L.Ac.)**	**Typical "Dry Needling" Certification**
Education	3,000+ hours (Masters/Doctoral)	24–50 hours (Weekend courses)
Clinical Training	~1,000 supervised hours	Minimal to none
Clean Needle Tech	Rigorous national certification	Often a brief module

Acupuncture Profession Joint-Position Statement on Dry Needling in California

Advocacy

September 12, 2018

This statement is presented by the two largest acupuncture professional associations in California. The American Association of Chinese Medicine and Acupuncture (AACMA) is the largest Chinese-language association and California State Oriental Medical Association (CSOMA) is the largest English-language association. They share a combined membership of more than 700 professionals and 30 years each in representing the profession.

The AACMA and CSOMA formally oppose the practice of "dry needling" by physical therapists in the state of California due to the following public safety and regulatory reasons:

1. "Dry needling," as defined by t
(APTA)[1], follows the same defin
California.
2. Current practice in states tha
do not meet the standards adop
Needling.[2]
3. Current practice in states tha
violate the FDA's statement reg

than a licensed acupuncturist, physician, surgeon, dentist, or podiatrist to practice acupuncture or use any acupuncture technique that involves the application of a needle to the human body.[4]

5. "Dry needling" as it is currently practiced by physical therapists in other states, poses a hazard to public safety due to inherent risks of under-trained and unregulated practitioners.[5]

The AACMA and CSOMA oppose any health practice that threatens the safety of California consumers. Because the modality in question (acupuncture) falls within the unique scope of licensed acupuncturists, allowing the practice of "dry needling" by physical therapists may result in significant increases of pneumothorax and other health risks, as well as public confusion over the safety of acupuncture as it is currently defined and regulated by the State of California.[6]

While the AACMA and CSOMA oppose the practice of "dry needling" by physical therapists in the state of California, we are willing to advise interested parties regarding acupuncture training requirements in California to maintain the highest standards for public safety.

Resources

1. *"Dry needling" as defined by the American Physical Therapy Association (APTA) is "an intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying points." In California, this is the same definition as acupuncture.* http://www.apta.org/StateIssues/DryNeedling/ClinicalPracticeResourcePaper/

2. *In the name of patient safety, t[illegible] American Medical Association (AMA) adopted the following policy on June 15, 2016, stating that dry needling must be regulated with the same standards as acupuncture. "Regulating Dry Needling: The AMA adopted a policy that said physical therapists and other non-physicians practicing dry needling should – at a minimum – have standards that are similar to the ones for training, certification and continuing education that exist for acupuncture. Lax regulation and nonexistent standards surround this invasive practice. For patients' safety, practitioners should meet standards required for licensed acupuncturists and physicians," AMA Board Member Russell W. H.*

annual-meeting

3. *"Dry needling" uses the same FDA-regulated Class II medical device specifically defined as an "acupuncture needle." The FDA has explicitly stated that the sale of acupuncture needles "must be clearly restricted to qualified practitioners of acupuncture as determined by the States."* https://www.gpo.gov/fdsys/pkg/FR-1996-12-06/pdf/96-31047.pdf

4. *CA Business and Professions Code – Acupuncture License Act, Division 2, Healing Arts. Chapter 12. Acupuncture. § 4935. Unlawful practice of acupuncture (b) Notwithstanding any other law, any person, other than a physician and surgeon, a dentist, or a podiatrist, who is not licensed under this article but is licensed under Division 2 (commencing with Section 500), who practices acupuncture involving the application of a needle to the human body, performs any acupuncture technique or method involving the application of a needle to the human body, or directs, manages, or supervises another person in performing acupuncture involving the application of a needle to the human body is guilty of a misdemeanor.* https://www.acupuncture.ca.gov/pubs_forms/laws_regs/laws_and_regs.pdf

5. *Because "dry needling" is, in fact, acupuncture, it presents the same inherent risks as acupuncture (i.e. perforation of the lungs and other internal organs, nerve damage, and infection) and requires the same education, supervised clinical training and independent competency examinations as required for the practice of lawful, licensed acupuncture.* https://www.acupuncturesafety.org/

6. *CA Business and Professions Code – Acupuncture License Act, Division 2, Healing Arts. Chapter 12. Acupuncture. § 4927. Definitions (d) "Acupuncture" means the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body and includes the techniques of electroacupuncture, cupping, and moxibustion."* https://www.acupuncture.ca.gov/pubs_forms/laws_regs/laws_and_regs.pdf

https://yosan.edu/programs/masters-and-doctoral-degree-programs-entry-level/

Entry-level Degrees in Acupuncture and Chinese Herbal Medicine

Master's and Doctorate Programs for Future TCM Practitioners

Master of Acupuncture and Chinese Herbal Medicine (MAcCHM)

The Master's program (MAcCHM) is a comprehensive graduate program designed to lead students to the level of knowledge and clinical proficiency necessary to become a successful independent health-care provider. The MAcCHM program emphasizes hands-on clinical training with theoretical study and a rich 38-generation family heritage of Qi cultivation and development, creating a strong foundation for a career as an acupuncturist.

Duration: 4 years (191 units / 3375 Hours)
Admission Requirements: 60 semester credits
Program Highlights: entry level training, meets the requirements for State licensing and National certification exams.
Program Tuition: $71,894 estimated for students who are not transferring credits.
Financial Aid: Yo San Scholarships, Federal Aid, Veteran Benefits, Work/Study, Installment Payments
Other Degree Names: Entry level Master's degree
Classes held: In-person on weekdays and evenings, with some classes available online
Course Descriptions: view detailed descriptions of our Master's Degree course content

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Doctorate of Acupuncture and Chinese Herbal Medicine (DAcCHM)

The First Professional Doctorate (DAcCHM) builds upon our Master's curriculum with an additional focus on integrative medicine and collaborative health care, research literacy, and evidence-informed practices. At a time when acupuncture is an increasingly valued treatment in mainstream care for patient wellness, it is important for acupuncturists to be equipped with the knowledge, communication, and research skills to effectively work with Western medical doctors, physical therapists, and other health-care professionals

Duration: 4 years (195 units / 3435 Hours) *with co-requisites 4 years (205 units / 3585 Hours) *without co-requisites
Co-Requisites: Biology, Chemistry, Biochemistry, Physics, and Psychology
Program Highlights: entry level training, integrative care, Dr. title, meets the requirements for State licensing and National certification exams.
Admission Requirements: 90 semester credits or 135 quarter credits, biomedicine courses
Program Tuition: $76,849, estimated for students who are not transferring credits.
Financial Aid: Yo San Scholarships, Federal Aid, Veteran Benefits, Work/Study, Installment Payments
Other Degree Names: First Professional Doctorate, Entry level Doctoral degree
Classes held: In-person on weekdays and evenings, with some classes available online
Advanced Training: Survey of TCM Specialties, Professional Development & System-Based Medicine, Advanced Acupuncture Therapeutics, Research and Evidence-Based Medicine

Need Guidance? Compare our four programs here

EDUCATIONAL OBJECTIVES

Graduates of **both** our **Master's** and **Doctoral** of Acupuncture & Chinese Herbal Medicine program are able to:

- Demonstrate comprehensive understanding of Traditional Chinese Medicine theories and principles.
- Develop clinical skills to assess patients, diagnose, strategize treatment, and professionally execute Traditional Chinese Medicine techniques.
- Master the importance of Qi Cultivation and demonstrate competence in applying its diverse techniques effectively.
- Achieve high passing scores on the national board certification and the California Acupuncture state licensing exams required to become a licensed acupuncturist (L.Ac.)
- Acquire essential abilities for professional practice, effective communication, and collaboration in integrative healthcare settings.
- Emphasize ethical conduct and adherence to federal and state legal requirements in acupuncture and Traditional Chinese Medicine practice.

In addition, graduates of our **Doctoral** of Acupuncture & Chinese Herbal Medicine program are able to:

- Collaborate effectively with Western medical doctors, physical therapists, and other health-care professionals.
- Utilize system-based medicine within hospital care settings
- Emphasize integrative medicine, combining traditional and modern healthcare approaches.

View our Program Overview: entry-level **Master's Degree Program**

View our Program Overview: entry-level **Doctoral Degree Program**

View our online Doctoral Completion Module for practicing acupuncturists

Questions about Yo San University?

Ask Us Now!

View our course schedule here

THE FIRST ACADEMIC YEAR

In the first academic year, fundamental principles and theories of all aspects of Traditional Chinese Medicine, acupuncture and Chinese Herbal Pharmacopoeia are introduced. Students will also learn basic biomedical sciences such as Biology, Biochemistry, Human Anatomy & Physiology, and Western Medical Terminology. Concurrent with the Herbal Pharmacopoeia courses, students observe and receive hands-on experience in the Yo San University Clinic Herbal Dispensary. Students will also begin exploring and understanding the foundational concepts in Taoist Studies and Qi Cultivation.

THE SECOND ACADEMIC YEAR

The second year's classroom experience continues with an in-depth study of the practice of Acupuncture and Traditional Chinese Medicine, including subjects such as TCM Diagnosis, Acupuncture Point Location, Tuina/Acupressure, and Herbal Formulas. Biomedical sciences during the second year include classes such as Clinical Nutrition and Pathophysiology. Students will also continue their studies in Taoism and Qi cultivation.

Through the Clinical Theater course at the end of the second year, students begin their clinical training by observing licensed faculty/practitioners manage real-life clinical patients with the various modalities of Traditional Chinese Medicine.

The First Comprehensive Examination, taken at the end of the second year, serves as a benchmark tool to assess academic progress in the curriculum.

Ready for the next step? Learn how to apply here

THE THIRD ACADEMIC YEAR

In the third year of the program, students will deepen their knowledge and understanding of both TCM and Western clinical sciences through a series of didactic courses that focus on the clinical aspects of the medicine. Courses will include TCM Internal Medicine, Herbal Formulation Skills, advanced Acupuncture needling techniques, Western Physical Assessment and Clinical Medicine, Western Pharmacology, Laboratory & Radiological Diagnosis, Biomedical Acupuncture, and other clinically-oriented courses to prepare students for their clinical internship.

Third-year students continue to observe and assist clinical faculty and interns in the care and management of patients at the Yo San University Community Clinic. Students will also complete their Clean Needle Technique (CNT) and Cardiopulmonary Resuscitation (CPR) courses in preparation for clinical internship.

On passing the Pre-Clinical examination, usually toward the end of the third year, and fulfilling all the required coursework, students will embark on the final stage of the program: Clinical Internship.

THE FOURTH ACADEMIC YEAR

The clinical education component in the program comprises three levels of internship training, with increasing levels of direct participation and responsibilities for patient care and management under the direct supervision of experienced clinical faculty. Intern activities include assessment and examination of patients, formulation of diagnosis and treatment plan, and implementation of treatment with TCM modalities. Students are guided to develop and maintain the highest standards of professionalism and responsibility until such standards become a fundamental characteristic.

Classroom experience at this stage will be focused on clinical case studies and integrative approaches to TCM, as well as the ethical, legal, business and management aspects of setting up and maintaining a successful acupuncture practice.

For DAcCHM candidates, the fourth year brings Integrative Medicine to the forefront. Students will receive training in research based medicine, integrative diagnosis and practice, advanced herbal studies, and advanced case writing.

Read About our Top California Licensing Exam Pass Rate

The Master's and Entry-Level Doctoral Program curriculum at **Yo San University meets or exceeds** the classroom **requirements of all states** where acupuncturists are licensed, to the best of our knowledge. Please see the following chart for state-by-state licensing details.

Training and Externship Opportunities
At the Nation's Largest TCM University Clinic

We offer our students exceptional opportunities to develop their skills in real-world settings.
YSU is the **busiest university clinic in the country**, seeing over **16,000** patients per year.
With our externship partners below, our students and resident fellows are seeing over **20,000** patients per year. Yo San University has established clinical partnerships with prestigious institutions such as the **USC Institute** for Integrative Health & Wellness and the **UCLA Venice Family Clinic**. These collaborations include **externship programs**, which are short-term, supervised practical experiences in professional settings.

Through these externships, students can integrate the principles of Traditional Chinese Medicine with contemporary healthcare practices. By working alongside **experienced professionals** in diverse, multidisciplinary **medical facilities**, our students gain invaluable hands-on experience, enhance their ability to deliver culturally competent care, and contribute meaningfully to community health.

These partnerships not only **strengthen** the **educational journey** of our students but also reflect our commitment to advancing holistic health and wellness in the communities we serve.

-
    -
        - The Wellness Center at the Historic USC+LAC General Hospital
        - UCLA Venice Family Clinic
        - WISE & Healthy Aging in Santa Monica
        - Being Alive in Los Angeles

https://yosan.edu/programs/masters-and-doctoral-degree-programs-entry-level/#:~:text=CURRICULUM%2C%20Master%27s%20in,3%2C585%20hours

CURRICULUM, Master's in Acupuncture and Chinese Herbal Medicine (MAcCHM)

View summaries of our **Elective Courses here**

I. Department of Chinese Medicine (CM)

Course No.	Course Name	Units
CM100	Chinese Medical Terminology	2
CM111	TCM Foundational Theories	3
CM112	Zang-Fu Syndromes	3
CM201	TCM Diagnosis	3
CM202	Advanced TCM Syndrome Diagnosis	3
CM301	TCM Internal Medicine I	3
CM302	TCM Internal Medicine II	3
CM400	Survey of TCM Specialties I	3
CM411	Survey of TCM Specialties II	2
CM420	TCM Classics I	2
CM421	TCM Classics II	3
		30

II. Department of Acupuncture (AC)

Course No.	Course Name	Units
AC100	Intro to Meridian Theory	2
AC201	Acupuncture I	3
AC202	Acupuncture II	3
AC203	Acupuncture III	3
AC220	Tuina & Acupressure	3
AC301	Acupuncture Techniques I	3
AC302	Acupuncture Techniques II	3
AC310	Scalp & Auricular Acupuncture	2
AC320	Acupuncture Therapeutics I	3
AC330	Acupuncture Therapeutics II	3
PD350	Taoist Acupuncture*	1
		29

III. Department of Herbal Medicine (HM)

Course No.	Course Name	Units
HM100	Intro to Chinese Herbal Medicine	1
HM110	TCM Herbal Materia Medica I	3
HM111	Herbal Lab I	1
HM120	TCM Herbal Materia Medica II	3
HM121	Herbal Lab II	1
HM130	TCM Herbal Materia Medica III	3
HM131	Herbal Lab III	1
HM210	TCM Herbal Formulas I	3
HM220	TCM Herbal Formulas II	3
HM230	TCM Herbal Formulas III	3
HM240	TCM Nutrition	2
HM310	Herbal Formula Construction	2

HM320	TCM Herbal Patent & External Medicines	2
PD360	Herbal Pharmacognosy*	1
PD370	Herbal Safety & Drug Interactions*	1
		30

Questions about Yo San University?

Ask Us Now!

IV. Department of Western Medicine (WM)

Pre-Clinical Biological Sciences (co-requisites)

WM110	General Biology	2
WM120	General Chemistry	2
WM130	Biochemistry for Health Sciences	2
WM140	Physics for Health Sciences	2
WM160	General Psychology	2

Western Medicine

Course No.	Course Name	Units
WM100	Western Medical Terminology	2
WM150	Topographical Anatomy	1
WM151	Anatomy & Physiology I	3
WM152	Anatomy & Physiology II	3
WM153	Anatomy & Physiology III	3
WM211	Pathology / Pathophysiology I	3
WM212	Pathology / Pathophysiology II	3

	(Excluding co-requisites)	18
	(Including co-requisites)	28

Clinical Biomedicine

Course No.	Course Name	Units
WM220	Western Clinical Nutrition	3
WM310	Western Physical Assessment	3
WM321	Western Clinical Medicine I	3
WM322	Western Clinical Medicine II	3
WM330	Medical Imaging & Laboratory Diagnosis	2
WM340	Mental Wellness & Patient Care Psychology	2
WM350	Survey of Health Professionals	1
WM361	Integrative Pharmacology	3
WM370	Biomedical Acupuncture	1
		21

Professional Development & System-Based Medicine

Course No.	Course Name
WM230	History of Medicine
WM420	Principles of Public Health
WM431	Healthcare Laws & Ethics
WM432	Healthcare Business Management
PD210	Medical Writing & Communication Skills*
PD340	Research Based Medicine*
PD410	Integrative Medicine I – Overview of Patient Care Systems*
PD420	Integrative Medicine II – Chinese Herbs and Modern Disorders*
PD440	Integrative Medicine III – Collaborative Care Paradigms*
PD450	Patient Education & Counseling*
PD500	First Aid & CPR

*required for DAcCHM

VI. Clinical Education

CL100	Intro to Clinical Patient Care
CL310	Clinical Theater (1 unit each / 2 units required)
CL400	Clinical Observation (1 unit each / 3 units required)
CL600	Clinical Internship – Level I
CL611	Integrative Case Studies I
CL700	Clinical Internship – Level II
CL711	Integrative Case Studies II
CL800	Clinical Internship – Level III
CL811	Integrative Case Studies III
CL880	Clinical Externship
	Didactic
	Clinical
*Clinical units	Total

VII. Department of Taoist Studies and Qi Cultivation

Course No.	Course Name	Units
TO100	Taoism I: Principles & Foundation	1
TO200	Taoism II: Natural Healing	1
TO300	Taoism III: The Healthcare Practitioner	1
QC110	Self-Healing Qigong	1
QC120	Eight Treasures Qigong	1
QC130	Harmony Taijiquan	1
QC140	Infinichi Qigong	1
QC150	Dao-In Qigong Level 1	1

		9
MAcCHM PROGRAM TOTAL		
Total units required for graduation		191 units
	Didactic Units	158 units
	Clinical Units	32 units
Total hours of Program	(including co-requisite courses)	3,375 hours
DAcCHM PROGRAM TOTAL		
Total units required for graduation		205 units
	Didactic Units	172 units
	Clinical Units	32 units
Total hours of Program	(including co-requisite courses)	
		3,585 hours

Curriculum for a Four-Year Master's program - Normal Academic Track

Level / Depart.	1		2		3		4	
Oriental Medicine	**OM301** OM Principles	4	One from: **OM321, 322, 323** OM Diagnosis A, B, C*	4	One from: **OM 321, 322, 323** OM Diagnosis A, B, C*	4	One from: **OM 321, 322, 323** OM Diagnosis A, B, C*	4
Herbology			**HM 301** Herbal Principles	4	One from: **HM 321, 332, 333, 334** Herbology A, B, C, D*	4	One from: **HM 321, 332, 333, 334** Herbology A, B, C, D*	4
Acupuncture	**AC301** Acupuncture Principles	4			One from: **AC321** Acupuncture A **AC322** Acupuncture B	4	One from: **AC321** Acupuncture A **AC322** Acupuncture B	4
Western Sciences	**BS301** Medical Terminology **BS302** History of Medicine	3 1	**BS321** Anatomy / Physiology A	4	One from: **BS323** Neurosciences / Endocrinology **BS322** Anatomy / Physiology B	4	One from: **BS323** Neurosciences / Endocrinology **BS322** Anatomy / Physiology B	4
Other	One from: **BS101** Biology **BS102** Chemistry **BS104** Physics **BS105** Psychology **BS103** Organic / Biochemistry **BS110** Research Methodology	3 2 3 3 2 3	One from: **BS101** Biology **BS102** Chemistry **BS104** Physics **BS105** Psychology **BS103** Organic / Biochemistry **BS110** Research Methodology	3 2 3 3 2 3	One from: **BS101** Biology **BS102** Chemistry **BS104** Physics **BS105** Psychology **BS103** Organic / Biochemistry **BS110** Research Methodology	3 2 3 3 2 3	One from: **BS101** Biology **BS102** Chemistry **BS104** Physics **BS105** Psychology **BS103** Organic / Biochemistry **BS110** Research Methodology	3 2 3 3 2 3
Total Units		**14/15**		**14/15**		**18/19**		**18/19**

Level / Depart	5		6		7		8	
Oriental Medicine					One from: **AC345** Acupressure / Tuina I **OM346** Tai Chi Chuan / Qi Gong	3	One from: **OM521, 522, 523, 524** Internal Medicine A, B, C, D*	3
Herbology	One from: **HM321, 332, 323, 324** Herbology A, B, C, D*	4	One from: **HM321, 332, 323, 324** Herbology A, B, C, D*	4	One from: **HM321, 332, 323, 324** Herbology A, B, C, D*	4	One from: **HM321, 332, 323, 324** Herbology A, B, C, D*	4
Acupuncture	One from: **AC323** Acupuncture C **AC344** Special Acupuncture Modalities	3 4	One from: **AC323** Acupuncture C **AC344** Special Acupuncture Modalities	3 4	One from: **AC421, 422** Acupuncture Techniques A, B*	4	One from: **AC421, 422** Acupuncture Techniques A, B*	4
Western Sciences	One from: **BS323** Neurosciences / Endocrinology **BS322** Anatomy / Physiology II	1 1	One from: **CM321** Physical Diagnosis **CM322** General Pathology	4 4	One from: **CM321** Physical Diagnosis **CM322** General Pathology	4 4	One from: **CM341** Systemic Pathology **BS331** Acupuncture Anatomy	4 4
Other	One from: **BS101** Biology **BS102** Chemistry **BS104** Physics **BS105** Psychology **BS103** Organic / Biochemistry **BS110** Research Methodology	3 2 3 3 2 3	One from: **BS341** Nutrition & Diet **CM331** Pharmacology	3 4	One from: **BS341** Nutrition & Diet **CM331** Pharmacology	3 4		
Total Units		**10/12**		**14/16**		**18/19**		**15**

Curriculum for a Four-Year Master's program - Normal Academic Track (Continued)

Level / Depart.	9		10		11		12	
Oriental Medicine	One from: **OM521, 522, 523, 524** Internal Medicine A, B, C, D*	4	One from: **OM521, 522, 523, 524** Internal Medicine A, B, C, D*	4	One from: **OM521, 522, 523, 524** Internal Medicine A, B, C, D*	4	One from: **OM521, 522, 523, 524** Internal Medicine A, B, C, D*	4
Herbology	One from: **HM431, 432, 433, 434** Herb Prescription A, B, C, D*	4	One from: **HM431, 432, 433, 434** Herb Prescription A, B, C, D*	4	One from: **HM531, 532, 533** Herbal Practice A, B, C*	3	One from: **HM531, 532, 533** Herbal Practice A, B, C*	3
Acupuncture	One from: **AC521, 522** Acupuncture Theory / Therapy A, B*	4	One from: **AC521, 522** Acupuncture Theory / Therapy A, B*	4				
Western Sciences	One from: **CM301** CPR & first Aid*** **CM504** Public Health **CM502** Ethics	1 3 2	One from: **CM301** CPR & first Aid*** **CM504** Public Health **CM502** Ethics	1 3 2	One from: **CM501** Practice Management **CM504** Public Health	3 3	One from: **CM501** Practice Management **CM504** Public Health	3 4
Other		4	**Comprehensive Competency Examination (CCE) I** **** **Clean Needle Techniques****		One from: **CM521, 522, 523** Clinical Medicine A, B, C*	4	One from: **CM521, 522, 523** Clinical Medicine A, B, C*	4
Intern Hours					**CI410** OB (80 hours)	4	**CI410** OB (80 hours)	4
Total Units	**13/14/15**		**13/14/15**		**18**		**18/19**	

Level / Depart.	13		14		15		16	
Oriental Medicine			One from: **OM511** OM Classical Theory A **OM512** OM Classical Theory B	4	One from: **OM511** OM Classical Theory A **OM512** OM Classical Theory B	4		
Herbology	One from: **HM531, 532, 533** Herbal Practice A, B, C*	3						
Western Sciences			One from: **CM601, 602, 603** Case Management A, B, C*	3	One from: **CM601, 602, 603** Case Management A, B, C*	3	One from: **CM601, 602, 603** Case Management A, B, C*	3
Other	One from: **CM521, 522, 523** Clinical Medicine A, B, C*	4					**Comprehensive Competency Examination (CCE) 2****	
Intern Hours	**CI510** SP (200 hours)	10	**CI510** SP (200 hours)	10	**CI610** IP (200 hours)	10	**CI610** IP (200 hours)	10
Total Units	**17**		**17**		**17**		**13**	

Notes:

Courses listed in blue are courses offered in person, the rest of the courses printed in black are offered online

1. This curriculum is designed for the full-time students who may take an average of 16 units per quarter. If you are a full-time student but cannot take that many units per quarter, please consult with the Academic Dean or Program Director.
2. * denotes that series courses can be taken without a sequence.
3. ** denotes that Clean Needle Techniques is required for Clinic Internship, the California Acupuncture Licensing Examination (CALE), and NCCAOM examinations.
4. *** denotes that CPR certificate is required for all students.
5. **** denotes that passing of CCE1 exam is required for starting Observation Phase of Clinical Internship and passing of CCE2 exam is required for graduation.

Complete Course List

COURSE # / TITLE		UNITS	HOURS
BS 101	Biology	3	30
BS 102	Chemistry	2	20
BS 103	Organic/Biochemistry	2	20
BS 104	Physics	3	30
BS 105	Psychology	3	30
BS 110	Research Methodology	3	30
BS 301	Medical Terminology	3	30
BS 302	History of Medicine	1	10
BS 321	Anatomy/Physiology A	4	40
BS 322	Anatomy/Physiology B	4	40
BS 323	Neurosciences/Endocrinology	4	40
BS 331	Acupuncture Anatomy*	1	20
BS 341	Nutrition & Diets	3	30
OM 301	OM Principles	4	40
OM 321	OM Diagnosis A	4	40
OM 322	OM Diagnosis B	4	40
OM 323	OM Diagnosis C	4	40
OM 346	Tai Chi Chuan / Qi Gong*	3	40
OM 511	OM Classical Theory A	4	40
OM 512	OM Classical Theory B	4	40
OM 521	Internal Medicine A	4	40
OM 522	Internal Medicine B	4	40
OM 523	Internal Medicine C	4	40
OM 524	Internal Medicine D	4	40
HM 301	Herbal Principles	4	40
HM 321	Herbology A	4	40
HM 322	Herbology B	4	40
HM 323	Herbology C	4	40
HM 324	Herbology D	4	40
HM 431	Herbal Prescription A	4	40
HM 432	Herbal Prescription B	4	40
HM 433	Herbal Prescription C	4	40
HM 434	Herbal Prescription D	4	40
HM 531	Herbal Practice A	3	30
HM 532	Herbal Practice B	3	30
HM 533	Herbal Practice C	3	30

COURSE # / TITLE		UNITS	HOURS
AC 301	Acupuncture Principles	4	40
AC 321	Acupuncture A	4	40
AC 322	Acupuncture B	4	40
AC 323	Acupuncture C	4	40
AC 344	Special Acupuncture Modalities	3	30
AC 345	Acupressure / Tui Na*	3	40
AC 421	Acupuncture Techniques A*	4	50
AC 422	Acupuncture Techniques B*	4	50
AC 521	Acupuncture Theory/Therapy A	4	40
AC 522	Acupuncture Theory/Therapy B	4	40
CM 301	CPR & First Aid	1	10
CM 321	Physical Diagnosis*	4	50
CM 322	General Pathology	4	40
CM 331	Pharmacology	4	40
CM 341	Systemic Pathology	4	40
CM 501	Practice Management	3	30
CM 502	Ethics	2	20
CM 504	Public Health	3	30
CM 521	Clinical Medicine A	4	40
CM 522	Clinical Medicine B	4	40
CM 523	Clinical Medicine C	4	40
CM 531	Differential Diagnosis	4	40
CM 601	Case Management A	3	30
CM 602	Case Management B	3	30
CM 603	Case Management C	3	30
Total didactic units/hours		212	2180
Clinical Internship			
CI 410	Observation (OB)	8	160hrs
CI 510	Supervised Practice (SP)	20	400hrs
CI 610	Independent Practice (IP)	20	400hrs
Total clinic internship units/hours		48	960

Total units or hours required
for Master's Degree: 260 Units or 3140 Hours

Notes:

1. Clean Needle Techniques is required for Clinic Internship, the California Acupuncture Licensing Examination (CALE), and NCCAOM examinations.
2. CPR & First-Aid certificate is required for all students.
3. Passing of CCE 1 is required for starting Observation Phase of Clinical Internship and passing of CCE 2 is required for graduation.
4. One quarter unit is equal to ten (10) didactic hours of instruction and a minimum of twenty (20) hours of out-of-class student work per quarter; or twenty (20) clinical internship hours per quarter.
5. * Courses with laboratory hours

Attribute Acupuncture (ACOM) Osteopathy Chiropractic Physical Therapy (PT)

Attribute	**Acupuncture ACOM**	**Osteopathy**	**Chiropractic**	**Physical Therapy PT**
Mechanism	Privational Medicine Rejuvenate organic systems Needle stimulation & Manual manipulation Modulating pain pathways and autonomic balance	Manual correction of somatic dysfunction to restore circulation and neural input	Spinal manipulation to restore joint motion and reduce nerve irritation	Exercise and motor-control retraining to restore function
Diagnostic approach	ACOM pattern diagnosis plus biomedical history and exam	Structural palpation, range of motion, visceral assessment, neurovascular exam	Biomechanical spinal assessment, neuro exam, orthopedic tests	Functional movement assessment, strength, ROM, gait, neuro tests
Common techniques	Needling, Moxibustion, Cupping, Herbal prescriptions, **Tuina Manipulation (Soft technic)** Therapeutic exercise, Qi gong (energy therapy), Meditation	Soft tissue work, high/low velocity manipulation, visceral techniques	High/low velocity spinal adjustments, mobilization, soft tissue therapy	Therapeutic exercise, manual therapy, neuromuscular re-education, modalities
Typical conditions treated	Any internal disorder, Functional disorder, Disease, Common synthons Chronic pain & Pain management	Back/neck pain, referred visceral pain, complex musculoskeletal patterns	Low back pain, neck pain, radiculopathy, mechanical spine disorders	Post-op rehab, tendon injuries, ACL, stroke, chronic pain syndromes
Prescription authority	Prescribe Herbal medicines, Herbal supplements & Vitamins over the count commonly	Varies by country; manual osteopaths often do not prescribe drugs	**Do not** prescribe medications	**Do not** prescribe medications; coordinate with MDs
Evidence base	Moderate evidence for some chronic pain conditions and adjunctive use	Clinical evidence for manual techniques; heterogenous trials	Evidence supports spinal manipulation for some low back pain presentations	Strong evidence for exercise-based rehab and functional recovery
Session structure	30–60 min; repeated sessions; includes	30–60 min; hands-on	15–45 min; focused spinal	30–60 min; active exercise plus

	lifestyle/herbal advice	assessment and treatment	work plus adjunct therapies	hands-on techniques
Training and licensure	Varies; licensed Acupuncturists or ACOM doctors in many regions	Regulated in many countries; DOs or manual osteopaths with formal training	Regulated profession; licensed chiropractors	Regulated health profession; licensed physical therapists

1. Public Bill 277-38 Overview

The ACOM Assistant Act of Guam establishes a certified allied-health support role to assist licensed Acupuncture & Oriental Medicine (ACOM) Doctors. The ACOM Assistant (ACOMA) is trained to perform simple, non-invasive procedures under supervision, improving clinic efficiency and patient access.

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2. Purpose and Need

- Guam lacks a regulated support role for ACOM clinics.
- Patient demand is increasing, especially among Korean, Filipino, and Chamorro communities.
- ACOM Doctors need trained assistants to **perform safe, low-risk tasks**.
- This bill creates a structured, supervised pathway that **protects patient safety** while expanding Guam's healthcare workforce.

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3. Summary of Key Provisions

- Establishes the **ACOM Assistant (ACOMA)** role.
- Allows **needle removal**, **cupping removal**, **electroacupuncture operation**, and **vital signs**.
- Requires **40 hours of safety training**.
- Requires **3 years of direct supervised clinical experience**.
- Certification issued by **GTOMA**.
- ACOM Doctor must be **on premises** for delegated procedures.
- Strict prohibitions on diagnosis, needle insertion, point selection, and invasive procedures.

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2. Public Bill 276-38 Overview
Dry needling and Spinal manipulation

📌 **What the evidence shows**

Two ACAHM-accredited programs publicly list their clinical training hours:

1. Institute of Clinical Acupuncture and Oriental Medicine (ICAOM)

- **Clinical training: 990 hours**
- **Externship: 90 hours**
- **Total clinical experience: 1,080 hours**

2. Seattle Institute of East Asian Medicine (SIEAM)

The search result confirms accreditation but does **not** list clinical hours directly. However, ACAHM-accredited Master's programs follow similar national standards, typically **900–1,200 clinical hours**.

3. ACAOM/ACAHM General Requirements (Indirect Evidence)

ACAHM-accredited Master's programs require **163+ credit hours**, which—based on ICAOM's published curriculum—corresponds to **~1,000 clinical hours**.

🧠 **What counts as "Western medicine" in ACOM programs?**

ACAHM uses the category **Biomedicine**, which includes all Western medical coursework:

- **Anatomy & physiology**
- **Neuroanatomy**
- **Pathophysiology**
- **Western medical diagnostics**
- **Pharmacology**
- **Clinical red-flag identification**
- **Referral and collaborative care standards**

These are required for *all* ACAHM-accredited Master's programs.

📊 **Evidence from an ACAHM-accredited program (ICAOM)**

The Institute of Clinical Acupuncture and Oriental Medicine (ICAOM), an ACAHM-accredited school, publishes exact hour counts:

- **Biomedicine: 615 hours**
- **Clinical training: 990 hours + 90 externship**

- **Total program hours: 3,240**

This is the clearest available quantitative benchmark for Western medical training in an ACAHM-accredited Master's program.

🎯 **Consolidated Answer**

Across ACAHM-accredited Master's programs:

- **Western medicine (Biomedicine) training typically ranges from 600–650 hours.**
- This is a *federally recognized* educational standard because ACAHM is recognized by the U.S. Department of Education.

🎯 **Total Training Hours in an ACAHM-Accredited ACOM Master's Program**

A typical **Master's in Acupuncture & Oriental Medicine (ACOM)** accredited by **ACAHM** requires:

📌 **Total Program Hours: ~3,000–3,200 hours**

This includes:

1. Western Medicine (Biomedicine): ~600–650 hours

Covers:

- Anatomy & physiology
- Neuroanatomy
- Pathophysiology
- Western medical diagnostics
- Pharmacology
- Red-flag identification
- Collaborative care & referral standards

2. Clinical Training: ~900–1,200 hours

Includes:

- Supervised patient care
- Needling technique competency
- Musculoskeletal assessment
- Case management
- Safety and risk-management protocols
- Externships (varies by school)

Example: **ICAOM (ACAHM-accredited)**

- Clinical training: **990 hours**
- Externship: **90 hours**
- Total clinical: **1,080 hours**
- Biomedicine: **615 hours**
- Total program: **3,240 hours**

3. Oriental Medicine Theory & Techniques: ~1,200–1,400 hours

Includes:

- Acupuncture techniques
- Meridian theory
- Herbal medicine
- Manual therapy(direct 120 hours training in the class beside clinical training(1200 hours)
- Orthopedic evaluation
- Treatment planning

🧩 **Consolidated Answer (Legislative-Ready)**

An ACAHM-accredited ACOM Master's program requires approximately 3,000+ total hours of graduate-level education, including 600+ hours of Western biomedical sciences and around 1,000 hours of supervised clinical training.

The Doctor of Acupuncture and Oriental Medicine (DAOM) program is a two-year post-master's doctoral degree that includes approximately 1,280 hours of advanced, direct classroom and clinical training beyond the Master's degree in Acupuncture and Oriental Medicine. When combined, the Master's and Doctoral programs constitute a total of six years of graduate-level education and Total 4,520 hours of training.

This is the national standard recognized by the **U.S. Department of Education**.

*** Chiropractic's training hours is 4200 hours for 3~5years**

Complete Course List - 수강과목 목록

과목번호	과목명	학점	시간
BS 101	Biology 생물학	3	30
BS 102	Chemistry 일반화학	2	20
BS 103	Organic/Biochemistry 유기생화학	2	20
BS 104	Physics 물리학	3	30
BS 105	Psychology 심리학	3	30
BS 110	Research Methodology 연구방법론	3	30
BS 301	Medical Terminology 의학용어	3	30
BS 302	History of Medicine 의학사	1	10
BS 321	Anatomy/Physiology A 해부생리학 A	4	40
BS 322	Anatomy/Physiology B 해부생리학 B	4	40
BS 323	Neurosciences/Endocrinology 신경내분비학	4	40
BS 331	Acupuncture Anatomy* 침구해부학	1	20
BS 341	Nutrition & Diets 영양학	3	30
OM 301	OM Principles 한방원론	4	40
OM 321	OM Diagnosis A 한방진단학 A	4	40
OM 322	OM Diagnosis B 한방진단학 B	4	40
OM 323	OM Diagnosis C 한방진단학 C	4	40
OM 346	Tai Chi Chuan / Qi Gong* 태극권/기공	3	40
OM 511	OM Classical Theory A 한방전통이론 A	4	40
OM 512	OM Classical Theory B 한방전통이론 B	4	40
OM 521	Internal Medicine A 한방내과 A	4	40
OM 522	Internal Medicine B 한방내과 B	4	40
OM 523	Internal Medicine C 한방내과 C	4	40
OM 524	Internal Medicine D 한방내과 D	4	40
HM 301	Herbal Principles 본초원론	4	40
HM 321	Herbology A 본초학 A	4	40
HM 322	Herbology B 본초학 B	4	40
HM 323	Herbology C 본초학 C	4	40
HM 324	Herbology D 본초학 D	4	40
HM 431	Herbal Prescription A 방제학 A	4	40
HM 432	Herbal Prescription B 방제학 B	4	40
HM 433	Herbal Prescription C 방제학 C	4	40
HM 434	Herbal Prescription D 방제학 D	4	40
HM 531	Herbal Practice A 본초실습 A	3	30
HM 532	Herbal Practice B 본초실습 B	3	30
HM 533	Herbal Practice C 본초실습 C	3	30

과목번호	과목명	학점	시간
AC 301	Acupuncture Principles 침구원론	4	40
AC 321	Acupuncture A 침구학 A	4	40
AC 322	Acupuncture B 침구학 B	4	40
AC 323	Acupuncture C 침구학 C	4	40
AC 344	Special Acupuncture Modalities 특별침술양상	3	30
AC 345	Acupressure / Tui Na* 지압/추나	3	40
AC 421	Acupuncture Techniques A* 침구술 A	4	50
AC 422	Acupuncture Techniques B* 침구술 B	4	50
AC 521	Acupuncture Theory/Therapy A 침구이론치료 A	4	40
AC 522	Acupuncture Theory/Therapy B 침구이론치료 B	4	40
CM 301	CPR & First Aid 심폐소생술/응급처치	1	10
CM 321	Physical Diagnosis* 양방진단	4	50
CM 322	General Pathology 일반병리학	4	40
CM 331	Pharmacology 약리학	4	40
CM 341	Systemic Pathology 임상병리학	4	40
CM 501	Practice Management 병원관리	3	30
CM 502	Ethics 윤리	2	20
CM 504	Public Health 공중보건	3	30
CM 521	Clinical Medicine A 임상의학 A	4	40
CM 522	Clinical Medicine B 임상의학 B	4	40
CM 523	Clinical Medicine C 임상의학 C	4	40
CM 531	Differential Diagnosis 감별진단학	4	40
CM 601	Case Management A 환자사례관리 A	3	30
CM 602	Case Management B 환자사례관리 B	3	30
CM 603	Case Management C 환자사례관리 C	3	30
총 교과학점/시간		**212**	**2180**
Clinical Internship 임상실습(인턴)			
CI 410	Observation (OB) 견학	8	160
CI 510	Supervised Practice (SP) 감독자와 환자진찰	20	400
CI 610	Independent Practice (IP) 단독 환자진찰	20	400
총 임상실습/시간		**48**	**960**
석사과정 요구 학점/시간:		**260**	**3140**

참고:

1. Clean Needle Techiques은 클리닉 인턴쉽, CAL (California Acupuncture Licensing Examination) 및 NCCAOM 시험에 필요로 합니다.
2. CPR 및 응급처치 인증서는 모든 학생에게 필요합니다.
3. Supervised Practice Phrase (SP)를 시작하려면 CCE 1의 합격이 필요하며 졸업에는 CCE 2 통과가 필요합니다.
4. 1 쿼터 학점은 교습 시간 10 시간, 분기당 최소 20 시간의 수업 외 수업 시간과 같습니다.
5. * 표시된 과목은 실습시간을 포함합니다.

TESTIMONY SUPPORTING BILL 276-38 TO AUTHORIZE AND REGULATE LICENSING OF ACOM PRACTITIONERS

Honorable Senators of the 38th Guam Legislature:

I am Jacqueline A. Marati, and I submit this testimony in support of Bill 276-38.

As a 25 year patient of acupuncture on Guam, I have witnessed the growth and demand for pain management alternatives available in the field of East Asian Medicine. Once an unorthodox alternative, qualified Doctor of Acupuncture and Oriental Medicine (DAOM) practitioners have provided essential and sustainable options to western, often invasive treatments. Having this option is essential to having patients be better aware of their wellness and holistic needs, communicate them clearly and create better patient/doctor relationships.

Acupuncture and Oriental Medicine (AOM) will only grow in demand as our population ages and becomes open to what was an alternative, and is now a traditional part of our community's health management network. Younger generations already have learned an appreciation for AOM, as their treatment for athletics and muscular pain is widely shared, available and successful.

Establishing Bill 276-38 as law provides our community with highly trained and experienced professionals, and a regulated and disciplined system we deserve and need.

Please support Bill 276-38 for responsible, improved and expanded healthcare for our community. Thank you.

Jacqueline A. Marati

May 4, 2026

Honorable Members
Guam Legislature
Public Hearing - Bill 276-38 (COR)

RE: Testimony in Opposition to Bill 276-38 (COR)

Honorable Members of the Guam Legislature:

Thank you for the opportunity to submit testimony regarding Bill 276-38 (COR). I respectfully submit this testimony in opposition to the provisions of the bill that would authorize spinal manipulation and related procedures under the acupuncture statute.

Existing Guam Law. Guam law already clearly defines spinal manipulation within the chiropractic statute. Under 10 GCA Health and Safety, Chapter 12, Medical Practices, Part 2, Article 11 - Chiropractic, §121101(g), spinal manipulation is defined as a procedure utilizing a carefully graded thrust applied across spinal joints at the end of passive range of motion for the purpose of restoring joint alignment and function. This definition appears within the statutory provisions governing the practice of chiropractic in Guam and establishes spinal manipulation as a chiropractic procedure regulated under the chiropractic licensing framework.

Patient Safety. Spinal manipulation is a specialized clinical procedure involving significant anatomical, neurological, and biomechanical considerations. The procedure requires a detailed understanding of spinal structure, joint mechanics, neurological function, and clinical diagnosis. When performed improperly, particularly in the cervical spine, spinal manipulation can carry the risk of serious adverse outcomes, including neurological or vascular injury. For this reason, spinal manipulation has historically been regulated as a procedure performed by chiropractors who receive extensive education and clinical training specifically focused on spinal diagnosis and adjustment techniques. These safeguards exist to protect the public and ensure that complex spinal procedures are performed by appropriately trained practitioners.

Training and Education. Doctors of Chiropractic complete professional education programs accredited by the Council on Chiropractic Education that typically include approximately 4,200 to 4,800 hours of training, including extensive instruction in spinal biomechanics, neurology, orthopedics, radiology, and spinal adjustment techniques. Chiropractic students also complete clinical internships and must successfully pass the National Board of Chiropractic Examiners examinations prior to licensure. By contrast, accredited acupuncture and Oriental medicine educational programs focus primarily on acupuncture theory, needling techniques, herbal

medicine, and related traditional therapies. These programs do not include comparable training in spinal manipulation, spinal biomechanics, radiologic interpretation, or spinal adjustment procedures.

National Precedent. While acupuncture statutes may authorize traditional acupuncture therapies, chiropractic spinal manipulation is not part of the acupuncture scope of practice in U.S. licensing laws.

> **Chiropractors are the only non-physician profession specifically trained and licensed in all fifty states to perform spinal manipulation.**
>
> **Acupuncturists are asking for authority to perform spinal manipulation that no legislature in the United States has granted them.**
>
> Guam should carefully consider whether it intends to become the first jurisdiction in the United States to authorize spinal manipulation within an acupuncture statute.

Dry Needling and Training Standards. The bill also raises additional concerns beyond spinal manipulation. It proposes authorizing dry needling, intramuscular stimulation, trigger-point needling, and related procedures without clearly defining minimum training standards within the statute. It is also important to recognize that dry needling and acupuncture are distinct procedures. Dry needling is typically used in modern musculoskeletal medicine to treat myofascial trigger points based on anatomical and orthopedic diagnosis. Acupuncture, by contrast, is traditionally practiced within the framework of traditional Chinese medicine and meridian theory. Because these procedures arise from different clinical models and training pathways, it is important that any authorization of dry needling clearly specify the education and competency standards required for practitioners performing the procedure, including acupuncturists.

Training Question. What minimum training hours will be required before acupuncturists can perform dry needling under this bill to ensure patient safety? In many jurisdictions where the procedure known as dry needling is authorized, it is specifically regulated within the scope of practice of physical therapists or chiropractors and is not defined within acupuncture statutes.

Manual Therapy and Mobilization Definitions. The bill also authorizes “manual therapy” and “mobilization” techniques without providing statutory definitions for those terms. In healthcare regulation, these phrases can encompass a wide range of procedures involving the spine and musculoskeletal system. Without clear definitions in statute, the scope of those procedures may later be interpreted expansively through regulation rather than through legislative review.

Additional Training Question. What minimum number of training hours will be required before acupuncturists can perform manual therapy or mobilization under this bill to ensure patient safety?

Regulatory Delegation. The bill also authorizes procedures based on language stating they may be performed "consistent with education, training, and demonstrated competency." This language effectively delegates scope-of-practice decisions to a regulatory board rather than the Legislature itself. Scope decisions involving invasive procedures should remain clearly defined in statute to ensure transparency and public accountability.

Additional Regulatory Considerations. In addition to the concerns raised by Bill 276-38 (COR), Bill 277-38 (COR) also raises regulatory considerations regarding the proposed scope and training standards for Acupuncture and Oriental Medicine (ACOM) Assistants. The bill would authorize assistants to perform clinical support tasks, including removal of acupuncture needles and operation of electroacupuncture devices, with a minimum of forty (40) hours of training, which appears limited relative to the responsibilities described. Legislators may wish to consider whether the proposed training thresholds and delegated activities are sufficiently defined to ensure consistent patient safety standards, regulatory clarity, and appropriate oversight within the existing statutory framework.

Billing Recognition. Additionally, the national medical billing system recognizes spinal manipulation as a chiropractic and osteopathic procedure through dedicated treatment codes.

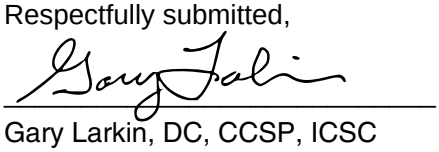
Patient Protection. Healthcare professions exist to serve patients. The safest system is one where each profession practices within the area it is specifically trained for. Chiropractors specialize in the diagnosis and treatment of spinal biomechanical disorders and are specifically trained to perform spinal manipulation.

The purpose of professional licensing laws is not to protect professions; it is to protect the public.

For these reasons, I respectfully urge the Legislature **not to advance Bill 276-38 (COR)** and to maintain the existing statutory protections governing spinal manipulation within the chiropractic profession.

Thank you for your time and consideration of this important matter.

Respectfully submitted,



Gary Larkin, DC, CCSP, ICSC
Guam Chiropractic Wellness Center
drgarylarkin@gmail.com
671.646.2225

Pacific Life Chiropractic
Dr. Barbara Onedera-Gregory
Dr. Robert W. Gregory
Family Wellness Care

AGAINST Bill 276-38

Robert W. Gregory, D.C.
Pacific Life Chiropractic

Dear Senator Matanane,

Chiropractic is a distinct healthcare profession with clearly defined education, training, and scope of practice. Spinal manipulative therapy (SMT), as performed by chiropractors, is a highly specific procedure requiring precise application of vectors, forces, and clinical judgment developed through extensive training.

Chiropractors complete hundreds of hours of focused education in spinal manipulation, along with ongoing continuing education requirements to ensure that care remains safe, controlled, and evidence-informed.

In contrast, the educational standards for acupuncture do not include training in spinal manipulation. According to the World Health Organization, established acupuncture training guidelines do not encompass spinal manipulative therapy. Additionally, most states do not authorize acupuncturists to perform SMT, and there is no consistent national or international standard supporting its inclusion within the acupuncture scope of practice.

Given these concerns, I respectfully request that Bill 277-38 be tabled to allow for further review and careful consideration, with patient safety and appropriate training standards as the priority.

Thank you for your time and consideration.

Sincerely,

Dr. Robert W. Gregory

Pacific Life Chiropractic
Dr. Barbara Onedera-Gregory
Dr. Robert W. Gregory
Family Wellness Care

AGAINST Bill 276-38

Barbara J. Onedera-Gregory, DC
Pacific Life Chiropractic

Dear Senator Matanane,

I am writing to provide testimony in opposition to Bill 276-38 and respectfully request that it be carefully reviewed and considered for tabling to allow for further evaluation and stakeholder input. From a chiropractic clinical and regulatory perspective, this bill raises significant concerns regarding patient safety, training standards, and scope alignment.

First, spinal manipulation is a core component of chiropractic care and requires specialized education and training. Any expansion involving this procedure should be grounded in clearly defined chiropractic training and competency standards to ensure patient safety.

Second, established international standards for acupuncture—such as those from the World Health Organization (WHO), International Organization for Standardization (ISO), and World Federation of Acupuncture-Moxibustion Societies (WFAS)—focus on needling technique and safety. These standards do not include spinal manipulation, which remains a distinct procedure with its own specialized training framework.

Third, spinal manipulation is a specialized chiropractic procedure requiring advanced training in anatomy, neurology, biomechanics, and clinical diagnosis. Expanding its use beyond clearly defined chiropractic training and competency standards introduces unnecessary risk and may compromise patient safety.

Fourth, this bill may create conflicts with existing chiropractic statutes that define scope of practice and professional responsibilities. Any legislation affecting multiple professions should be carefully aligned to avoid legal inconsistencies and unintended consequences.

Key Consideration
Spinal manipulation is a distinct, regulated chiropractic competency with clearly established training requirements. There is no consistent national or international standard supporting its expansion outside of these defined competencies. Maintaining clear standards is essential to protecting patient safety and ensuring professional accountability. For these reasons, I respectfully request that the Legislature consider tabling Bill 276-38 to allow time for comprehensive review, stakeholder engagement, and the development of clear, consistent standards.

I plan to attend the public hearing on Wednesday, May 6th at 1:00 PM and would be available to provide oral testimony if needed.
Thank you for your time and consideration. I am available to provide any additional clarification.

Sincerely,
Dr. Barbara Onedera- Gregory, DC

Rodney Washington
P.O. Box 27641 Barrigada, GU 96921 (671-797-1552)

May 11, 2026

To: The Honorable Members of the Guam Legislature

Subject: Support for Inclusion of Acupuncture-Related Practices within the Scope of Oriental Medicine

Håfa adai,

I am writing in support of Dr. Richard Chong and his position regarding the appropriate scope of practice for practitioners of Oriental Medicine, specifically as it relates to Tuina spinal manipulation and Dry Needling.

The training and education required through the ACOM (Accreditation Commission for Acupuncture and Oriental Medicine) curriculum is both extensive and rigorous. Practitioners complete approximately 4,360 total hours of training through a four-year Master's program and an additional two-year Doctoral program, totaling six years of graduate-level education. This level of preparation provides more than adequate training to safely and competently perform techniques such as Tuina spinal manipulation and Dry Needling, which are core components of Oriental Medicine.

From an academic standpoint, the scope, depth, and duration of ACOM-accredited programs clearly demonstrate competency in these modalities. Additionally, Tuina manipulation is rooted in over 2,000 years of established practice in China and is already recognized within the scope of Oriental Medicine under the Allied Health Practice Act.

I would also like to share my personal confidence in Dr. Chong's professional judgment and recommendations. He has consistently provided effective treatment for both myself and members of my family. His level of care, knowledge, and results speak directly to his qualifications and expertise in this field.

Furthermore, I strongly support the expansion and protection of advanced care options here on Guam. As a community, we are limited in both the number of medical professionals and access to specialized care. Ensuring that highly trained practitioners are able to fully utilize their education and skill set is critical to improving healthcare access and outcomes for our island.

Thank you for your time and consideration on this matter.

Respectfully,

Rodney Washington (Principal Broker)

Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

COMMITTEE VOTE SHEET

Bill No. 276-38 (COR) - Tina Rose Muña-Barnes. – "AN ACT TO AMEND § 121504.1 AND § 12904 BOTH OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO INCLUDING DRY NEEDLING AND SPINAL MANIPULATION AS AUTHORIZED ACTIVITIES FOR LICENSED PRACTITIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE."

COMMITTEE MEMBERS	SIGNATURE AND DATE	TO DO PASS	TO NOT PASS	TO REPORT OUT ONLY	TO ABSTAIN	TO PLACE IN INACTIVE FILE
Senator Sabrina Salas Matanane Chairperson	E-VOTE 8.21.26			X		
Vice Speaker V. Anthony Ada Vice Chair, Committee on Health						
Senator Vincent A.V. Borja Vice Chair, Committee on Veterans Affairs	E-VOTE 8.21.26			X		
Speaker Frank F. Blas, Jr. Member	E-VOTE 8.21.26		X			
Senator Jesse A. Lujan Member	E-VOTE 8.21.26			X		
Senator Shelly V. Calvo Member	E-VOTE 8.21.26			X		
Senator Christopher M. Duenas Member	E-VOTE 8.21.26			X		
Senator Eulogio Shawn Gumataotao Member	E-VOTE 8.21.26			X		
Senator Tina Rose Muna Barnes Member	E-VOTE 8.21.26	X				

163 W. Chalan Santo Papa, Hagåtña, Guam 96910
(671) 989-2572 | Office.SenatorBri@guamlegislature.gov

THE GUAM LEGISLATURE

Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

Rescind and Replace-URGENT Request for E-Vote: Committee Report for 276-38 (COR)

9 messages

Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov> Fri, Aug 21, 2026 at 12:05 PM
To: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>, Vice Speaker Tony Ada <vicespeakertonyada@guamlegislature.gov>, Senator Tina Rose Muña-Barnes <senator.munabarnes@guamlegislature.gov>, Office of Senator Shelly Calvo <officeofsenatorshellycalvo@guamlegislature.gov>, Senator Chris Duenas <senator.duenas@guamlegislature.gov>, Senator Shawn Gumataotao <office.senatorshawn@guamlegislature.gov>, Office of Senator Borja <contact@senatorvinceborja.com>, Senator Jesse Lujan <senator.lujan@guamlegislature.gov>
Bcc: Ann San Nicolas <ann.sn@guamlegislature.gov>, senator.sabrina@guamlegislature.gov, john.mafnas@guamlegislature.gov, Sergio Salas <sergio.salas@guamlegislature.gov>

:Hafa Adai Committee Members:

Please see the attached Committee report relative to **Bill No. 276-38 (COR) - Tina Rose Muña-Barnes. – "AN ACT TO AMEND § 121504.1 AND § 12904 BOTH OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO INCLUDING DRY NEEDLING AND SPINAL MANIPULATION AS AUTHORIZED ACTIVITIES FOR LICENSED PRACTITIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE."**

- TO DO PASS
- TO NOT PASS
- TO REPORT OUT ONLY
- TO ABSTAIN
- TO PLACE IN INACTIVE FILE

Please submit your response **ASAP**. Your responses will be logged into the vote sheet which will be submitted as part of the final Committee Report to the Committee on Rules.

Please contact our office if you have any questions or concerns.

--

Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs
163 W. Chalan Santo Papa, Hagåtña, Guam 96910
office.senatorbri@guamlegislature.gov
671-989-2572

Committee Report 276-38 Final.pdf
11556K

Senator Chris Duenas <senator.duenas@guamlegislature.gov> Fri, Aug 21, 2026 at 1:10 PM
To: Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>
Cc: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>, Vice Speaker Tony Ada <vicespeakertonyada@guamlegislature.gov>, Senator Tina Rose Muña-Barnes <senator.munabarnes@guamlegislature.gov>, Office of Senator Shelly Calvo <officeofsenatorshellycalvo@guamlegislature.gov>, Senator Shawn Gumataotao <office.senatorshawn@guamlegislature.gov>, Office of Senator Borja <contact@senatorvinceborja.com>, Senator Jesse Lujan <senator.lujan@guamlegislature.gov>

To Report Out Only

Office of Senator Christopher M. Dueñas
Chairman, Committee on Finance and Government Operations
259 Martyr St., Hagatna, Guam 96910
senator.duenas@guamlegislature.gov
(671) 989-9554

[Quoted text hidden]

Senator Jesse Lujan <senator.lujan@guamlegislature.gov> Fri, Aug 21, 2026 at 1:10 PM
To: Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>
Cc: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>, Vice Speaker Tony Ada <vicespeakertonyada@guamlegislature.gov>, Senator Tina Rose Muña-Barnes <senator.munabarnes@guamlegislature.gov>, Office of Senator Shelly Calvo <officeofsenatorshellycalvo@guamlegislature.gov>, Senator Chris Duenas <senator.duenas@guamlegislature.gov>, Senator Shawn Gumataotao <office.senatorshawn@guamlegislature.gov>, Office of Senator Borja <contact@senatorvinceborja.com>

To Report Out Only.

On Fri, Aug 21, 2026 at 12:05 PM Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov> wrote:
[Quoted text hidden]

--

Office of Majority Leader Jesse A. Lujan
Chairman, Committee on Transportation, Tourism, Customs, Utilities and Federal & Foreign Affairs
259 Martyr St., Hagatna, Guam 96910
senator.lujan@guamlegislature.gov
(671) 969-6525

Office of Senator Vince Borja <contact@senatorvinceborja.com> Fri, Aug 21, 2026 at 1:32 PM
Reply-To: Office of Senator Vince Borja <contact@senatorvinceborja.com>
To: office.senatorbri@guamlegislature.gov
Cc: speakerblas@guamlegislature.gov, vicespeakertonyada@guamlegislature.gov, senator.munabarnes@guamlegislature.gov, officeofsenatorshellycalvo@guamlegislature.gov, senator.duenas@guamlegislature.gov, office.senatorshawn@guamlegislature.gov, senator.lujan@guamlegislature.gov, office.senatorbri@guamlegislature.gov

Hafa Adai,

To Report Out Only.

Respectfully,

Office of Senator Vincent A.V. Borja

Committee on Education, Libraries, & Public Broadcasting

38th Guam Legislature

Suite 502, DNA Bldg. 238 Archbishop Flores St.

Hagåtña, Guam 96910

T +1 (671) 969-8423

E contact@senatorvinceborja.com

[Quoted text hidden]

Office of Senator Shelly Calvo <officeofsenatorshellycalvo@guamlegislature.gov> Fri, Aug 21, 2026 at 1:34 PM
To: Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

Hafa Adai,

To Report Out Only.

Respectfully,

Office of the People | Senator Shelly V. Calvo

Majority Whip & Chairwoman

Committee on Child Welfare, Youth Affairs, Senior Citizens, Women's Affairs, Disability Services, the Arts, Culture, Historic Preservation & Hagåtña Restoration

38th Guam Legislature

163 Chalan Santo Papa, Hagåtña, Guam 96910

T +1 (671) 989-5682

E officeofsenatorshellycalvo@guamlegislature.gov

On Fri, Aug 21, 2026 at 12:05 PM Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov> wrote:
[Quoted text hidden]

Speaker Frank Blas Jr. <speakerblas@guamlegislature.gov> Fri, Aug 21, 2026 at 2:10 PM
To: Office of Senator Vince Borja <contact@senatorvinceborja.com>
Cc: office.senatorbri@guamlegislature.gov, vicespeakertonyada@guamlegislature.gov, senator.munabarnes@guamlegislature.gov, officeofsenatorshellycalvo@guamlegislature.gov, senator.duenas@guamlegislature.gov, office.senatorshawn@guamlegislature.gov, senator.lujan@guamlegislature.gov

To Not Pass

Speaker, Frank F. Blas, Jr.

I Mina'trentai Ocho na Liheslaturan Guåhan 38th Guam Legislature

Guam Congress Building, 163 Chalan Santo Papa, Hagatña

(671)969-6456
speakerblas@guamlegislature.gov

[Quoted text hidden]

Senator Shawn Gumataotao <office.senatorshawn@guamlegislature.gov> Fri, Aug 21, 2026 at 2:44 PM

To: Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>
Cc: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>, Vice Speaker Tony Ada <vicespeakertonyada@guamlegislature.gov>, Senator Tina Rose Muña-Barnes <senator.munabarnes@guamlegislature.gov>, Office of Senator Shelly Calvo <officeofsenatorshellycalvo@guamlegislature.gov>, Senator Chris Duenas <senator.duenas@guamlegislature.gov>, Office of Senator Borja <contact@senatorvinceborja.com>, Senator Jesse Lujan <senator.lujan@guamlegislature.gov>

Hafa adai,

TO REPORT OUT ONLY

Si Yu'os ma'åse'!

On Fri, Aug 21, 2026 at 12:05 PM Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov> wrote:
[Quoted text hidden]

--

Office of Senator Eulogio Shawn Gumataotao
Chairman, Committee on Public Safety, Emergency Management, and Guam National Guard
38th Guam Legislature
120 Father Duenas Avenue Capitol Plaza Building, Suite 103, Hagåtña, Guam 96910
(671) 647-1409/1411

Senator Tina Rose Muña-Barnes <senator.munabarnes@guamlegislature.gov> Fri, Aug 21, 2026 at 2:57 PM

To: Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>
Cc: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>, Vice Speaker Tony Ada <vicespeakertonyada@guamlegislature.gov>, Office of Senator Shelly Calvo <officeofsenatorshellycalvo@guamlegislature.gov>, Senator Chris Duenas <senator.duenas@guamlegislature.gov>, Senator Shawn Gumataotao <office.senatorshawn@guamlegislature.gov>, Office of Senator Borja <contact@senatorvinceborja.com>, Senator Jesse Lujan <senator.lujan@guamlegislature.gov>

to do pass

On Fri, Aug 21, 2026 at 12:05 PM Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov> wrote:

[Quoted text hidden]

Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov> Fri, Aug 21, 2026 at 4:38 PM
To: Senator Tina Rose Muña-Barnes <senator.munabarnes@guamlegislature.gov>
Cc: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>, Vice Speaker Tony Ada <vicespeakertonyada@guamlegislature.gov>, Office of Senator Shelly Calvo <officeofsenatorshellycalvo@guamlegislature.gov>, Senator Chris Duenas <senator.duenas@guamlegislature.gov>, Senator Shawn Gumataotao <office.senatorshawn@guamlegislature.gov>, Office of Senator Borja <contact@senatorvinceborja.com>, Senator Jesse Lujan <senator.lujan@guamlegislature.gov>

To Report Out Only.

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The Office of the Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairwoman, Committee on Health and Veterans Affairs

COMMITTEE REPORT DIGEST

I. OVERVIEW:

The Committee on Health and Veterans Affairs conducted a Public Hearing on Wednesday May 6, 2026, scheduled to begin at 1:00 P.M., in the Public Hearing Room of the Guam Congress Building.

Among other items, on the agenda for discussion was **Bill No. 276-38 (COR) - Tina Rose Muña-Barnes. – "AN ACT TO AMEND § 121504.1 AND § 12904 BOTH OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO INCLUDING DRY NEEDLING AND SPINAL MANIPULATION AS AUTHORIZED ACTIVITIES FOR LICENSED PRACTITIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE."**

Public Notice Requirements

In accordance with Open Government Law, the public notice for this public hearing was disseminated via email to all senators and main media broadcasting outlets on April 29, 2026, and May 4, 2026. This public notice was also posted on the Guam Legislature website and the Public Notice Portal.

Senators Present

Senator Sabrina Salas Matanane, Chairperson of the Committee on Health and Veterans Affairs
Senator Tina Muna Barnes
Senator Therese Terlaje
Senator Shawn Gumataotao

Appearing before the Committee:
Breanna Sablan
Dr. Chang Chung
Dr. Gregory Miller
Dr. Jordan Tingson
Dr. Barbara Onedera Gregory

II. SUMMARY OF TESTIMONY AND DISCUSSION:

This Public Hearing was called to order at 1:00 P.M.

SENATOR MATANANE
BUENAS AND HAFA ADAI. GOOD AFTERNOON EVERYONE. I'M SENATOR SABRINA SALAS MATANANE, THE COMMITTEE CHAIR ON HEALTH AND VETERANS AFFAIRS. THE TIME IS IN THE AFTERNOON. IT IS WEDNESDAY, MAY 6, 2026. THANK YOU TO THOSE OF US WHO ARE JOINING US ONLINE AND FOR THOSE OF YOU WHO ARE JOINING US IN PERSON.
TODAY WE ARE GOING TO BE HEARING SEVERAL MEASURES AND APPOINTMENTS. BILL NUMBER 276-38 COR WAS INTRODUCED BY A RANKING MEMBER SENATOR TINA ROSE MUNA BARNES. IT IS AN ACT TO AMEND SUBSECTION 121504.1 AND SUBSECTION 12904 BOTH OF CHAPTER 12 TITLE 10 GUAM CODE ANNOTATED RELATIVE TO INCLUDING DRY NEEDLING AND SPINAL

MANIPULATION AS AUTHORIZED ACTIVITIES FOR LICENSED PRACTITIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE. BILL NUMBER 277-38 COR AGAIN INTRODUCED BY THE RANKING MEMBER. IT IS AN ACT AMEND SUBSECTION 12901 AND ADD A NEW SUBSECTION 12907 AND 12908 ALL OF ARTICLE 9 CHAPTER 12 TITLE 10 GUAM CODE ANNOTATED RELATIVE TO AUTHORIZING AND REGULATING ACUPUNCTURE AND ORIENTAL MEDICINE ASSISTANCE. WE WILL ALSO BE ACCEPTING PUBLIC TESTIMONY ON THE FOLLOWING APPOINTMENTS. MAY A. CAMACHO TO SERVE AS THE SPEECH AND LANGUAGE PATHOLOGIST REPRESENTATIVE ON THE GUAM BOARD OF ALLIED HEALTH EXAMINERS. DR. ERICA ALFRED AS A MEMBER OF PHYSICIANS REPRESENTATIVE ON THE GUAM BOARD OF MEDICAL EXAMINERS. RAMONA DOMEN AS A MEMBER OF THE GUAM MEMORIAL HOSPITAL AUTHORITY AS THE GUAM NURSES ASSOCIATION REPRESENTATIVE. BEFORE WE BEGIN, I WANT TO NOTE THAT NOTICE OF TODAY'S HEARING WAS PROPERLY PROVIDED TO ALL SENATORS, STAKEHOLDERS, AND MEMBERS OF THE MEDIA IN FULL COMPLIANCE WITH THE OPEN GOVERNMENT LAW. IT WAS ALSO POSTED ON THE GUAM LEGISLATURE'S WEBSITE AND THE PUBLIC NOTICE PORTAL. ALL MATERIALS FOR TODAY'S HEARING HAVE BEEN UPLOADED TO THE COMMITTEE DRIVE AND PRINTED COPIES ARE AVAILABLE IF ANYONE NEEDS THEM. THIS HEARING IS ALSO RECORDING AND WILL BE POSTED ON THE GUAM LEGISLATURES' YOUTUBE CHANNEL. AT THIS TIME, I'D LIKE TO RECOGNIZE THE MEMBERS OF THE COMMITTEE THAT ARE PRESENT. SENATOR TINA ROSE MUNA BARNES AS WELL AS SENATOR THERESE TERLAJE. AND BEFORE WE GET STARTED, A FEW QUICK REMINDERS THAT SENATORS WILL HAVE FIVE MINUTES EACH TO ASK THEIR QUESTIONS. AND MEMBERS OF THE PUBLIC, PLEASE STATE YOUR NAME AND THE ORGANIZATION YOU REPRESENT BEFORE YOU BEGIN YOUR TESTIMONY. NOW, BECAUSE BOTH BILLS ADDRESS THE SAME ISSUE, WE WILL HEAR THEM TOGETHER. IF YOU ARE HERE TO TESTIFY ON BILL 276 OR BILL 277, PLEASE COME FORWARD AND TAKE A SEAT AT THE TABLE WHEN YOUR NAME IS CALLED. TESTIMONY WILL BE TAKEN IN THE ORDER OF SIGN IN ARRIVAL. BUT BEFORE WE GET TO THAT, WE WERE GOING TO HEAR FROM THE AUTHOR OF BOTH BILLS, BEGINNING WITH BILL NUMBER 276, RANKING MEMBER.

SENATOR BARNES
THANK YOU SO VERY MUCH MADAME CHAIR AND GOOD AFTERNOON TO YOU MY COLLEAGUES AND TO ALL THOSE HERE TODAY FOR THIS PUBLIC HEARING TO HEAR BILL NUMBER 276-38 AND BILL NUMBER 277-38 BUENAS AND HAFA ADAI. MADAM CHAIR, I WANT TO SAY THANK YOU FOR RESCHEDULING THIS PUBLIC HEARING TO ENSURE THAT STAKEHOLDERS HAVE A FULL AND FAIR OPPORTUNITY TO REVIEW AND COMMENT ON THESE TWO MEASURES. I WANT TO START WITH BILL 276S38 WHICH ADDRESSES CLEAR GAPS IN CURRENT LAW BY ALIGNING A STATUTE WITH THE ESTABLISHED EDUCATION TRAINING AND COMPETENCIES OF A LICENSED ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS. IT DOES NOT AND I WANT TO SAY MADAM CHAIR IT DOES NOT CREATE A NEW PROFESSION OR DIMINISH THE AUTHORITY OF ANY EXISTING PROVIDERS AT PRESENT MADAME CHAIR AND TO THE LISTENING AUDIENCE GUAM LAW PERMITS PHYSICAL THERAPISTS TO PERFORM DRY NEEDLING YET IT REMAINS SILENT REGARDING THE ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS AND DESPITE THEIR EXTENSIVE TRAINING IN NEEDLE-BASED THERAPIES, ANATOMY AND PATIENT SAFETY, BILL NUMBER 276 PROVIDES NEEDED CONSISTENCY AND CLARITY ON THIS ISSUE. MADAME CHAIR, WITH RESPECT TO THE SPINAL MANIPULATION AND MANUAL THERAPY, THE BILL DOES NOT PROPOSE AN OPEN-ENDED EXPANSION OF SCOPE. ANY SUCH TECHNIQUES

WOULD BE PERFORMED STRICTLY WITHIN A PRACTITIONER'S EDUCATIONAL EDUCATION TRAINING AN DEMONSTRATED COMPETENCY AND MADAM CHAIR ON BILL NUMBER 277-38 IT THIS BILL REFLECTS A BROADER REALITY WITHIN OUR HEALTH CARE SYSTEM. GUAM FACES WORKFORCE CONSTRAINTS ALONGSIDE GROWING DEMAND FOR AN INTEGRATIVE CARE SO THAT IN PRACTICE LICENSED PROVIDERS ARE ALREADY PERFORMING NON-DIAGNOSTIC NON-INVASIVE TASKS THAT CAN BE SAFELY DELEGATED TO PROPERLY TRAINED ASSISTANTS. SO BY CLARIFYING AND REGULATING THESE ROLES THIS BILL 277-38 IMPROVES EFFICIENCY AND ACCESS TO CARE WITHOUT COMPROMISING PATIENT SAFETY. IMPORTANTLY MADAME CHAIR I WANT TO SHARE WITH YOU AND OUR COLLEAGUES IN THE LISTENING AUDIENCE THAT PATIENT SAFETY REMAINS PARAMOUNT. BOTH MEASURES PRESERVE THE AUTHORITY OF THE GUAM BOARD OF ALLIED HEALTH EXAMINERS AND OTHER RELEVANT BOARDS TO DEFINE STANDARDS, ESTABLISH TRAINING REQUIREMENTS AND IMPLEMENT APPROPRIATE SAFEGUARDS THROUGH RULEMAKING. SO THIS ENSURES OVERSIGHT IS STRONG BUT ADAPTABLE. SO BILLS UH NUMBERS 276-38 AND 277-38 ARE PRACTICAL STEPS TOWARD ALIGNING UH GUAM LAW WITH REAL WORLD COMPETENCIES WHILE STRENGTHENING REGULATORY CLARITY AND EXPANDING ACCESS TO CARE AND ACUPUNCTURE, ORIENTAL MEDICINE, CHIROPRACTOR AND PHYSICAL THERAPY ARE ALL ESSENTIAL SERVICES WITHIN OUR ISLAND COMMUNITY AND PRACTITIONERS ON GUAM ARE DEEPLY ROOTED IN AND ACCOUNTABLE TO THE PEOPLE THEY SERVE AND REMAIN COMMITTED TO DELIVERING SAFE HIGH QUALITY CARE. AND MADAM CHAIR, I WANT TO SAY THANK YOU AGAIN FOR GIVING ME THIS OPPORTUNITY TO BRING THESE TWO MEASURES BEFORE. I KNOW THAT THERE MAY BE ISSUES OF CONCERN AND SUPPORT FOR BOTH MEASURES, BUT AS I SHARED WITH YOU AND YOUR CONTINUED OPENNESS TO LISTEN TO BOTH BILLS AND TAKE THE BEST WE CAN FACILITATE WHERE WE'RE AT TODAY, UPDATE AND MODERNIZE WHAT WE NEED TO MOVE FORWARD, BUT MORE IMPORTANTLY TO MAKE SURE THAT OUR ISLAND RESIDENTS ARE HELD WITH AND UNDERSTAND THAT THE SAFETY HERE IS THE MOST IMPORTANT THING. SO, I THANK YOU FOR THIS OPPORTUNITY AND I LOOK TO LISTENING TO THE MEMBERS IN THE COMMUNITY THAT ARE OUT THERE FOR, AGAINST, OR EVEN COME UP WITH OTHER POSITIVE RESOLUTIONS TO MAKE THIS A WIN-WIN FOR THE OCCUPATION THAT IS BEFORE US TODAY IN THIS ARENA. SO, SI YUUS MAASE FOR THIS.

SENATOR MATANANE
THANK YOU, RANKING MEMBER. WE WILL NOW BEGIN ACCEPTING PUBLIC TESTIMONY ON BILL 276 AND BILL 277. I DO HAVE THE SIGNUP SHEET. SOME INDIVIDUALS THOUGH HOWEVER ONLY INDICATED THAT THEY WERE HERE TO OBSERVE AND PROVIDED WRITTEN TESTIMONY. SO THOSE OF YOU WHO ARE HERE TO TESTIFY IN PERSON VERBALLY IF YOU COULD PLEASE COME TO THE TABLE AND HAVE A SEAT. I HAVE SIGNED UP FOR VERBAL TESTIMONY. GREGORY MILLER.

SENATOR BARNES
MADAME CHAIR, IF I MAY, I JUST WANT TO NOTE THAT I DO HAVE A LINE OF QUESTIONING AFTERWARDS, AND IF YOU CAN AFFORD ME THAT AFTER THAT, I APPRECIATE IT. THANK YOU.

SENATOR MATANANE

THANK YOU. WE WILL BEGIN WITH TESTIMONY FROM THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES, MISS BREANNA SUBLAN. AGAIN, FOR THOSE OF YOU WHO ARE TESTIFYING, PLEASE UH SPEAK CLEARLY INTO THE MICROPHONE AND UH STATE YOUR NAME AND WHERE YOU ARE WHO YOU ARE REPRESENTING. THANK YOU.

BREANNA SABLAN
HAFA ADAI COMMITTEE CHAIRS SABRINA SALAS MATANANE AND MEMBERS OF THE 38TH GUAM LEGISLATURE. MY NAME IS BRAANNA SUBLAN, THE ACTING ADMINISTRATOR OUT OF THE HEALTH PROFESSIONAL LICENSING OFFICE WITH THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES. I WILL BE READING INTO THE RECORD THE TESTIMONY FROM DIRECTOR ARRIOLA. THANK YOU FOR THE OPPORTUNITY TO PROVIDE TESTIMONY ON BILL 276-38, WHICH IS AN ACT TO AMEND SUBSECTION 121504.1 AND SUBSECTION 12904. WHILE BILL 276-38 SEEKS TO MODERNIZE THE SCOPE OF PRACTICE FOR LICENSED ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS BY EXPLICITLY AUTHORIZING DRY NEEDLING AND SPINAL MANIPULATION. THERE IS A CRITICAL CONCERN REGARDING WHETHER THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES CURRENTLY POSSESSES THE SUFFICIENT INFORMATION TO MAKE DEFINITIVE DETERMINATION ON THE BILL'S SAFETY AND REGULATORY IMPACT. AS WRITTEN, THE BILL INTRODUCES SIGNIFICANT CHANGES TO TITLE 10 OF THE GUAM CODE ANNOTATED THAT REQUIRE DEEPER ADMINISTRATIVE AND CLINICAL ANALYSIS. THE BILL STATES THAT ACUPUNCTURIST PRACTITIONERS MAY PERFORM THESE ADVANCED TECHNIQUES CONSISTENT WITH THE PRACTITIONER'S EDUCATION, TRAINING, AND DEMONSTRATED COMPETENCY. HOWEVER, UNLIKE SPECIAL REQUIREMENTS FOR PHYSICAL THERAPISTS WHO MUST COMPLETE 50 HOURS OF INSTRUCTIONAL COURSES, 30 HOURS OF DIDACTIC WORK, AND 200 SUPERVISED SESSIONS, THE BILL DOES NOT PROVIDE A BASELINE OF HOURS OF OR SPECIFIC CURRICULUM FOR ACOM PRACTITIONERS. THE DPHSS DIRECTOR CANNOT CURRENTLY DETERMINE IF THE EXISTING GRADUATE LEVEL EDUCATION MENTIONED IN THE LEGISLATIVE FINDINGS UNIVERSALLY COVERS THESE SPECIFIC MODALITIES TO SAME SAFETY STANDARDS AS THE PHYSICAL THERAPY REQUIREMENTS. SECTION 2E OF THE BILL MANDATES THAT PUBLIC HEALTH DPHSS ASSISTS BOARD MEMBERS IN THE PERIODIC INSPECTION OF CLINICS WHERE DRY NEEDLING IS PERFORMED WITHOUT SEEING THE PROPOSED ROLES FROM THE BOARD. DPHSS LACKS THE NECESSARY DATA TO EVALUATE HOW THESE STANDARDS WILL INTERACT WITH EXISTING PUBLIC HEALTH SAFETY CODES. THERE IS NO PROVIDED DATA ON HOW THE REGULATORY AMBIGUITY CITED IN THIS BILL HAS HISTORICALLY IMPACTED PATIENT OUTCOMES IN GUAM, MAKING IT DIFFICULT TO MEASURE THE NECESSITY OF THIS EXPANSION AGAINST POTENTIAL RISK. IN ITS CURRENT FORM, BILL 276-38 PLACES THE BURDEN OF SAFETY AND ENFORCEMENT ON PUBLIC HEALTH WITHOUT PROVIDING THE SPECIFIC CLINICAL BENCHMARK OR RESOURCE ASSESSMENTS NEEDED FOR A RESPONSIBLE DETERMINATION. WE RESPECTFULLY SUGGEST THAT THE COMMITTEE REQUEST A COMPREHENSIVE BRIEFING FROM PUBLIC HEALTH AND THE GUAM BOARD OF ALLIED HEALTH EXAMINERS TO ENSURE THE DEPARTMENT IS FULLY PREPARED TO IMPLEMENT THESE CHANGES EFFECTIVELY. DANGKALU SI YUUS MAASE TERESA ARRIOLA. I'M SORRY, MADAM CHAIR. WOULDN'T WE BE READING FOR 277 AS WELL?

SENATOR MATANANE
MY APOLOGIES. YOUR TESTIMONY ON BILL 277. THANK YOU.

Committee Report Digest: Public Hearing **Hearing** Bill No. 276-38 (COR) **- Tina Rose Muña-Barnes. – "AN ACT TO AMEND § 121504.1 AND § 12904 BOTH OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO INCLUDING DRY NEEDLING AND SPINAL MANIPULATION AS AUTHORIZED ACTIVITIES FOR LICENSED PRACTITIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE."**
Wednesday May 6, at 1:00 P.M.
Public Hearing Room, Guam Congress Building

BREANNA SABLAN
THANK YOU. THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES RECOGNIZES THE INTENT OF THE BILL AND ADDRESSES THE HEALTH CARE WORKFORCE LIMITATIONS AND EXPANDS PATIENT ACCESS TO INTEGRATIVE CARE. HOWEVER, THE DEPARTMENT CURRENTLY MAINTAINS THAT THERE IS INSUFFICIENT INFORMATION AND REGULATORY CLARITY TO MAKE FULL DETERMINATION REGARDING THE BILL'S IMPACT ON PUBLIC HEALTH AND SAFETY DEPARTMENTAL RESOURCES. WHILE BILL 277-38 ESTABLISHES A NEW ACUPUNCTURE AND ORIENTAL MEDICINE ASSISTANT ROLE, SEVERAL AREAS REMAIN UNDEFINED. THE BILL REQUIRES 40 HOURS OF APPROVED SAFETY AND CLINICAL SUPPORT TRAINING. PUBLIC HEALTH LACKS INFORMATION ON WHO WILL DEVELOP THIS CURRICULUM AND HOW WILL PUBLIC HEALTH OR THE GUAN BOARD OF ALLIED HEALTH EXAMINERS WILL VERIFY ITS SCIENTIFIC ADEQUACY REGARDING INFECTION CONTROL AND ANATOMY. THE BILL MANDATES CERTIFICATION FROM A PROFESSIONAL ORGANIZATION APPROVED FROM THE GUAM BOARD OF ALLIED HEALTH EXAMINERS. WITHOUT A LIST OF ACCREDITED ORGANIZATION, PUBLIC HEALTH CANNOT ACCESS THE RIGOR OF THESE EXTERNAL ENTITIES. UNDER EXISTING MANDATES, PUBLIC HEALTH OFTEN ASSISTS LICENSING BOARD WITH CLINIC INSPECTIONS.
THIS BILL ALLOWS ACOM ASSISTANTS TO HANDLE EQUIPMENT STERILIZATION AND NEEDLE REMOVAL. NEEDLE REMOVAL AND STERILIZATION ARE HIGH-RISK TASK INVOLVING BLOODBORNE PATHOGENS. THE DEPARTMENT DOES NOT HAVE ENOUGH DATA TO ESTIMATE THE INCREASED FREQUENCY OF INSPECTIONS REQUIRED TO ENSURE THAT ASSISTANTS WHO ARE NOT LICENSED HEALTHCARE PROVIDERS ARE ADHERING TO STRICT NON-INVASIVE AND ON PREMISE SUPERVISION RULES. THE BILL DEFINES ON PREMISE SUPERVISION AS A LICENSED PRACTITIONER BEING PHYSICALLY PRESENT AT THE CLINIC AT THE CLINICAL SITE AND IMMEDIATELY AVAILABLE. PUBLIC HEALTH CURRENTLY LACKS THE REGULATORY FRAMEWORK OR THE NECESSARY INSPECTORATE STAFF TO MONITOR REAL-TIME COMPLIANCE WITH THIS PROVISION. THERE IS NO PROVIDED DATA ON HOW MANY ASSISTANTS A SINGLE PRACTITIONER CAN SUPERVISE SIMULTANEOUSLY, WHICH IS CRITICAL FOR PREVENTING A UPERVISION GAP THAT CAN JEOPARDIZE PATIENT SAFETY. WHILE PUBLIC HEALTH SUPPORTS THE GOAL OF MODERNIZING THE HEALTHCARE WORKFORCE, BILL 277-38 LEAVES SEVERAL OPERATIONAL AND SAFETY QUESTIONS UNANSWERED. DANGKALU SI YUUS MAASE.

DR. CHONG
YES, MY HONOR. I COME HERE FOR SUPPORT OUR BILL 276-38 FOR DRY NEEDLE AND SPINAL MANIPULATIONS. BILL 277-38 FOR ACOM ASSISTANCE AND THE BILL FOR 276 IS WE'RE NOT EXPANDING THE SCOPE OF PRACTICE ALREADY EXIST IN OUR SCOPE OF PRACTICE IN ACOM AND OUR TECHNIQUE ACOM IS SPECIALIZED IN NEEDLING AND DRY NEEDLE IS DEFINITION OF A DRY IS INTER MUSCULAR STIMULATE SUCH AS LIKE BETWEEN THE MUSCLE AND STIMULATE THE POINT BUT THAT'S OUR YOU KNOW OUR ASHY POINT WE CALL ASHY THIS IS ALL DURING PAIN CONTROL THIS WE ALWAYS USE ABOUT 50 60% OF IS I SHOULD POINT BUT JUST CHANGE THE NAME AND PRACTICE ACUPUNCTURE ONLY STUDY ONLINE FOR LIKE 50 HOURS. WE STUDY MASTER DEGREE FOR 3,300 HOURS FOR THE YOU KNOW NEEDING AND PRACTICE ACUPUNCTURE ORGANIC MEDICINES AND THIS IS MY REALLY CONCERN ABOUT DRY NEEDLING THEY ONLY STUDY 50 HOURS HOW IT'S GOING TO BE VERY RISKY FOR THE PUBLIC AND

COMMUNITY OF GUAM AND SPINAL MANIPULATION WE NOT PRACTICE CHIRO TWINA IS ONE OF MANIPULATION EXIST IN OVER 2,000 CHINA THAT'S OUR MAIN COURSE ACUPUNCTURE OR MEDICINES AND I BELIEVE THAT CHIRO 20 MINUTES HISTORY OF CHIRO IS 181 131 IS THE MOST UP TO NOW THIS THIS TECHNIQUE IS IT'S BEEN LONG AND PROVED TO PRACTICE THIS MANIPULATION. TRINA MANIPULATION IS NOT FOR SPECIALIZED FOR THE SPINE. WHOLE BODY INCLUDE SPINE. SO IT'S TOTALLY DIFFERENT FROM CHIRO. ALSO TWINA IS BASED ON ORIENT MEDICINE. IT'S NOT BASED ON WESTERN MEDICINES. IT'S A TOTALLY DIFFERENT STYLE. CHIRO IS BASED ON WESTERN MEDICINE. THIS IS TOTALLY DIFFERENT. I DON'T KNOW WHY UM KYLO IS CONCERNED ABOUT YOU KNOW TUNA SPINAL MANIPULATIONS. WE'RE NOT DOING ONLY SPINAL MANIPULATION WHOLE BODY PLUS SPINE. EVEN FOR EXAMPLE MASSAGE THERAPY DOES SPINAL MANIPULATIONS. OSTEOPATHIC PRACTICE INTERNAL MEDICINE PLUS SPINAL MANIPULATIONS. ORIENTAL MEDICINE STUDY INTERNAL MEDICINE PLUS YOU KNOW WHOLE BODY YOU KNOW MANIPULATION INCLUDE SPINAL MANIPULATIONS. SO WE WE'RE NOT JUST LIKE IT'S NOT SAME AS A CHIRO IT'S TOTALLY DIFFERENT. SO THAT'S WHY UH THIS WHOLE REASON WHY WE PUT IT HERE BECAUSE WE WANT TO CLARIFY WITH THE CHIRO. THAT'S THE WHOLE UH PURPOSE. DO YOU HAVE ANY OTHER QUESTIONS?

SENATOR MATANANE
WE'RE GOING TO ALLOW EVERYBODY TO TESTIFY FIRST AND THEN WE'LL HAVE QUESTIONS FOR THE PANEL. IF YOU COULD JUST UH STATE YOUR FIRST AND LAST NAME AND IF YOU ARE REPRESENTING ANY PARTICULAR ORGANIZATION OR CLINIC.

DR. CHONG
MY NAME IS CHAN CHONG UH PRACTICE ACUPUNCTURE ORGAN MEDICINE AND HEAVEN AND EARTH OR AMERICA RESEARCH CLINIC IN HARMON. I'VE BEEN PRACTICED OVER 30 YEARS ON GUAM SINCE 1994 ON GUAM.

SENATOR MATANANE
THANK YOU. ARE YOU TESTIFYING? NO. OKAY. DR. MILLER.

DR. MILLER
GOOD AFTERNOON, SENATORS. THANK YOU FOR THE CHANCE TO TESTIFY.MY COLLEAGUES HAVE A LOT OF INFORMATION ON THE AMOUNT OF EDUCATION, IN SPINAL MANIPULATION THAT'S ALLOWED INTERNATIONALLY IN ACUPUNCTURE BASED UNIVERSITIES AND ALSO UNITED STATES. SO, I'M NOT GOING TO GO OVER THAT BECAUSE IT'S QUITE DETAILED, BUT I WANT TO GO OVER CHIROPRACTIC ITSELF FIRST. IT'S A NOW ABOUT A 130YEAR OLD PROFESSION IN THE UNITED STATES. IT'S A 8-YEAR EQUIVALENT COLLEGE EDUCATION. USUALLY IT'S FOUR PLUS 4 UNDER GRADUATE PREMED AND A 4YEAR 4,000 TO 300 4,000 TO 500 HOUR CURRICULUM. AND IT'S ALL BASED ON A HEALTH TECHNIQUE WHERE YOU USE SPINAL MANIPULATION NOT BECAUSE OF THE BONES BUT BECAUSE OF THE NERVOUS SYSTEM. 31 PAIRS OF NERVES ON EACH SIDE OF THE SPINE GO TO EVERY CELL IN THE BODY AND THEREFORE WHEN YOU'RE USING SPINAL MANIPULATIVE TECHNIQUES YOU ARE AFFECTING THE NERVOUS SYSTEM WHICH IS A VERY DELICATE SENSITIVE PART OF THE BODY. SO FOR US IT REQUIRES YEARS AND YEARS OF EDUCATION TO BECOME PROFICIENT. WE'RE TESTED BY IT AND

IT'S VERY WELL ACCEPTED. AS A MATTER OF FACT, I'M SURE YOU ALL ARE FAMILIAR WITH THE JOINT COMMISSION, WHICH BASICALLY IS THE CREDITING COUNCIL FOR ALL OF AMERICA. THE JOINT COMMISSION RECOGNIZES CHIROPRACTORS AS PHYSICIANS. THEY HAVE TWO LEVELS OF PHYSICIANS. UNENCUMBERED PHYSICIANS ARE FULL LICENSED THAT WOULD BE MEDICAL DOCTORS AND OSTEOPATHIC DOCTORS. AND THEN PHYSICIANS WITHIN THEIR SCOPE OF PRACTICE INCLUDE CHIROPRACTORS, INCLUDES PODIATRISTS, OPTOMETRISTS, AND DENTISTS. AND IT'S A GREAT HONOR TO BE AT THAT LEVEL. SO EVEN AT THE JOINT COMMISSION LEVEL, THEY RECOGNIZE CHIROPRACTIC WITH SPINAL MANIPULATIVE THERAPY TO BE THAT IMPORTANT. SO IT'S A VERY BIG DEAL. NOW, AS FAR AS THE BILL ITSELF, I'M UNEASY WITH A LOT OF PARTS AND I AM TESTIFYING IN OPPOSITION. NUMBER ONE, IN ORDER FOR THIS BILL TO GO THROUGH, YOU HAVE TO TAKE SOMETHING OUT OF CHIROPRACTIC BECAUSE IN OUR LAW, WE HAVE A SPECIFIC SECTION ON MANIPULATION. IT DESCRIBES MANIPULATION IN DETAIL. IT RESERVES IT EXCLUSIVELY FOR CHIROPRACTORS UNDER THE ALLIED HEALTH BOARD AND THEREFORE IN THE ALLIED HEALTH LICENSURE SYSTEM ONLY CHIROPRACTORS CAN DO THAT. SO IF THIS BILL GOES THROUGH, YOU'RE ACTUALLY TAKING SOMETHING AWAY FROM US, WHICH IS VERY UNUSUAL. AND QUITE FRANKLY, I WOULD FIND THIS BILL VERY CONTROVERSIAL AND IS SOMEWHAT EMBARRASSING THAT YOU WOULD ALLOW SOMEBODY TO TAKE SOMETHING AWAY FROM ANOTHER PROFESSION. AND THEN AS FAR AS THE DRY NEEDLE, THEY DON'T HAVE THAT MUCH TO SAY ON IT, BUT THE PHYSICAL THERAPISTS LOBBIED FOR IT.THEY WENT THROUGH THE PUBLIC HEARINGS. IT'S ABOUT 2 YEARS AGO UH 2023 AT THE END OF THE LAST SESSION. AND THE WAY IT'S SUPPOSED TO WORK AT THE BOARD LEVEL IS YOU HAVE YOUR PUBLIC HEARINGS, THEN YOU HAVE A PERIOD OF TIME WHERE YOU HAVE WRITTEN TESTIMONY AND THEN THE BOARD SHOULD SIT DOWN AND GO OVER ALL THAT AND DECIDE WHAT THE FINAL DRAFT OF THE BILL IS GOING TO LOOK LIKE ONCE INTRODUCED. THAT WHOLE SECTION WAS SKIPPED. WE HAD A PUBLIC HEARING AND ABOUT 10 DAYS LATER THE BILL WAS INTRODUCED AND NONE OF US FOUND OUT ABOUT THESE RESTRICTIONS PUT ON PHYSICAL THERAPY. WHAT THEY DID TO PHYSICAL THERAPY AND DRIVING NEEDLING, THEY MADE IT IMPOSSIBLE. NO SUCH CLASS EXISTS. IT'S NOT OUT THERE. SO THAT'S WHY PT IS KIND OF STUCK RIGHT NOW. AND SO WE DON'T KNOW WHO PUT IT IN THE BILL OR WHY IT'S IN THE BILL, BUT I EVEN THINK THE WAY THAT IT WAS PROMULGATED WAS WRONG. AND I'M NOT SURE HOW IT HAPPENED AND I'M NOT GOING TO POINT ANY FINGERS. THERE'S OTHER POINTS OF CONFUSION WITH THAT BILL AND THE CHANGES MADE TO ACUPUNCTURE. I WAS TALKING TO ACUPUNCTURIST THE OTHER DAY AND YOU HAVE TO UNDERSTAND AN ACUPUNCTURIST HAS A MASTER'S DEGREE. ORIENTAL MEDICINE IS A PHD. THEY'RE DOCTORS. BUT THE MASTER'S DEGREE ACUPUNCTURIST SAYS, "YEAH, NOW WE CAN CALL OURSELVES DOCTORS." WE WERE TOLD BY SOMEBODY, HE DIDN'T NAME NAMES, THAT IT'S OKAY TO EVEN HAVE A MASTER'S DEGREE, CALL THEMSELVES DOCTORS, WHICH IS TOTALLY WRONG AND ILLEGAL. AND IT OPENS UP A WHOLE NEW BOX OF PROBLEMS. SO AT ALLIED HEALTH, WE HAVE A LOT OF MASTER'S DEGREE LICENSES, A LOT OF THEM IN THE PSYCHOLOGIES, SPEECH AND LANGUAGE PATHOLOGIES, SOME OF THEM. AND IF ALL OF A SUDDEN IN THE FUTURE SOMEBODY LOOKS AND SAYS, "HEY, YOU ALLIED HEALTH ALLOWED THE ACUPUNCTURIST AT THE MASTER'S LEVEL TO USE THE TITLE DOCTOR, IT'S GOING TO BE VERY CONFUSING." SOME PEOPLE WILL SAY, "WELL, I WANT TO CALL MYSELF DOCTOR." AND I DO REALIZE UNDER THE ORIENTAL CULTURES THAT IT'S COMMON TO CALL YOUR ACUPUNCTURIST DOCTOR BECAUSE HE KIND OF

IS LIKE A FAMILY DOCTOR. BUT WE'RE NOT IN EAST ASIA. WERE IN UNITED STATES AND THE TITLE DOCTOR IS RESERVED FOR PEOPLE WITH PROPER DOCTORATES. SO THAT'S NOT A BIG DEAL TO ME, BUT I THINK THAT SHOULD BE LOOKED INTO. SO AS FAR AS THE CHIROPRACTIC, YOU'RE GOING TO HEAR A LOT FROM MY COLLEAGUES. THEY'RE GOING TO TELL YOU ABOUT THE EDUCATION REQUIREMENTS THAT WOULD BE NEEDED FOR SPINAL MANIPULATIVE THERAPY TO BE PRACTICED BY ACUPUNCTURISTS, BUT IT DOESN'T EXIST. SO WHEN THIS BILL WAS FIRST INTRODUCED ABOUT THREE MONTHS AGO AT THE MARCH MEETING OF THE ALLIED HEALTH BOARD, A MOTION WAS MADE AND PASSED UNANIMOUSLY THAT IN ORDER FOR THE BOARD TO MAKE ANY COMMENT ON THIS THAT THE ACUPUNCTURIST WOULD HAVE TO COME INTO THE BOARD MEETING WITH THE SYLLABUSES OF THE CLASSES THAT THEY THINK WOULD ALLOW THEM TO BECOME PROFICIENT IN SPINAL MANIPULATIVE THERAPY. AND IN THE APRIL MEETING, IN THE MAY MEETING, NOTHING WAS PRODUCED. IN MY OPINION, IT PROBABLY DOESN'T EXIST. SO, YOU CAN'T JUST SAY, "I GO TO SCHOOL FOR 3,000 HOURS, SO I SHOULD BE ABLE TO DO SOMETHING." YOU HAVE TO PROVE THAT YOU'RE PROFICIENT IN SPINAL MANIPULATIVE THERAPY. AND REALLY, THE ONLY TWO PROFESSIONS THAT ARE PROFICIENT WOULD BE CHIROPRACTORS AND OSTEOPATHIC PHYSICIANS. SO, WE'RE VERY CONCERNED ABOUT THAT BECAUSE THEY DID NOT COME AND MEET THAT. MEET THAT STIPULATION. ONE OTHER ANECDOTAL ONE WAS I ON THE SECOND LAW ABOUT THE ASSISTANCE AND IF I HEARD IT RIGHT, I HEARD IT HERE TODAY FOR THE FIRST TIME THAT THESE ASSISTANTS WOULD ALSO BE RESPONSIBLE FOR STERILIZING NEEDLES ON GUAM. IT IS ILLEGAL TO REUSE NEEDLES. ALL ACUPUNCTURISTS ARE REQUIRED TO DO ONE-TIME USE NEEDLES AND THEN THROW THEM AWAY. SO IF PEOPLE ARE THEY FORGOT ABOUT THAT LAW OR SOMETHING, IF THEY'RE USING NEEDLES OVER AND OVER AGAIN, THAT SHOULD BE CHECKED BY PUBLIC HEALTH BECAUSE THAT COULD CREATE A BIG PUBLIC HEALTH HAZARD AND IT'S AGAINST THE LAW. THEY HAVE TO USE DRY NEEDLES. THAT'S BEEN SINCE 1994. AND I THINK THAT'S ABOUT ALL I HAVE TO SAY BECAUSE YOU'RE GOING TO HEAR A LOT MORE FROM MY COLLEAGUES ABOUT EDUCATIONAL STANDARDS FOR ACUPUNCTURISTS AND SPINAL MANIPULATIVE THERAPY WHICH WHAT I HAVE HERE I'M NOT GOING TO READ IT ALL IS WE CHECKED WITH ALL THE ACCREDITED INSTITUTIONS THAT WE COULD FIND IN EAST ASIA AND IN UNITED STATES AND THERE IS NO STATE AND NO UNIVERSITY THAT TEACHES SPINAL MANIPULATIVE THERAPY IN ACUPUNCTURE CURRICULUM AND THERE'S NO STATE THAT ALLOWS SPECIFICALLY FOR AN ACUPUNCTURIST TO PRACTICE SPINAL MANIPULATIVE THERAPY. AND MY LAST COMMENT IS I'M JUST A LITTLE BIT CONFUSED BECAUSE MY COLLEAGUE DR. CHONG WAS SAYING THERE IS A I THINK IT'S A CHINESE NAME TUITA. IS THAT CORRECT? WHERE IT'S A MASSAGE TYPE THAT DOES INCLUDE SOME MANIPULATION. SO WHY EVEN BOTHER? I MEAN, YOU ALREADY DO SOME MANIPULATION. WHY ADD A WHOLE NEW TITLE TO IT? AND I'M PRETTY MUCH DONE BECAUSE YOU'RE GOING TO HEAR A LOT MORE. THANK YOU.

SENATOR MATANANE
THANK YOU. IS THERE ANYBODY ELSE THAT WOULD LIKE TO TESTIFY ON EITHER BILL 276 OR BILL 277? PLEASE HAVE A SEAT AT THE TABLE. INTRODUCE UH YOURSELF AND WHETHER YOU ARE REPRESENTING ANY PARTICULAR ORGANIZATION OR CLINIC. YES, PLEASE HAVE A SEAT.

DR. TINGSON

Committee Report Digest: Public Hearing **Hearing** Bill No. 276-38 (COR) **- Tina Rose Muña-Barnes. – "AN ACT TO AMEND § 121504.1 AND § 12904 BOTH OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO INCLUDING DRY NEEDLING AND SPINAL MANIPULATION AS AUTHORIZED ACTIVITIES FOR LICENSED PRACTITIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE."**
Wednesday May 6, at 1:00 P.M.
Public Hearing Room, Guam Congress Building

GOOD AFTERNOON EVERYONE. MY NAME IS DR. JORDAN TINGSON. I AM A PHYSICAL THERAPIST AT SOAR PHYSICAL THERAPY. I AM HERE TO TESTIFY IN OPPOSITION OF BILL 276. SO ONE OF THE THINGS THAT I THINK CLEARLY NEEDS TO BE ADDRESSED IS THAT THE STUDIES THAT ACUPUNCTURISTS UNDERGO AND THE PRACTICES THAT THEY PARTICIPATE IN ARE TRADITIONALLY ROOTED IN EASTERN MEDICINE. DRY NEEDLING AND SPINAL MANIPULATION ARE WESTERN MEDICINE PRACTICES. SO THE TECHNIQUE THAT OUR COLLEAGUE IS MENTIONING WHICH INCLUDES SOME FORM OF SPINAL MANIPULATION WHERE THERE IS WHAT'S CALLED THE JOINT CAVITATION WHERE THERE IS A PRESSURE BUILDUP AND YOU GET THAT POPPING SENSATION WITHIN THE JOINT RIGHT OCCURS WITHIN THE TECHNIQUE THAT THEY PERFORM. NOW A SPINAL MANIPULATION IS A VERY SPECIFIC TYPE OF JOINT MOBILIZATION IN WHICH THEY TAKE A JOINT THAT IS DEFINED AS HYPER MOBILE. SO THE JOINT CANNOT MOVE VERY WELL AND THEY PERFORM A LOW AMPLITUDE HIGH VELOCITY THRUST IN WHICH THAT JOINT NOW IS ALLOWED TO MOVE MORE FREELY THUS RESULTING IN A REDUCTION IN PAIN AND MORE FLEXIBILITY. SO NOW WHAT HAPPENS IS YOU HAVE AN EASTERN MEDICINE PRACTICE THAT WE ARE THROWING IN ALL THESE VERY SPECIFIC WESTERN MEDICINE SKILLS THAT THEY DO NOT NECESSARILY ARE TRAINED IN. THAT INCLUDES A HIGH DIFFERENTIAL DIAGNOSIS IN BEING ABLE TO DIFFERENTIATE WHAT SPECIFIC CAUSE IS OR WHAT IS THE UNDERLYING CONDITION HERE, RIGHT? WHAT ARE THE RED FLAGS PRESENT? WHY I SHOULD OR SHOULD NOT BE PERFORMING THIS SPECIFIC TASK AND THE NEGATIVE CONSEQUENCES THAT CAN OCCUR IF THIS TASK IS PERFORMED. SO THIS IS A HIGH LEVEL SKILLED THAT IT THAT CHIROPRACTORS ARE HIGHLY TRAINED IN AND IN CERTAIN STATES PHYSICAL THERAPISTS CAN PERFORM WITH PROPER TRAINING. THERE ARE REGULATIONS FOR THAT THAT WE ARE JUST ALLOWING THEM TO DO WITHOUT ANY PROOF OF ANY DIDACTIC TRAINING OR PRACTICAL TRAINING WITHIN THAT SKILL SET BASED OFF OF EASTERN MEDICINE CONCEPTS. THE SAME APPLIES WITH DRY NEEDLING. DRY NEEDLING IS TECHNICALLY A SUBSET OF AN ACUPUNCTURIST SKILL. THE DIFFERENCE IS THAT ONCE AGAIN ACUPUNCTURE IS BASED OFF OF EASTERN MEDICINE CONCEPT. DRY NEEDLING IS A WESTERN MEDICINE CONCEPT IN WHICH WE ARE NOT LOOKING AT MERIDIAN POINTS OR WORKING LOOKING AT RESTORING ENERGY FLOW WITHIN AN INDIVIDUAL'S BODY. WE ARE TAKING A LOOK AT THE INDIVIDUAL AND THE PERSON TRYING TO RECOGNIZE WHAT TYPE OF INJURY IS GOING ON. ARE THERE ANY RED FLAGS PRESENT AND WHAT TISSUE IS OR MUSCLE OR STRUCTURE AM I EXACTLY TRYING TO INFLUENCE THROUGH THIS SKILLED INTERVENTION? AGAIN, THIS IS SOMETHING THAT PHYSICAL THERAPISTS HAVE TO UNDERGO ADVANCED TRAINING FOR IN MOST NOT I BELIEVE IN ALL IF NOT MOST STATES. RIGHT. HOWEVER, OUR CURRENT PROFESSION HERE HAS A SIGNIFICANT BARRIER. ONE, THE HOURS OF COURSE WORK REQUIRED IN WHICH THERE ARE NO COURSES ON GUAM WHICH PHYSICAL THERAPISTS CAN TAKE. SO YOU'RE LOOKING AT PHYSICAL THERAPISTS BEING RESTRICTED IN THIS PRACTICE TO GET ADVANCED TRAINING BY COST ALONE. THE SECOND IS THE 200 HOURS OF SUPERVISION. THE LAW CURRENTLY DOES NOT DEFINE WHAT WE WHAT COUNTS AS SUPERVISION, WHO HAS TO SUPERVISE US, AS WELL AS HOW TO PROPERLY SUBMIT THAT TO THE BOARD. THE DOWNSIDE ABOUT THAT IS THAT NOW WE ARE PIGEONHOLE. IF WE PLACE A 200 SUPER 200 HOUR SUPERVISION REQUIREMENT WITHOUT ANYONE TO ACTUALLY SUPERVISE US, BASICALLY PHYSICAL THERAPISTS ARE STILL RESTRICTED FROM PRACTICING THIS LAW. I AM ALL FOR THE ADDITIONAL COURSEWORK REQUIRING PHYSICAL THERAPISTS TO DRY NEEDLE, RIGHT? WHICH I

FEEL LIKE WE SHOULD ALSO SET THE SAME REQUIREMENT ACROSS ALL PROFESSIONS IF WE'RE LOOKING AT ADVANCED SKILL SETS. THAT IS NOT TYPICALLY INCLUDED IN THE DIDACTIC AND PRACTICAL EDUCATION THAT WE RECEIVE THROUGHOUT OUR COURSEWORK. SO ONCE AGAIN ACUPUNCTURIST EASTERN MEDICINE TYPICALLY DRY NEEDLING AND SPINAL MANIPULATION ALTHOUGH THERE ARE TECHNIQUES IN ACUPUNCTURE MEDICINE THAT IN THAT HAVE SIMILAR EFFECTS OR TECHNIQUES THAT IS STILL WESTERN MEDICINE THINKING WHERE WE ARE LOOKING AT DIFFERENTIAL DIAGNOSIS RECOGNITION OF RED FLAGS AND DECIDING IF THE INTERVENTION IS APPROPRIATE OR NOT FOR THAT INDIVIDUAL. THAT IS ALL.

SENATOR MATANANE
I'M SORRY. COULD YOU PLEASE REPEAT YOUR NAME?

DR. TINGSON
DR. JORDAN TINSON. I PRACTICE AT SOAR PHYSICAL THERAPY AND I REPRESENT SOME OF THE PHYSICAL THERAPISTS. THANK YOU.

DR. GREGORY
GOOD AFTERNOON, SENATOR MATANANE AND MEMBERS OF THE COMMITTEE. THANK YOU FOR THE OPPORTUNITY TO TESTIFY. MY NAME IS DR. BARBARA GREGORY. I'M A DOCTOR OF CHIROPRACTIC WITH PACIFIC LIFE CHIROPRACTIC AND ALSO I REPRESENT THE CHIROPRACTIC COUNCIL OF GUAM. I'VE BEEN PRACTICING HERE ON GUAM FOR I DON'T KNOW 30 YEARS. I AM HERE TODAY IN OPPOSITION OF BILL 276-38 AND RESPECTFULLY REQUEST THAT IT BE TABLED FOR FURTHER REVIEW. AS, YOU'VE HEARD FROM MY COLLEAGUES,, DR. MILLER AND, DR. TINGSON, THERE'S A LOT TO BE ADDRESSED IN THIS BILL. THIS BILL RAISES, IMPORTANT CONCERNS REGARDING PROFESSIONAL COMPETENCY, ALSO PATIENT SAFETY. FIRST, SPINAL MANIPULATION AND DRY NEEDLING ARE DISTINCT PROCEDURES THAT REQUIRE DIFFERENT TRAINING AND CLINICAL FRAMEWORK. IN THE US, SPINAL MANIPULATION IS A CORE REGULATED COMPONENT OF A CHIROPRACTIC PRACTICE. THERE IS NO CONSISTENT NATIONAL STANDARD THAT INCLUDES SPINAL MANIPULATION WITHIN THE ACUPUNCTURE SCOPE. SECONDLY, INTERNATIONAL STANDARDS FURTHER SUPPORT THIS DISTINCTION. ORGANIZATIONS SUCH AS THE WORLD HEALTH ORGANIZATION, THE INTERNATIONAL ORGANIZATION FOR STANDARDIZATION, AND THE WORLD FEDERATION OF ACUPUNCTURE AND MOXIBUSTION SOCIETIES DEFINE ACUPUNCTURE STANDARDS AROUND NEEDLE TECHNIQUE AND SAFETY, BUT DO NOT INCLUDE SPINAL MANIPULATION AND OR BIOMECHANICAL PROCEDURES. THIRD, BOTH PROCEDURES REQUIRE ADVANCED KNOWLEDGE OF ANATOMY, NEUROLOGY, AND DIAGNOSIS. EXPANDING THE SCOPE WITHOUT CLEARLY DEFINED PROCEDURE SPECIFIC TRAINING STANDARDS INTRODUCES UNNECESSARY RISK TO PATIENTS. FINALLY, THIS BILL MAY CREATE CONFLICTS WITHIN OUR EXISTING CHIROPRACTIC STATUTES. ANY CHANGE IMPACTING MULTIPLE PROFESSIONS SHOULD BE CAREFULLY ALIGNED TO AVOID UNINTENDED LEGAL AND CLINICAL CONSEQUENCES. FOR THESE REASONS, I RESPECTFULLY ASK THAT BILL 276-38 BE TABLED TO ALLOW FOR PROPER REVIEW, STAKEHOLDER INPUT, AND DEVELOPMENT OF CLEAR AND CONSISTENT STANDARDS. THANK YOU FOR YOUR TIME, AND I'M AVAILABLE FOR QUESTIONS.

SENATOR MATANANE

THANK YOU, DR. BARBARA. IS THERE ANYONE ELSE THAT WOULD LIKE TO TESTIFY EITHER ON BILL 276 OR BILL 277? IF NOT, WE WILL NOW HAVE YES, DR. CHONG.

DR. CHONG
YES, MY HONOR. LET ME EXPLAIN TO THE CHIRO DOCTORS AND PT DOCTORS. I THINK YOU GUYS ARE CONFUSED WITH ORIENTED MEDICINE AND WESTERN MEDICINES. ACUPUNCTURE ORIENTED MEDICINE IS BASED ON ORIENTED MEDICINE NOT WESTERN MEDICINES. AND THE REQUIREMENT OF IN IN ORDER TO STUDY GET A DEGREE OF A MASTER DEGREE TAX FOUR YEARS STRICT TO THE SCHOOL 3,300 HOURS BEFORE THAT TWO YEARS OF PREMED. THE DO DOCTOR'S DEGREE OF ACUPUNCTURE ORIENTAL MEDICINE ANOTHER TWO YEARS. SO WE STUDY SIX YEARS TO STUDY. TOTAL HOUR IS 452 HOURS. CHIRO STUDY 420 HOURS. THREE FOUR HOURS TO FOUR YEARS TO FIVE YEARS STUDYING CHIRO FOR US STRICT TO THE SIX YEARS IF THERE'S A FURTHER UP YOU KNOW FURTHER EDUCATION SUCH AS PH LEVEL ANOTHER FOUR YEARS AFTER MASTER DEGREE. SO TOTAL I STUDIED 10 YEARS AND MASTER DEGREE OF THE STUDY IS WESTERN MEDICINE WE STUDY 650 HOURS ANATOMY PHYSIOLOGY NEURO ANATOMY PATHOPHYSIOLOGY WESTERN MEDICAL DIAGNOSTICS PHARMACOLOGY RED FLAG IDENTIFICATIONS COLLABORATIVE CARE AND REFERRAL LOW STANDARDS. THIS FOR THE WESTERN MEDICINES BESIDE ORIENT MEDICINES CLINICAL TRAINING 900 TO 1,200 HOURS SUPERVISED PATIENT CARE NEEDLING TECHNIQUES MUSCULAR SKELETON ASSESSMENT CASE MANAGEMENT SAFETY AND RISK MANAGEMENT PROTOCOL EXTERNSHIP. THIS TOTAL IS 3,240 HOURS FOR THE MASTER DEGREE. ORIENTAL MEDICINE THEORY AND TECHNIQUE WE STUDY 1,400 HOURS ACUPUNCTURE TECHNIQUE MARAN THEORY HERBAL MEDICINE MANUAL THERAPY ORECTIC EVALUATIONS AND TREATMENT PLAN. THESE ARE THE MASTER DEGREE. BESIDE THAT ACUPUNCTURE ORIENTED MEDICINE ANOTHER 1,280 HOURS TOTAL WE STUDY FOR THE DOCTOR LEVEL 4,520 HOURS. WE HAVE ENOUGH HOUR TO STUDY SPECIFICALLY BESIDE THAT SPINAL MANIPULATION IS NOT WE NOT ONLY DOING SPINAL MANIPULATION WE USE ELBOW PALMS KNUCKLES FINGERS AND THUMB TECHNIQUES DIFFERENT MANIPULATIONS IT DOES IS NOT GOING TO BE IS TOTALLY DIFFERENT FROM CHIRO. CHIRO BASED ON THE WESTERN MEDICINE JUST LIKE A DRY NEEDLE DRY NEEDLE UNDER DRY NEEDLE THEY PRACTICE ACUPUNCTURE. HOW MANY HOURS STUDY? 50 HOURS MAXIMUM. SAY OVER 1,000 WHATEVER. BUT THEY ONLY STUDY UH ONLINE 50 HOURS. WE STUDY MASTER DEGREE 3,300 HOURS TO FOR THE SAFETY AND ACUPUNCTURE NEEDLING IS OUR PROFESSIONS. AND THEY SAY OH THAT DRY NEEDLING AND DRY NEEDLING IS THAT'S NOT THEIR PT IS CORE REQUIREMENT THOSE I EXPLAINED ALL THIS BASED ON NATIONAL STANDARD RECOGNIZED BY US DEPARTMENT OF EDUCATION THESE ALL STANDARD FROM REQUIREMENT FOR US EDUCATIONS. SO WE HAVE ENOUGH HOURS TO STUDY DOING MANIPULATION AND TWINA SPECIFIC WE STUDIED 120 HOURS FOR THE TWINA BESIDE THAT 1,400 HOURS FOR THE ORIENTAL MEDICINE ALL TOGETHER PLUS INTERNSHIP CLINIC INTERNSHIP 1,000 HOURS PLUS 1,00 AND 20 250 HOURS. SO TOTAL MASTER DEGREE IS 3,240 AND DOCTOR DEGREE 4,520 HOURS ENOUGH TO PROVE AND ORIENT MEDICINE IN OUR COUNTRY EXIST 5,000 YEARS AND TWINA 2,000 YEARS OVER 2,000 YEARS IN CHINESE MANIPULATION TECHNIQUES IN ASIA SUCH AS CHINA, KOREA, JAPAN, WE DON'T HAVE A CHIROPRACTOR. WE DO HAVE TWINA. SO, CHIRO TECHNIQUE IS VERY ROUGH, STRONG TECHNIQUES, BUT TWINA IS VERY

GENTLE AND TOTALLY DIFFERENT STYLE TECHNIQUES. SO I DON'T SEE WHY CHIRO AND PT OPPOSE OUR YOU KNOW TRAINING AND PRACTICE OF MANIPULATION AND SPINAL MANIPULATIONS. THANK YOU HONOR.

SENATOR MATANANE
THANK YOU DR. CHONG. WE WILL NOW BEGIN QUESTIONS FROM MY COLLEAGUES BEGINNING WITH THE RANKING MEMBER AND AUTHOR OF BILL 276 AND BILL 277 SENATOR MUNA BARNES.

SENATOR BARNES
THANK YOU, MADAME CHAIR. AND I KNOW THAT WHEN THESE TWO BILLS WERE GOING TO COME, I DID SPECULATE THAT THERE WOULD BE OPPOSITION FOR ONE BILL OVER THE OTHER, AND I WANTED TO MAKE SURE THAT THE LISTENING AUDIENCE WOULD UNDERSTAND THAT IN TECHNOLOGY TODAY AND MOVING FORWARDS, WHAT MAY HAVE BEEN BACK BACK THEN MAY BE BETTER TODAY. AND VICE VERSA. MAY WHAT WAS GOOD BACK THEN MAY NOT BE SO GOOD TODAY. AND AS WE LOOK AT TRAINING AND EDUCATION AND SERVICES TO PROVIDE FOR OUR COMMUNITY, WE NEED TO BE ABLE TO BE OPEN TO LOOK AT ALL THE OPPORTUNITIES THAT ARE WITH US. AND I DO KNOW THAT DOC FROM SOAR YOU SPOKE ABOUT THE DIFFERENCES AND THEN WE TALKED ABOUT BOTH WESTERN MEDICINE AND EASTERN MEDICINE AND SOMETHING THAT THAT I HAVE BEEN VERY OPEN TO HAVING OUR ISLAND OF GUAM EVEN TODAY BEING AFFORDED THE OPPORTUNITY TO GET EASTERN MEDICINE WORK THROUGH EVEN OUR PATIENTS GOING TO TAIWAN AND THE MEDICAL HOSPITALS BACK THERE ACCEPTING WHAT WE HAVE WITH INSURANCE'S HERE. I ONLY BRING THAT UP AS AN OPPORTUNITY TO LET YOU GUYS KNOW AS POLICY MAKERS, WE LITERALLY HAVE TO BE OPEN-MINDED TO EVERYTHING. THAT BEING SAID, I ALSO KNOW THAT AS WE CONTINUE TO LOOK AND BRINGING SPECIALTIES ON GUAM, WHETHER IT BE FROM PODIATRY TO PHYSICAL THERAPY TO ALLOPATHIC MEDICINE TO PHYSICIANS ASSISTANCE TO ALL THAT. WE HERE AS POLICY MAKERS CONTINUE TO LOOK AT THE OPPORTUNITIES ON HOW WE CAN ENGAGE TO BRINGING NEW MEDICAL OPPORTUNITIES TO OUR COMMUNITY.TO INCLUDE OCCUPATIONAL THERAPY LIKE I SAID PODIATRY, PHYSICAL THERAPY, OSTEOPATHIC MEDICINE TO THAT WORKING WITH THE WESTERN EDUCATION SYSTEM THROUGH WITCHIE, THE GUAM COMMUNITY COLLEGE AND ALL THAT. I SAY THAT, MADAM CHAIR, BECAUSE I KNOW THAT I AM LOOKING FOR A FOLLOW UP ONTO THIS THESE TWO BILLS THAT WE HAVE BEFORE US. AND THE FOUR QUESTIONS, MADAM CHAIR, THAT I WANTED TO ASK WAS TO LITERALLY WORK TO SEE AND BE OPEN-MINDED. FIRST ASK DR. CHONG, WHAT ARE THE CORE EDUCATION AND CLINICAL TRAINING REQUIRED FOR THE ACUPUNCTURE AND UH UM OPERATIONAL I MEAN ORIENTAL MEDICINE PRACTITIONERS SPECIFICALLY THIS CURRICULUM INCLUDE THE MUSCULOSKELETAL ASSESSMENT THE NEURO ANATOMY AND THE NEEDLE-BASED THERAPIES. DR. CHONG.

DR. CHONG
YES, CORRECT.

SENATOR BARNES
DO YOU DOES THAT INCLUDE?

DR. CHONG
YES.

SENATOR BARNES
OKAY. SO, AND IF ANYBODY ELSE WANTS TO JUMP IN I KNOW THAT THERE'S OFTEN CONFUSION BETWEEN DRY NEEDLING AND ACUPUNCTURE, SO I'M JUST GOING TO CUT IT SHORT. ARE ACOM PRACTITIONERS TRAINED IN TECHNIQUES THAT OVERLAP WITH DRY NEEDLING AND WHERE DO THE TRAINING AND CLINICAL APPLICATIONS OVERLAP AND WHERE DO THEY DIFFER? SO ANY ONE OF YOU GUYS CAN START FIRST.

DR. MILLER
I'D LIKE TO SPEAK TO SOME OF THAT. SURE. IT'S THERE WAS A EXHAUSTIVE LITERATURE SEARCH OF THE UNIVERSITIES AND THE LAWS IN THE UNITED STATES AND ALSO IN EAST ASIA. NONE OF THEM HAVE SPECIFIC COURSES OR SYLLABUSES IN TEACHING SPINAL MANIPULATIVE THERAPY. NOW MY COLLEAGUE IS VERY WELL EDUCATED IN MUSCULOSKELETAL AND EVEN NEUROLOGICAL BUT THAT DOES NOT MEAN THAT HE COULD DO THIS ONE TECHNIQUE. I'LL GIVE YOU FOR INSTANCE MY COLLEGE MY CHIROPRACTIC COLLEGE IN OREGON TAUGHT MINOR SURGERY PROCTOLOGOLOGY GYNECOLOGY AND FOR ME TO GRADUATE I HAD TO DO PAPSMEARS HAD TO DO PROCTOLOGICAL EXAMS AND I HAVE DESERVED MINOR SURGERY NOW IT SEEMS WEIRD FOR A CHIROPRACTOR BUT THAT'S ALL LEGAL IN OREGON FOR CHIROPRACTORS TO DO NOW I DON'T DO THAT ON GUAM BECAUSE IT'S AGAINST THE LAW OUR SCOPE OF PRACTICE DOES NOT ALLOW THAT. AND THAT'S PART OF IT IS YOU GOT TO BE WITHIN THE SCOPE OF PRACTICE OF YOUR AREA. AND LIKE I SAID, THE ACUPUNCTURISTS AND THE ORIENTAL MEDICINE DOCTORS HAVE VERY GOOD EDUCATION, BUT
IT'S NOT SPECIFIC ENOUGH TO ENTER INTO THIS REALM AND BE SAFE BECAUSE FOR CHIROPRACTIC, IT'S YEARS AND YEARS AND YEARS. AND WHEN HE READ OFF HIS SYLLABUSES, IT DOES NOT INCLUDE X-RAY ANALYSIS FOR WHAT WE CALL SUBLUXATIONS,
THE MALIGNMENT WITH THE NEUROLOGICAL COMPONENT. THE X-RAY AND THE MRIS THAT WE DEAL WITH ARE VERY SPECIFIC TOWARDS OUR TECHNIQUES. THAT'S A LOT OF TIMES HOW WE DECIDE WHICH VERTEBRAE NEEDS TO BE ADJUSTED THROUGH MEDICAL IMAGING. SO,
IT'S SIMPLY NOT THE SAME. AND LIKE DR. GREGORY SAID, "THERE'S A PRETTY
STRONG POTENTIAL DANGER HERE IN WATERING DOWN THESE TECHNIQUES BY ALLOWING OTHER PROFESSIONS TO DO IT WITH MINIMAL WEEKEND SEMINARS, THAT TYPE OF THING." AND BACK IN I I'M TRYING TO GUESS IT'S PROBABLY 1994, DR. CALINGO, GEORGE CALINGO WAS THE CHAIR OF THE ALLIED HEALTH BOARD. AND THERE WAS A LONG DISCUSSION ABOUT,
YOU KNOW, ALLIED HEALTH IS DIFFERENT THAN ANY OTHER BOARD BECAUSE I THINK WE HAVE 14 PROFESSIONS. SO IT'S NOT LIKE THERE'S A CHIROPRACTIC BOARD WITH ONLY CHIROPRACTORS ON IT. THAT WOULD BE REALLY EASY. AND IT WASN'T A LAW WE PASSED, BUT IT WAS A POLICY WE PASSED THAT EACH LICENSE ON THAT BOARD SHOULD HAVE SOMETHING VERY UNIQUE THAT IDENTIFIES THEM, THEIR IDENTITY. AND IN ACUPUNCTURE, I'M SURE THEIR IDENTITIES BASED AROUND MERIDIAN THERAPY AND THE INSERTIONS OF NEEDLES AND ENERGY FLOW. THAT'S WHAT MAKES AN ACUPUNCTURIST AN ACUPUNCTURIST. IN CHIROPRACTIC, IT'S SPINAL MANIPULATIVE THERAPY. IN OTHER MODALITIES, IN PHYSICAL THERAPY IS KIND OF THE SAME. AND SO NOW WE'RE GOING AGAINST THAT POLICY BY SAYING, "WELL, WE'RE GOING TO TAKE PART OF THE CHIROPRACTIC LAW APART

TO ALLOW ACUPUNCTURISTS TO DO THIS THING THAT WE'RE REALLY NOT QUALIFIED FOR." AND IT'S NOT TAUGHT IN THEIR UNIVERSITIES EITHER HERE IN KOREA OR CHINA. AND THE OTHER THING THAT KIND OF CONFUSES ME WITH WHY WE'RE EVEN HERE WITH THIS BILL IS HE ELOQUENTLY SAYS ABOUT THIS THERAPY CALLED I'M GOING TO MISPRONOUNCE IT PROBABLY TWINA WHERE THEY ACTUALLY DO SOME MANIPULATION. SO THEY'RE ALREADY DOING IT. SO WHY ARE WE ADDING A VERY HIGHLY SPECIALIZED FORM OF IT? THEY ALREADY HAVE PRETTY MUCH WHAT THEY WANT. SO, I'M NOT QUITE SURE WHY THEY'RE DOING THIS WITH SPINAL MANIPULATIVE THERAPY. IT'S NOT NECESSARY.

SENATOR BARNES
I WAS TALKING ABOUT DRY NEEDLING AND ACUPUNCTURE. SO, AND I THINK YOU WERE REFERRING TO SPINE MANIPULATION. SO I JUST WANTED THAT QUESTION WAS ARE THE ASOME PRACTITIONERS TRAINED IN TECHNIQUES THAT OVERLAP WITH DRY NEEDLING AND WHERE DO THE TRAINING AND CLINICAL APPLICATIONS OVERLAP AND WHERE DO THEY DIFFER WAS WHAT I WAS ASKING IF IT IS
DR. MILLER
WELL IN OUR RESEARCH ALL 50 STATES THERE'S NO UNIVERSITY PROGRAM FOR ACUPUNCTURE THAT HAS SPECIFIC CLASSES IN SPINAL MANIPULATIVE THERAPY SIMPLY NOT TAUGHT AND IN ALL 50 STATES THAT WE RESEARCHED IN LICENSURE THEY ARE NOT ALLOWED TO DO SPINAL MANIPULATIVE THERAPY AND THEN THE ORIENTAL COLLEGES IS PRETTY MUCH THE SAME SO OBVIOUSLY THAT'S WHY WE'RE IN OPPOSITION TO THE BILL IS YOU'RE WATERING DOWN THE EXPERTISE OF THAT TECHNIQUE THAT'S LIKE I MENTIONED THESE THINGS I COULD DO IN OREGON THERE'D BE NO WAY THAT THE MEDICAL BOARD WOULD LET ME DO MINOR SURGERY. THEY WOULD ISSUE A CEASE AND DISORDER IMMEDIATELY. BUT I COULD SAY, "YEAH, BUT I'M TAUGHT IN MY SCHOOL HOW TO DO MINOR SURGERY." THAT BEING TAUGHT IN SCHOOL, EVEN IF IT'S MULTIPLE CLASSES, DOES NOT ALLOW YOU TO DO THINGS AUTOMATICALLY. YOU GOT TO QUALIFY FOR THEM. AND RIGHT NOW, THERE'S NO QUALIFYING LEVEL FOR SPINAL MANIPULATIVE THERAPY. AND IF WE DID ESTABLISH RULES, REGULATIONS FOR QUALIFICATIONS, IT WOULD BE VERY STRINGENT BECAUSE IT WOULD INCLUDE RADIOLOGY, IT WOULD INCLUDE A LOT OF THINGS THAT'S NOT IN HIS CURRICULUM. YET, HE'S ALREADY DOING SOME MANIPULATION UNDER THIS ORIENTAL TECHNIQUE. SO, I DON'T REALLY SEE WHY IT EVEN NEEDS TO GO ANY FURTHER. IT'S REDUNDANT AT THE BEST. DO YOU UNDERSTAND WHAT I'M SAYING?

DR. CHONG
LET ME EXPLAIN WHAT IS ACUPUNCTURE ORGANIC MEDICINES. ACUPUNCTURE ORIENTED MEDICINES CONSIST OF A MAIN FOUR MAINSTREAM SUCH AS LIKE INTERNAL MEDICINE, ACUPUNCTURE, HERBAL MEDICINE AND MANIPULATION. THESE ARE THE FOUR MAIN STREAM OF ORIENTAL MEDICINES. MANIPULATION, ACUPUNCTURE, HERBAL MEDICINE. THESE ARE ALL MODALITY OF ORIENTED MEDICINES. OKAY. ALSO MANIPULATION OF A SPINE. WE'RE NOT ONLY DOING SPINAL MANIPULATION JUST LIKE CHIRO. WE DO WHOLE BODY JOINTS MUSCLE AND TENDONS INCLUDE SPINAL MANUAL SPINE. THE REASON WHY I'M HERE BECAUSE CHIRO ALWAYS SAY SPINAL MANIPULATION PATIENT ONLY CHIRO ALLOWED TO DO IT. THAT'S NOT TRUE BECAUSE NUMBER ONE OUR TECHNIQUE IS DIFFERENT FROM CHIRO. WHY? BASED ON ORIENTAL MEDICINE NOT WESTERN MEDICINE FOR EXAMPLE DRY NEEDLE. WHY THEY PT

PRACTICE ACUPUNCTURE UNDER DRY NEEDLE? OKAY. WHAT'S THE DRY NEEDLES MEANS? DRY NEEDLE MEANS SOMETHING IS NOT WET SUCH AS A SYRINGE. THERE'S A HOLE SUPPOSED TO INJECT THE YOU KNOW LIQUID CHEMICAL LIQUID TO PATIENTS. THEY USE SYRINGE TO DO PRACTICE AND INTERMUSCULAR STIMULATE POINT SUCH AS MUSCLE TENSION POINT. THEY STIMULATE IT. THEY SUPPOSED TO USE A SYRINGE NEEDLE BUT NOW THEY PRACTICE ACUPUNCTURE NEEDLE. THEY PRACTICE ACUPUNCTURE ELECTRONIC ACUPUNCTURE MACHINE TO STIMULATE EVERYTHING WITH US UNDER DRY NEEDLE STUDY ONLY 50 HOURS
AND ONLINE AND NEEDLING IS NOT THEIR PROFESSION NOT CORE REQUIREMENT
THAT'S WHY I'M YOU KNOW I'M VERY WORRIED ABOUT COMMUNITIES SOMETHING HAPPENED THEY'RE GOING TO SAY OH SOMETHING HAPPENED NEEDLING SO IT'S GOING TO AFFECT OUR PROFESSION TOO SO DR. MILLER SAY WE'RE NOT QUALIFIED TO DO SPINE MANIPULATION. HUMAN BODY IS A WHOLE ONE BODY. YOU CANNOT SEPARATE FROM LIKE SPINE. THIS ALL INCLUDED. WE'RE NOT DOING ONLY SPINE. WE DO WHOLE BODY. I SEE CHIROPRACTOR THEY'RE SUPPOSED TO LET ME HAVE A QUESTION FOR YOU DR. MILLER. DO YOU ONLY PRACTICE SPINE OR ANY OTHER PART OF YOU KNOW FOR EXAMPLE WRIST, ANKLE, KNEE? DO YOU ALSO ADJUST

DR. MILLER
HEAD TO TOE. EVEN STOMACHS, EARS, ALL THAT HAS STRUCTURES IN IT. ALL CAN BE MANIPULATED. BUT THE CHIROPRACTIC IDENTITY, WHAT MAKES IT DIFFERENT THAN PHYSICAL THERAPY OR ACUPUNCTURE IS SPINAL MANIPULATIVE THERAPY. AND WE'RE WHY I'M HERE IT'S IN A VERY DEFENSIVE MODE IS DON'T MESS UP MY PROFESSION BY WATERING IT DOWN AND REDEFINING SPINAL MANIPULATIVE THERAPY. AND LIKE I JUST MENTIONED TOO, HE KEEPS TALKING ABOUT THESE TRADITIONAL THERAPIES WHERE THEY DO MANIPULATION.
SO THEY'RE ALREADY DOING IT. THEY PRETTY MUCH HAVE WHAT THEY WANT. AND YEAH, THE CHIROPRACTORS DO COMPLAIN, BUT TO UPGRADE IT AND BE ABLE TO CALL THEMSELVES, YOU KNOW, YEAH, I DO SPINAL MANIPULATIVE THERAPY, WHICH IS BASICALLY LIKE SAYING, YEAH, I DO CHIROPRACTIC. NOW, THIS IS GOING TO SOUND SARCASTIC, AND I APOLOGIZE IN ADVANCE. I WOULD THINK IF THIS BILL GOES FORWARD, THEN IF THEY WANT TO DO SPINAL MANIPULATIVE THERAPY, THEN ALL THE CHIROPRACTORS SHOULD BE ALLOWED TO DO ACUPUNCTURE.
IT'S A TIT FOR TAT TRADE. AND IT SOUNDS REALLY SILLY, BUT THAT'S WHAT'S GOING ON HERE. THEY'RE SAYING, "WELL, WE'RE TIRED OF BEING ACUPUNCTURISTS. WE WANT TO BE CHIROPRACTORS PART-TIME, TOO." AND OF COURSE, CHIROPRACTORS SAY, "NO, IT'S NOT SAFE." SO, THERE'S AN OLD SAYING IS STAY IN YOUR LANE. AND RIGHT NOW, I'M IN MY LANE. I DON'T DO DRY NEEDLING. I DON'T WANT TO DO DRY NEEDLING, BUT I HAVE TO DEFEND MY LANE, WHICH IS CHIROPRACTIC FOR THE FUTURE AND FOR SAFETY REASONS. AND MOST CHIROPRACTORS CARRY A PRETTY BIG AMOUNT OF MALPRACTICE INSURANCE. SO I'D LIKE TO ASK DR. CHONG, IS IT TYPICAL TO HAVE LIKE A MILLION DOLLARS COVERAGE FOR MALPRACTICE? AND IF YOU DID HAVE AN INCIDENT WHERE YOU WERE DOING SPINAL MANIPULATIVE THERAPY AND YOU INJURED A PATIENT AND THERE WAS A LAWSUIT, WOULD THAT POLICY COVER YOU DOING SPINAL MANIPULATIVE THERAPY OR IS IT JUST FOR NEEDLING? SO THEY GET INTO THE SAFETY OF THE PUBLIC. YOU KNOW, IF YOU WATER IT DOWN AND EVERYBODY STARTS DOING IT, YOU'RE GOING TO HAVE PROBLEMS. DO YOU GUYS YOU HAVE THAT TYPE OF MALPRACTICE INSURANCE?

DR. CHONG

YES. YES, WE DO HAVE A MALPRACTICE INSURANCE. BUT WHAT I MEAN IS CHIIRO SPECIALIZED SPINAL MANIPULATION ONLY SUPPOSED TO DO ONLY SPINE MANIPULATION. BUT THEY DO WRIST, ELBOW, KNEE, ANKLE. SAME THING YOU SEE YOU DO SPINAL PLUS OTHER PART OF BODY. SAME THING AS US. WE STUDY WHOLE BODY PLUS SPINAL MAN SPINE. THAT'S WHY YOU SAY WHOLE BODY PLUS THE SPINE.

DR. MILLER
WELL, AGAIN, NOT TO SOUND SARCASTIC, BUT I STUDY THE WHOLE BODY.

DR. CHONG
WHY? I CANNOT DO IT.
SO THEN I DON'T UNDERSTAND WHY.

DR. MILLER
THEN CHIROPRACTORS SHOULD HAVE FULL SCOPE OF PRACTICE IN ACUPUNCTURE BECAUSE WE STUDY THE SAME BODY. AND I THINK THAT'S LUDICROUS. I WOULDN'T WANT A BILL LIKE THAT. BUT THE LOGIC THAT I'M HEARING JUST DOESN'T MAKE SENSE TO ME.
YOU'RE INVADING THE TERRITORY OF ANOTHER PROFESSION. YOU'D HAVE TO CHANGE OUR LAWS TO ACCOMMODATE THAT AND IT'S SIMPLY NOT NECESSARY. NUMBER ONE IS BECAUSE HE'S ALREADY DOING IT UNDER THE CHINESE STYLE AND NUMBER TWO YOU ARE ACTUALLY TAKING SOMETHING AWAY FROM SOMEBODY ELSE TO ACCOMMODATE A DIFFERENT PROFESSION AND IT WOULD BE DANGEROUS TO OUR SOCIETY TO HAVE A LOW-LEVEL TRAINING IN SPINAL MANIPULATIVE THERAPY BECAUSE IT'S THE REMEMBER WHEN I DID MY INTRODUCTION IT'S NOT ABOUT THE BONES IT'S ABOUT THE NERVES IT'S THE PERIPHERAL NERVOUS SYSTEM THOSE NERVES GO INTO EVERY CELL IN YOUR BODY AND THEY'RE INFLUENCED GREATLY BY CHIROPRACTORS REALIGNING THE SPINE TO GET THE PRESSURE OFF THE NERVES AND NOBODY TALKS ABOUT THAT. SO YES, I'M BEING VERY DEFENSIVE. I THINK WE HAVE TO BE I THINK IT'S DANGEROUS TO MIX PROFESSIONS, YOU KNOW, LIKE FOR INSTANCE, LET'S SAY, AGAIN, I'M BEING SARCASTIC. I APOLOGIZE FOR THAT. THAT ACUPUNCTURE GETS SPINAL MANIPULATIVE THERAPY, BUT NOW THEY'RE BORED AND THEY SAY, "YOU KNOW WHAT? WE WANT TO DO SOME DENTISTRY, TOO." NOW, THAT SOUNDS LUDICROUS, TOO, BUT THAT'S WHAT WE'RE DOING HERE. IT'S APPLES AND ORANGES, AND I DON'T MIND STAYING IN MY LANE. I'M A CHIROPRACTOR. I'M NOT GOING TO DO DRY NEEDLING. I DON'T WANT TO DO DRY NEEDLING, BUT I HAVE TO PROTECT OUR TERRITORY. AND WE HAVE LAWS IN PLACE SINCE THE 90'S THAT DO JUST THAT. AND THOSE LAWS WOULD HAVE TO BE CHANGED TO ACCOMMODATE SOMEBODY WITH MUCH LESS TRAINING.

SENATOR BARNES
MADAM CHAIR, IF I MAY, I LITERALLY WANTED TO GO BACK TO DR. CHONG AND ASK HIM AGAIN FOR CLARIFICATION. WHAT IS THE DIFFERENCE BETWEEN THE DRY NEEDLING AND ACUPUNCTURE? AND THEN I KNOW THAT EVEN BASED ON WHAT'S WHAT WAS

BEING SAID BY DR. MILLERS, I KNOW THAT THIS BILL, BOTH BILLS, ONE MAY BE MORE FAVORABLE THAN THE OTHER, BUT I THINK THAT THIS IS LITERALLY FAIR TO BRING THIS SUBJECT TO THE TABLE AS WE LOOK AT TECHNOLOGY TODAY AND AS WE LOOK AT PRACTICES THAT ARE HAPPENING BOTH EASTERN AND WESTERN AND HOW WE CAN COME UP WITH AMICABLE SOLUTIONS AND THAT'S WHAT I'M LOOKING FOR. SO, BUT I NEED DR. CHONG TRYING TO ANSWER MY QUESTION AS IT RELATES TO THE DIFFERENCE BETWEEN DRY NEEDLING AND ACUPUNCTURE. IS THERE A DIFFERENCE OR WHAT IS THE DIFFERENCE?

DR. CHONG
DRY NEEDLING ACUPUNCTURE THE SAME. THEY JUST CHANGED THE NAME. THE TRIGGER POINT OF A DRY NEEDLE IS ASHI POINT OF ACUPUNCTURE. ACUPUNCTURE 360 DEGREE AND 60 200 360 360 MARAN POINT BESIDE THAT EIGHT EXTRA POINT THEN MUSCLE POINT THAT'S WE CALL ASHY POINT WHEN IS MUSCLE TENSION COMES THERE'S A MUSCLE IS TENSE THAT'S WE CALL MUSCLE TENSION POINT SUCH AS ASHIT POINT AND NUMBER TOO. WE'RE NOT TAKING CHIRO BUSINESS. WE'RE NOT TAKING CHIRO'S SPECIALTY. WE JUST DO OUR OWN WHILE WE TRAIN ALLOWED TO TRAIN ALLOWED TO PRACTICE UNDER ACUPUNCTURE ORIENTED MEDICINE LICENSE. CLEARLY, WE'RE NOT TAKING SOMEBODY ELSE'S PROFESSION. WE DON'T WANT THAT. BESIDE THAT AND WE DON'T PRACTICE SPINE MANIPULATION LIKE CHIRO DOES BECAUSE THAT'S NOT OUR SPECIALTY. WE DON'T WANT TO GET RISK. WE TRAIN WE DO WHATEVER WE TRAIN IN THE MEDICAL SCHOOL. WE DO ALL PRACTICE UNDER OUR TRAINING. YES. THIS IS WHAT I MY ANSWER FOR THE DR. MILLER.

SENATOR BARNES
MADAM CHAIR, I ONLY HAVE LEFT, SO I'M GOING TO READ MY FOURTH QUESTION AND HOPEFULLY THERE COULD BE AN ANSWER REGARDING BILL 277. MANY JURISDICTIONS ARE BEGINNING TO RECOGNIZE THE ACOM ASSISTANCE THROUGH THE NATIONAL STANDARDS THAT ARE STILL EVOLVING. AND THE BILL 277 PROPOSES MINIMUM REQUIREMENTS INCLUDING THE 40 HOURS OF SAFETY AND CLINICAL TRAINING, THREE YEARS OF SUPERVISED CLINICAL EXPERIENCE UNDER A LICENSED PRACTITIONER AND CERTIFICATION BY A PROFESSIONAL ORGANIZATION. IN YOUR VIEW, ARE THESE REQUIREMENTS SUFFICIENT? IF NOT, WHAT STANDARDS WOULD BE MORE APPROPRIATE TO ENSURE SAFETY AND COMPETENCY? SO, I I'M GOING TO ADDRESS THAT TO DR. CHO, AND IF ANYBODY ELSE WANTS TO CHIME IN, MADAME CHAIR, I WOULD WOULD REALLY APPRECIATE THAT. AND I YIELD BACK TO YOU. SO, THANK YOU.

SENATOR MATANANE
THANK YOU, SENATOR. I'D ALSO LIKE TO ACKNOWLEDGE THE PRESENCE OF SENATOR SHAWN GUMATAOTAO WHO IS ALSO A MEMBER OF THE COMMITTEE ON HEALTH. SENATOR TERLAJE.

SENATOR BARNES
CHAIR I WANTED TO ASK TO ANSWER IF YOU COULD ANSWER THE QUESTION.
CAN ANYBODY ANSWER THAT? DID YOU GUYS UNDERSTAND THAT?

DR. CHONG

YES HONOR. THE REASON WHY I BROUGHT FOR ACOM ASSISTANCE BECAUSE NOW ALL PROFESSION HAS ASSISTANCE ESPECIALLY ON GUAM WE ARE HAVE SHORT OF DOCTORS MEDICAL STAFF WE ARE VERY POOR MEDICAL FIELD THAT'S WHY WE WANT TO MORE FOCUS ON THE PATIENTS IN THE CLINIC SO A SIMPLE PROCEDURE MEDICAL PROCEDURE IFASSISTANT CAN PREPARE FOR THE DOCTORS, FOR THE PATIENTS THE THAT BRINGS THE SAFETY OF PATIENTS. FOR EXAMPLE, PATIENT COMES THE ASSISTANT PREPARE FOR THE YOU KNOW TREATMENT ROOM, PREPARE FOR THE EQUIPMENT, PREPARE FOR THE YOU KNOW OTHER AFTER ACUPUNCTURE SESSION, TAKE OUT NEEDLE, TAKE OUT THE CUPPINGS AND OPERATING ELECTRONIC ACUPUNCTURE AND SUCH AS YOU KNOW OTHER PROCEDURE. BESIDE THAT SOMETIMES EXPLAIN TO THE HOW AFTER CONSULTATION HOW WE GOING TO DO EXPLAIN TO THE OLD PATIENT WITH ASSISTANCE THEN I HAVE MORE TIME DOCTORS HAS MORE TIME TO FOCUS ON THE YOU KNOW THE PATIENTS. SO ACOM ASSISTANT IS VERY NEED TO WE NEED TO ESTABLISH ON GUAM AND EACH ESPECIALLY ON GUAM LIKE CHIRO AND ACUPUNCTURE CLINIC ONLY ONE DOCTOR WORK DOCTORS ALL DOES ALL PROCEDURE IT'S TOO MUCH OVERLOAD SO ANY PROCEDURE FOR EXAMPLE CALIFORNIA THEY HAVE A ACOM ASSISTANCE SO ON GUAM ESPECIALLY ON GUAM ACUPUNCTURE ESTABLISHED IN 1973 THE FIRST STATE WE'RE NOT A STATE BUT FIRST US TERRITORY ESTABLISH ACUPUNCTURE SO WE SHOULD HAVE PROUD OF YOU KNOW PRACTICE ACUPUNCTURE OR MEDICINE AND ALSO STRICTLY PROHIBIT DIAGNOSIS NEEDING INSERTION, POINT SELECTION, INVASIVE PROCEDURE. THEY CANNOT DO IT. ONLY JUST HELPING DOCTORS TO HELP PATIENT PROCEDURES.

DR. GREGORY
CAN I MAKE A COMMENT? I KNOW YOU WERE ASKING ABOUT DRY NEEDLING AND ACUPUNCTURE. SO, I JUST RESEARCHED IT ON THE WEB AND I'LL JUST READ. IS IT OKAY IF I READ TO YOU? OKAY. SO, DRY NEEDLING IS A MODERN TECHNIQUE PRIMARILY USED FOR TREATING SORRY MUSCULAR TRIGGER POINTS AND MYOFASCIAL DYSFUNCTION. IT IS GENERALLY ROOTED IN MUSCULAR SKELETAL ANATOMY, NEUROPHYSIOLOGY, BIOMECHANICS, PAIN SCIENCE AND TRIGGER POINT THERAPY. THE GOAL IS USUALLY TO REDUCE MUSCLE TENSION, IMPROVE RANGE OF MOTION, DECREASE PRE PAIN, AND IMPROVE MOVEMENT PATTERNS. DRY NEEDLING IS COMMONLY INCORPORATED INTO REHAB OR MANUAL MEDICINE SETTINGS. UNLIKE ACUPUNCTURE, DRY NEEDLING DOES NOT RELY ON MERIDIAN THEORY OR TRADITIONAL CHINESE MEDICINE CONCEPTS. SO, IS THAT WHAT YOU'RE ASKING THE DIFFERENCE? AND SO I GUESS TECHNIQUES

SENATOR BARNES
IS THAT GOOGLE?

DR. GREGORY
NO.

SENATOR BARNES
WHERE'D YOU GET SOMETHING ELSE?

DR. GREGORY
IT'S CHAT GPT.

SENATOR BARNES
OKAY, CHAT GPT. I JUST WANT TO NOTE IT FOR THE RECORD, MADAM CHAIR.

DR. GREGORY
YEAH, JUST A QUICK EASY SEARCH. SO ACUPUNCTURE IS A TRADITIONAL HEALTH CARE SYSTEM ORIGINATING FROM EAST ASIAN MEDICINE WHICH IS WHAT YOU WERE YOU WERE YOU WERE TALKING ABOUT. IT INVOLVES INSERTING NEEDLES INTO SPECIFIC POINTS ALONG MERIDIANS TO INFLUENCE THE BODY'S ENERGY FLOW. SO IT'S A LITTLE BIT DIFFERENT IN PHILOSOPHY. SAME I GUESS TECHNIQUE BUT DIFFERENT DIFFERENT OUTCOMES.

DR. TINGSON
THE OTHER THING I WANTED TO CLARIFY IS THAT IN REGARDS TO THE SKILL SET OF DRY NEEDLING ITSELF IT IS NOT OUR PROFESSION AS PHYSICAL THERAPISTS BUT IS IT IS RATHER A SPECIALIZED SKILL WHICH PHYSICAL THERAPISTS DO NEED ADDITIONAL TRAINING TO PERFORM. SAME THING WITH ACUPUNCTURISTS WHERE IT SHOULD BE RATHER THAN THEIR PRACTICE THAT THEY ALREADY DO IT IS A CLINICAL SUBSET OF WHAT THEY CAN PERFORM WHERE ADDITIONAL TRAINING MAY BE REQUIRED WHICH IS MY CONCERN HERE IS WHEN WE START WATERING IT DOWN AS MY COLLEAGUE DR. MILLER SAID NOW THAT ALLOWS THEM TO DO THAT SPECIFIC SUBSET OF SKILL WITHOUT ACTUALLY RECOGNIZING OR PROVING THAT THEY UNDERSTAND THE NUANCES AND DIFFERENCES BETWEEN THE TWO. SO THEN THAT IS SOMETHING I WANT TO CLARIFY AS WELL. FOR EXAMPLE, THE ASHI POINT OR THE MUSCULOSKELETAL TRIGGER POINT, RIGHT? UNDERSTANDING THE DIFFERENCE AND THE CAUSES BETWEEN THE TWO IS SOMETHING THAT WE DO HAVE TO BE TRAINED TO RECOGNIZE, RIGHT? WHY IS THERE A TRIGGER POINT? WHAT IS IT COMING FROM? IS IT SAFE TO DRY NEEDLE? AND WHILE OUR COLLEAGUE HAS IS VERY WELL STUDIED, WE CAN'T SAY THE SAME FOR EVERY OTHER PRACTITIONER THAT COMES THROUGH THAT HE HAS THAT LEVEL THAT THEY HAVE THAT LEVEL OF EDUCATION. SO I WOULD JUST LIKE TO ADD THAT IT JUST NEEDS TO BE STANDARDIZED AS TO WHAT THE EXPECTATIONS ARE BECAUSE IF WE REQUIRE ADDITIONAL TRAINING FOR IT THEN I FEEL LIKE THEY SHOULD SHOW THAT THEY HAVE THE SAME FOUNDATIONAL KNOWLEDGE THAT WE HAVE AS WELL IF WE'RE GOING TO CROSS THAT BORDER TO TRY TO IN BE INCLUSIVE AND BE OPEN-MINDED ABOUT ALL THE WAYS THAT WE CAN POSITIVELY IMPACT OUR ISLAND. WE NEED TO SET A STANDARD THAT WE ALL CAN AGREE WITH AND THAT WE ALL RECOGNIZE WILL ULTIMATELY PROTECT PATIENTS AND LEAD TO THE BEST OUTCOMES.

MR. CHONG
THANK YOU. DOCTORS, BUT YOU SAY WELL TRAINED. YOU WELL TRAINED FOR PT, NOT ACUPUNCTURE AND DRY NEEDLE. JOIN IT. YOU GUYS ON THE LAW YOU KNOW ALLIED HEALTH PRACTICE ACT SAY 50 HOURS STUDY IS IT WELL TRAINED IN ACUPUNCTURE INSERTION NEEDLE IN THE SKIN THAT'S NOT WELL TRAINED WE STUDY 3,300 HOURS FOR MASTER DEGREE AND DOCTOR 1,250 HOURS YOU KNOW 4,050 HOURS FOR THE WHOLE SIX YEARS TRAIN FOR

ACUPUNCTURE NEEDLING REALLY IS OUR PROFESSION. THEY PT PRACTICE ACUPUNCTURE UNDER DRY NEEDLE BUT IS ACTUALLY IS ACUPUNCTURE PUNCTURE WHAT DOES MEANS ACUPUNCTURE THAT'S OUR SKILL AND DRY NEEDLE WHAT'S A DRY NEEDLE MEANS THEY CHANGE THE NAME IN ORDER TO PRACTICE ACUPUNCTURE DRY NEEDLE MEANS SYRINGE. I NEVER SEE DRY NEEDLING USE SYRINGE DUE TO PAINFUL. THEY USING ACUPUNCTURE NEEDLE SUCH AS 0.5 MM VERY THIN HAIR. THAT'S OUR NEEDLE. PT PRACTICE ACUPUNCTURE NEEDLE. THIS ACUPUNCTURE IS NOT, YOU KNOW, DRY NEEDLE. THAT'S NOT, YOU KNOW, I DON'T KNOW WHAT TO SAY.

DR. TINGSON
IF I COULD SPEAK ON SOME OF THE MECHANISMS THAT OCCUR WITH DRY NEEDLING AS OPPOSED TO ACUPUNCTURE. SO, PHYSICAL THERAPISTS ARE NOT GOING TO MAKE DRY NEEDLING THEIR PROFESSION. IT IS A SUBSET OF SKILLS THAT IS COMMONLY USED ACROSS THE NATION THAT PHYSICAL THERAPISTS HAVE ADDED TO THEIR CURRENT SKILL SET. IT IS NOT SOMETHING WHERE IT BECOMES OUR IDENTITY AND THE MAIN THING THAT WE DO. THUS, WE ARE NOT REQUIRING AS MANY PRACTICE HOURS. IT IS A IN THE GRAND SCHEME OF THINGS DRY NEEDLING TAKES UP ABOUT THIS MUCH SPACE IN PHYSICAL THERAPY PRACTICE. IN REGARDS TO HOW IS IT DIFFERENT FROM ACUPUNCTURE.
IT IS NOT JUST THE PRESSURE INTO THE MUSCLE ITSELF BUT RATHER IT IS A MECHANICAL STIMULUS IN WHICH THE BODY ENTERS A CASCADE OF NEUROPHYSIOLOGICAL CHANGES WHERE BASICALLY THE BRAIN ALTERS ITS SENSATION OF PAIN OR ALTERS A S A RESPONSE TO THAT IN WHICH WE CAN REDUCE SYMPTOMS OR IMPROVE FLEXIBILITY FOR INDIVIDUALS WITH DIFFERENT CONDITIONS. THERE ARE ALSO SEVERAL CLINICAL PRACTICE GUIDELINES WITHIN THE PHYSICAL THERAPY POSITION IN THE PHYSICAL THERAPY PROFESSION WHICH STATE THAT DRY NEEDLING IS A FORM OF TREATMENT THAT YOU SHOULD BE OR CAN PERFORM WITH OTHER W WITH SPECIFIC CONDITIONS IN ORDER TO GET IMPROVED OUTCOMES. SO THIS IS A VERY VALUABLE SKILL SET WHICH WE DON'T WANT TO MAKE OUR ENTIRE PROFESSION BUT IT IS SOMETHING THAT IS VALUABLE THAT WE HAVE DONE EXTENSIVE RESEARCH ON THAT IS SHOWN TO GIVE THAT IS SHOWN TO BE BOTH SAFE AND HAVE POSITIVE EFFECTS FOR PATIENTS WHEN DONE UNDER THE PRACTICE OF DRY NEEDLING WHICH IS STILL DIFFERENT FROM ACUPUNCTURE.

SENATOR MATANANE
THANK YOU. WE'RE GOING TO NOW TAKE ADDITIONAL QUESTIONS FROM MY COLLEAGUES UH SENATOR THERESE TERLAJE.

SENATOR TERLAJE
THANK YOU. IF I COULD ASK PUBLIC HEALTH FIRST OF ALL IS THERE A POLICY REGARDING EXCLUSIVE PRACTICE? THERE ARE NO OVERLAPPING PRACTICES ALLOWED IN THESE ALLIED HEALTH FIELDS.

BREANNA SABLAN
SENATOR, CAN YOU REPEAT YOUR QUESTION?

SENATOR TERLAJE

YES. SO DR. MILLER, YES.
SAID THAT THERE WAS A POLICY IN THE ALLIED HEALTH BOARD THAT OR IN THE LAW THAT THERE WOULD BE NO OVERLAPPING PRACTICES IN THESE ALLIED HEALTH AREAS AND THAT IF ONE IS ALLOWED IT'S A AN EXCLUSIVE PRACTICE IN THAT FIELD.
IN OTHER WORDS, WE CAN'T HAVE DRY NEEDLING IN TWO FIELDS.

BREANNA SABLAN
TO MY RECOLLECTION, AT LEAST FOR THE ALLIED PRACTICE ACT, THERE'S NO POLICY THAT SAYS THAT THERE CAN BE OVERLAPPING.SO FOR PUBLIC HEALTH RESPONSE OR OUT OF HPLO, THERE'S NO POLICY.

SENATOR TERLAJE
ALL RIGHT. AND FOR THIS IN IN REGARDS TO WHAT THEY WANT IN THIS BILL THAT THAT ACUPUNCTURE AND ORIENTAL METALS MEDICINE ASSISTANTS BE ALLOWED TO DO CERTAIN THINGS AND THAT THESE ARE THAT THIS IS HOW THEY WILL BE TRAINED. WERE ADDITIONAL REQUIREMENTS SUBMITTED OR NOT EVER SUBMITTED?

BREANNA SABLAN
I BELIEVE IN THE MARCH THEIR MARCH BOARD MEETING THAT WAS ON THE AGENDA AND THAT WAS WHAT DR. MILLER REFERENCED THE REQUEST OR IT WAS MOTIONED AND VOTED EDUCATIONAL REQUIREMENTS AND THAT HAS NOT BEEN SUBMITTED IN THE APRIL AND THE MAY MEETING.

SENATOR TERLAJE
ALL RIGHT. YOU'VE RESEARCHED THIS OR HAS THE BOARD DR. HAVE YOU RESEARCHED THIS AND SEEN WHAT OTHER STATES HAVE DONE? MY UNDERSTANDING IS THE STATES DO THAT THEY MIGHT DO THE OPPOSITE. SOME OF THEM ALLOW ONLY ACUPUNCTURISTS TO DO DRY NEEDLING AND NOT PHYSICAL THERAPISTS OR OTHER FIELDS.

BREANNA SABLAN
THAT IS CORRECT, SENATOR TERLAJE. AT LEAST FROM MY RESEARCH IT DOES SHOW THE OPPOSITE WHERE THE ACUPUNCTURISTS DO DO THE DRY NEEDLING VERSUS THE CHIROPRACTORS.

SENATOR TERLAJE
ALL RIGHT. DR. CHONG

DR. CHONG
YES, MY HONOR.

SENATOR TERLAJE
DR. CHONG IS YOU'VE STATED WHAT THE REQUIREMENTS ARE FOR EDUCATION AND

TRAINING, BUT IT SOUNDS TO ME LIKE THOSE HAVE NEVER BEEN SUBMITTED TO THE ALLIED HEALTH BOARD FOR THEIR REVIEW OR EVEN FOR OUR REVIEW AND THAT IF THEY'RE AS STRENUOUS AS YOU SAY THAT IF THEY COULD BE SPELLED OUT THEN WE MIGHT BE HAVING A DIFFERENT DISCUSSION. BUT THE PROBLEM IS THE BILL IS JUST TOO GENERAL AND IT DOESN'T SPELL IT OUT AT ALL. SO WE CAN'T COMPARE FOR EXAMPLE HOURS THAT ARE REQUIRED IN ONE FIELD VERSUS THERE ARE NO SET HOURS IN IN THIS BILL FOR YOUR FIELD.

DR. CHONG
ARE YOU TALKING ABOUT BILL 277-38?

SENATOR TERLAJE
YES IN PARTICULAR THAT ONE IS OKAY.

DR. CHONG
CALIFORNIA ACOM ASSISTANT REQUIRED 300 HOURS BUT IN EACH STATE EACH HASDIFFERENT REQUIREMENT. AND IF 300 HOURS TO ASSIST DOCTORS TAKE A LONG TIME TO YOU KNOW HAVE OUR ASSISTANCE. THAT'S HOW WE MINIMUM HIGH SCHOOL AND ASSOCIATE DEGREE 40 HOURS OF ANATOMY PHYSIOLOGY AND STRICTLY THREE HOURS THREE YEARS IN TRAINING UNDER DIRECT SUPERVISED FROM DOCTORS. THAT'S A VULNERABLE REQUIREMENT ALSO CERTIFY FROM ACUPUNCTURE OR MEDICINE ASSOCIATION IN ORDER TO GET A ASSISTANCE LICENSE.

SENATOR TERLAJE
ALL RIGHT. NO, I UNDERSTAND THAT. SO 40 HOURS MAY OR MAY NOT BE ACCEPTABLE, BUT WHAT PUBLIC HEALTH SAID IS THAT THE BILL SAYS 40 HOURS OF APPROVED SAFETY AND CLINICAL SUPPORT TRAINING. THAT'S WHERE IT'S VAGUE. WHAT IS THE APPROVED SAFETY AND CLINICAL SUPPORT TRAINING THEY NEED TO APPROVE A CERTAIN STANDARD AND THAT'S NOT HERE AND THAT'S WHAT THEY NEED I THINK IF THEY NEED TO BE GIVEN WHAT IS THE APPROVED I THINK IN OTHER STATES THEY GO BY ACCREDITATION OR SOMETHING ELSE THAT'S REQUIRED SAFETY

DR. CHONG
THAT'S WHY REQUIRE HIGH SCHOOL OR ASSOCIATION DEGREE THAT'S A MINIMUM. AFTER THAT 40 HOURS OF STUDY OF ANATOMY, PHYSIOLOGY AND FOR EXAMPLE SANITATION CLEANING YOU KNOW SUCH AS LIKE THAT FOR INFECTION THESE ARE THE REQUIREMENT THERE'S NO SPECIFIC THE DETAIL INFORMATION JUST LIKE PT THEY DO ALREADY PAST IT AFTER THAT ADDITIONAL YOU KNOW INFORMATION AFTER THAT. SO THIS IS JUST LIKE FORMING OF A SYSTEM OF ACOM.

SENATOR TERLAJE
OKAY. I DON'T KNOW THAT'S HOW I'M READING IT. BREANNA FROM PUBLIC HEALTH. DO YOU AGREE THAT WHAT WE NEED HERE IS A PROFESSIONAL ORGANIZATION APPROVED BY THE GUAM BOARD OF ALLIED HEALTH EXAMINERS THAT CAN CERTIFY THESE STANDARDS OR THAT THEY HAVE MET THESE STANDARDS OR AN APPROVED SAFETY AND CLINICAL SUPPORT

TRAINING. WE NEED SOME STANDARD LIKE I DON'T KNOW HAVE YOU SEEN WHAT THEY DO IN OTHER STATES?

BREANNA SABLAN
I CAN DEFINITELY RESEARCH SENATOR TURLOCKY BUT I DO I DO AGREE THAT THAT THAT IS WHAT WE NEED SPECIFICALLY WITH THE BOARD SO THEY CAN MAKE

SENATOR TERLAJE
DR. CHONG HAS SAID YOU KNOW A CERTAIN SCHOOL LEVEL THOSE DETAILS I THINK DR. CHONG IS WHAT'S MISSING AND I I THINK THE BILLS ARE VERY DIFFERENT AND THEY SHOULD BE TREATED SEPARATELY BECAUSE IT'S VERY CONFUSING OUR CONVERSATION BUT GOING BACK TO THE DRY NEEDLING AND THE SPINAL MANIPULATION I THINK IT'S ALSO WELL ACCORDING TO PUBLIC HEALTH I WOULD TAKE PUBLIC HEALTH'S TESTIMONY AND TRY TO GIVE THEM WHAT THEY ARE ASKING FOR AND SEE IF THEY CAN COMPARE THAT TO WHAT IS DONE IN OTHER STATES AND THEN AND THEN WE MOVE FORWARD FROM THERE. THEY SEEM TO BE MISSING SOMETHING VERY SIMILAR. IT SAYS CONSISTENT THE BILL SAYS CONSISTENT WITH THE PRACTITIONER'S EDUCATION, TRAINING AND DEMONSTRATED COMPETENCY.
THEY CAN PERFORM THESE THINGS BUT THAT'S NOT A STANDARD THAT ANYBODY CAN ENFORCE. RIGHT? WE DON'T KNOW WHAT IS EVERY INDIVIDUAL'S UH EDUCATION TRAINING AND DEMONSTRATED COMPETENCY. WE DON'T KNOW WHERE THAT COMPETENCY HAS BEEN DEMONSTRATED THAT TYPE OF THING. SO I KNOW THE DOCTORS THE ACUPUNCTURISTS AND THE ORIENTAL MEDICINE DOCTORS THERE IS A STANDARD SOMEWHERE HERE THAT WHERE THEY HAVE TO

DR. CHONG
YES HONOR I UNDERSTAND BUT WE DO HAVE GUAM TRADITIONAL ORIENTAL MEDICINE ASSOCIATION. OUR ASSOCIATION PROVIDES SOME INFORMATION FOR WE CHECK WHETHER THE PERSON WHO QUALIFY TO GET A LICENSE FOR THE ASSISTANT YOU KNOW ASSISTANT OF ACOM. WE SCREEN THAT YOU KNOW HAS TO HAVE A MINIMUM EDUCATION AND BACKGROUND OF MEDICAL FIELD BESIDE THAT DOCTORS IN THE CLINIC WE TRAIN FOR SAFETY THAT'S MOST IMPORTANT IS SAFETY AND SANITATION AND VERY LIGHT WORK IT'S NOT ENGAGING LIKE FOR LIKE A PT PT ASSISTANT IS THE ONE INSERT NEEDLE
NOT PT

SENATOR TERLAJE
OKAY WELL, LET ME TALK ABOUT YOUR ACOM. I THINK THAT'S THE KEY HERE. SO, YOU THE ACAOM IS THE ACCREDITATION COMMISSION FOR ACUPUNCTURE AND ORIENTAL MEDICINE. ALREADY THAT IS A REQUIREMENT TO BE CALLED A DOCTOR OR MASTER DEGREE OF ACUPUNCTURE AND ORIENTAL MEDICINE. RIGHT? SO, THAT'S ONE OF THE STANDARDS TO BE LICENSED IN GUAM. DOES THE ACAOM OR THE CCAOM THE COUNCIL OF COLLEGES OF ACUPUNCTURE ORIENTAL MEDICINE DO THEY HAVE STANDARDS FOR DRY NEEDLING OR THE NEEDLING THAT CAN BE USED BY PUBLIC HEALTH?

DR. CHONG

NEEDLING IS OUR SPECIALTY YET YOU KNOW NONE OF PROFESSION SPECIALTY AS LIKE US WE THAT'S OUR FINAL SPECIALTY FOR NEEDLING

SENATOR TERLAJE
RIGHT SO I'M THINKING BECAUSE IT'S ACCREDITED THEY MUST HAVE STANDARDS IN EACH OF THE SKILLS THAT THEY REQUIRE YOU TO BE ADEPT AT. SO THAT I THINK THAT'S WHAT I JUST WANT TO SEE IS WHAT ARE THE SKILLS THAT THE ACOM REQUIRES OF YOU FOR DRY NEEDLING OR SPINAL MANIPULATION.

DR. CHONG
DRY NEEDLING IS ACUPUNCTURE. THEY JUST CHANGE THE NAME SAY DRY NEEDLE ON YOU KNOW UNDER THEY PRACTICE ACUPUNCTURE. THEY JUST CHANGE THE NAME YOU KNOW TO PRACTICE ACUPUNCTURE. NEEDLING IS OUR PROFESSIONS. SO WE DON'T HAVE A STANDARD WE HAVE ALREADY ENOUGH CREDENTIAL FOR PRACTICE ACUPUNCTURE IS IN THE 50 STATE HAS LICENSE TO PRACTICE ACUPUNCTURE OR ANY MEDICINES RIGHT THAT'S ENOUGH QUALIFICATIONS

SENATOR TERLAJE
THAT'S WHY I'M THINKING THERE MUST BE A STANDARD THAT EXISTS THAT WE CAN AT LEAST BEGIN WITH TO REVIEW PARTICULAR AND MAYBE PUBLIC HEALTH CAN FIND FOR US.

SENATOR MATANANE
THANK YOU, SENATOR TAITAGUE. AND PUBLIC HEALTH, CAN YOU ANSWER?
IS DRY NEEDLING THE SAME THING AS ACUPUNCTURE UNDER YOUR RULES AND REGULATIONS? ARE THEY DEFINED AS THE SAME THING? BECAUSE THAT'S THE PURPOSE OF THE BILL IS TO ADD DRY NEEDLING. SO, I'M JUST WONDERING IF YOU COULD CLARIFY WHAT DR. CHONG IS STATING.

BREANNA SABLAN
SORRY, MADAM CHAIR. RIGHT NOW THERE'S NO REGULATIONS FOR DRY NEEDLING. SO, RIGHT. YEAH.

SENATOR MATANANE
SENATOR GUMATAOTAO.

SENATOR GUMATAOTAO
YES. THANK YOU, MADAM CHAIR, AND THANK YOU TO THE PANEL FOR BEING WITH US THIS AFTERNOON. AND I THINK MOST OF MY QUESTIONS ARE PROBABLY GOING TO BE FOR BREANNA IF I CAN. SO, IF YOU CAN, WHAT RECORDS, IF ANY, CONFIRMING THAT THE GUAM BOARD OF ALLIED HEALTH EXAMINERS FROM 2022 OR THE ENTITY THROUGH ASSISTANT ATTORNEY GENERAL ROB WEINBERG PROPOSED TO REINSTATE THE EXCLUSION OF SPINAL MANIPULATION FROM THE SCOPE OF PRACTICE FOR ACUPUNCTURE AND ORIENTAL MEDICINE.

BREANNA SABLAN

THANK YOU, SENATOR GUMATAOTAO, FOR THE QUESTION. I HAVE TO GO BACK AND LOOK AT THE RECORDS. I WAS IN THE I KNOW I WAS THE ACTING ADMINISTRATOR AT THAT TIME, SO I HAVE TO TAKE A LOOK AT IT, BUT I BUT I KNOW WE DO HAVE RECORDS.

SENATOR GUMATAOTAO
NO, NO. AND I HOPE YOU WILL COME BACK TO THE COMMITTEE. NO, HANG ON. LET ME FINISH MY QUESTION WITH PUBLIC HEALTH DOC. HOW DOES THE BOARD CURRENTLY VERIFY THE LEGITIMACY AND ACCREDITATION STATUS OF DEGREE PROGRAMS FROM WHICH ACOM LICENSE APPLICANTS IN GUAM GRADUATED?

BREANNA SABLAN
CAN YOU REPEAT YOUR QUESTION?

SENATOR GUMATAOTAO
HOW DOES THE BOARD CURRENTLY VERIFY THE LEGITIMACY AND ACCREDITATION STATUS OF DEGREE PROGRAMS FROM WHICH ACOM LICENSED APPLICANTS IN GUAM GRADUATED?

BREANNA SABLAN
SO, WE DEFINITELY GET A LICENSE VERIFICATION FROM THE OTHER JURISDICTION. BUT THEN IF THEY'RE USING THEIR DEGREE, WE WOULD HAVE TO GET THE DEGREE STRAIGHT FROM THE SCHOOL. THE SCHOOL WOULD SEND IN THEIR TRANSCRIPTS OR THEIR DEGREE TO THE BOARD. AND I CAN'T ANSWER FOR THE BOARD, BUT AT LEAST IN OUR PROCESS OF ACCEPTING APPLICATIONS OR APPLICATIONS FOR LICENSEE, WE WOULD HAVE TO VET THEM THROUGH THEIR SCHOOL.

SENATOR GUMATAOTAO
SO, SO ARE THE APPLICATIONS FROM GRADUATES OR OF EXPEDITED OR DUAL DEGREE PROGRAMS,ARE THEY REVIEWED ANY DIFFERENTLY BY THE BOARD?

BREANNA SABLAN
NO, THEY'RE NOT. THEY'RE NOT REVIEWED DIFFERENTLY.

SENATOR GUMATAOTAO
OKAY. SO, I'M STILL STICKING WITH BILL 276. HOW MANY ACOM PRACTITIONERS ARE CURRENTLY LICENSED IN GUAM?

BREANNA SABLAN
THERE'S A TOTAL OF SIX LICENSED ON GUAM.

SENATOR GUMATAOTAO
OKAY. OF THOSE, HOW MANY HAVE DOCUMENTED TRAINING IN SPINAL MANIPULATION AND FROM WHAT ACCREDITED PROGRAMS?

BREANNA SABLAN
I DON'T HAVE THAT INFORMATION WITH ME.

SENATOR GUMATAOTAO
OKAY. I'M HOPING THAT YOU'LL BE ABLE TO PROVIDE THAT BACK TO THE COMMITTEE AS WE ARE REVIEWING THIS PARTICULAR POLICY. THANK YOU. HAS PUBLIC HEALTH RECEIVED OR RECORDED ANY CONSUMER COMPLAINTS OR ADVERSE EVENT REPORTS RELATED TO ACOM PRACTITIONERS PERFORMING DRY NEEDLING OR MANUAL THERAPY PROCEDURES?

BREANNA SABLAN
YES. AND TO MY KNOWLEDGE ONE.

SENATOR GUMATAOTAO
THANK YOU. HOW DO ACOM PRACTITIONERS DISTINGUISH THEIR APPROACH FROM YOUR PERSPECTIVE TO SPINAL MANIPULATION FROM CHIROPRACTIC SPINAL MANIPULATION BOTH IN TERMS OF TECHNIQUE AND THEORETICAL FRAMEWORK? MAYBE YOU CAN ANSWER OR MAYBE ANYONE ON THE PANEL CAN ANSWER. DR. GREG.

DR. MILLER
OKAY. SO, LET ME BACK UP TO YOU WERE ASKING ABOUT THE WHEN WE'RE PROMULGATING THE ALLIED HEALTH ACT IN 2023. I DON'T THINK YOU WERE HERE WHEN I SPOKE TO IT, BUT I THINK IT'S IMPORTANT TO KNOW I'M NOT EVEN SURE THAT WAS A LEGITIMATE WAY TO FINISH THE PROMULGATION OF THAT BILL BECAUSE WE HAD OUR PUBLIC HEARINGS AND THEY WERE LATE LIKE RIGHT AFTER THANKSGIVING AND THAT WAS THE END OF THAT SESSION. SO, THERE'S ONLY I THINK ONE OR TWO MORE SESSIONS BEFORE THAT ENDED. AND SO, WE HAD OUR PUBLIC HEARINGS. EVERYBODY SAID WHAT THEY'RE SUPPOSED TO SAY. AND THE WAY WE'VE ALWAYS DONE IT AT ALLIED HEALTH AND THE WAY IT SHOULD BE DONE AT EVERY BOARD IS YOU HAVE A CERTAIN NUMBER OF DAYS WHERE PEOPLE CAN ALSO SUBMIT WRITTEN TESTIMONY AND THAT SHOULD COME BACK TO THE BOARD FOR DISCUSSION SAYING WELL WE SHOULD WE DO IT LIKE THIS. WHAT WILL THE FINAL COPY OF THE BILL LEAVING THE BOARD LOOK LIKE WHEN IT ARRIVES DOWN TO LEGISLATURE? BUT THAT DIDN'T HAPPEN. WHAT HAPPENED? IT WENT DIRECTLY TO THE LEGISLATURE I THINK VIA ROB WEINBERG AND NONE OF US KNEW WHAT WAS GOING TO HAPPEN LIKE WITH THESE RESTRICTIONS ON DRY NEEDLING FOR PTS THAT RESTRICTION IS NOT VALID. IT'S A RESTRICTION THAT SAYS YOU'LL NEVER PRACTICE THIS BECAUSE NOBODY OFFERS THIS CLASS. SO WE DID NOT KNOW ANYTHING ABOUT THESE THINGS THAT WERE ADDED UNTIL THE GOVERNOR SIGNED THE BILL AND GOT COPIES OF IT. THE BOARD DIDN'T HAVE A CHANCE TO VOTE ON THE CHANGES. THERE WAS NO DISCUSSION. NO DEBATE. AND THAT'S THE WAY A BOARD WORKS. YOU HAVE DISCUSSION, YOU HAVE DEBATE. SOMETIMES YOU HAVE ARGUMENTS. BUT IT WAS IT'S STILL KIND OF A MYSTERY.

SENATOR GUMATAOTAO
YEAH. YEAH. DR. GREG. NO, I MEAN I I LOOKED AT THE TRANSMITTAL LETTER AND IT IS THERE IS A SEPARATION OF POWERS ISSUE IN THAT LETTER THAT TALKS SPECIFICALLY THE FACT THAT THE LEGISLATURE SHOULD NOT BE IN THE RULE MAKING PROCESS. THAT'S ALL ONTO THE

BOARD. THAT'S WHERE I'M TRYING TO GET MY GET MY HEAD WRAPPED AROUND TODAY IS ABOUT THE WORK OF THE BOARD SPECIFICALLY TO NOT JUST TO FOR THESE PARTICULARLY THESE TWO ISSUES OR THE TWO BILLS THAT ARE BEFORE US TODAY. I ONLY HAVE A TWO AND A HALF MINUTES. LET ME GO ON TO MY QUESTIONS IF I COULD ON THE SECOND BILL 277. IF I CAN OR MAYBE BREANNA ONE MORE TIME. HAVE YOU ALL AT PUBLIC HEALTH CONDUCTED ANY FORMAL NEEDS ASSESSMENT, PATIENT SURVEY, WORKFORCE ANALYSIS TO DETERMINE THE ACTUAL UNMET DEMAND FOR ACUPUNCTURE, ACUPUNCTURE SERVICES ON GUAM?

BREANNA SABLAN
NO, WE HAVE NOT DONE A SURVEY OR A NEEDS ASSESSMENT.

SENATOR GUMATAOTAO
RECOGNIZING THAT GUAM'S THE AAA PROCESS REQUIRES ACUPUNCTURE AND ORIENTAL MEDICINE REPRESENTATIVES ON THE GUAM BOARD OF ALLIED HEALTH EXAMINERS TO PERIODICALLY INSPECT EACH ACUPUNCTURE CLINIC WITH THE ASSISTANCE OF PUBLIC HEALTH. WHAT SPECIFIC SAFETY AND HEALTH CONCERNS, IF ANY, HAVE BEEN RAISED SINCE AT LEAST THE ENACTMENT OF THE REVISED ALLIED HEALTH RULES AND REGULATIONS OF 2022?

DR. MILLER
YEAH, I CAN ANSWER THAT NOT FROM PUBLIC HEALTH BUT FROM MY OWN CONCERN IS WHEN DR. CHONG WAS TALKING ABOUT WHAT THE ASSISTANTS WOULD DO. ONE WAS WE STERILIZE NEEDLES. IT'S AGAINST THE LAW ON GUAM TO REUSE NEEDLES. OUR LAW SPECIFICALLY SAYS YOU CAN ONLY USE ONE-TIME USE DISPOSABLE NEEDLES AND THAT WOULD BE A PRETTY BIG DEAL ESPECIALLY WITH INFECTIOUS DISEASE. SO THAT WOULD CONCERN ME. OUTSIDE OF THAT I DON'T THINK THERE'S ANY NEFARIOUS ACTIVITIES GOING ON IN ACUPUNCTURE.

SENATOR GUMATAOTAO
OH NO, DR. I DON'T THINK THAT WASN'T WHAT I WAS INSINUATING. I'M ASKING WHETHER OR NOT THERE WAS ANY INSPECTIONS OF THESE BUSINESSES. DR. SHAKING HER HEAD NO SINCE 2022. SO, THERE'S BEEN NO INSPECTIONS WHATSOEVER.

BREANNA SABLAN
NO,

DR. MILLER
NO MEDICAL CLINICS GET INSPECTED EITHER.

SENATOR GUMATAOTAO
NO, I'M JUST TRYING TO ASK IT FOR THIS POLICY. SO, I GET DR. NOT A PROBLEM. THE BILL ALSO REQUIRES THE BOARD TO ADOPT RULES TO INVESTIGATE COMPLAINTS, SUSPEND OR REVOKE CERTIFICATIONS, AND IMPOSE DISCIPLINE. HAS THE BOARD ASSESSED ITS CURRENT STAFFING CAPACITY TO CARRY OUT THESE ADDITIONAL FUNCTIONS?

AND HAS A SEPARATE FISCAL ESTIMATE BEEN PREPARED FOR BOARD LEVEL IMPLEMENTATION COSTS? HAVE YOU JUST DISCUSSED HOW MUCH IS GOING TO COST IF THIS THESE POLICIES ARE PUT IN TO LAW? HOW MUCH IS IT GOING TO COST FOR YOU GUYS TO ENFORCE?

BREANNA SABLAN
SENATOR GUMATAOTAO, WE HAVE DISCUSSED THAT THIS BILL WILL HAVE A FISCAL IMPACT. BUT I DON'T HAVE THAT FIGURE TODAY, BUT I COULD GET IT TO THE COMMITTEE.

SENATOR GUMATAOTAO
NO, I KNOW BECAUSE BBMR SAID THERE'S BE TWO FULL-TIME EMPLOYEES ARE GOING TO BE REQUIRED TO SUPPORT THIS. AND THEN JUST TO BE ABLE TO KIND OF MANAGE
THE SIX FOLKS THAT HAVE ACOM LICENSES. I THINK THAT'S WHAT BBMR HAS REPORTED BACK IN THE FISCAL. OKAY. SO MY LAST QUESTION, MADAM CHAIR, IS DO YOU BELIEVE THAT THE BOARD CURRENTLY HAS THE LEGAL AUTHORITY AND THE TECHNICAL CAPACITY TO APPROVE PROFESSIONAL CERTIFYING ORGANIZATIONS AND AUDIT THEIR CURRICULUM? OR WILL THIS FUNCTION REQUIRE ADDITIONAL STATUTORY AUTHORIZATION AND OR STAFF TRAINING?

BREANNA SABLAN
I BELIEVE THE BOARD IS QUALIFIED TO MAKE THAT DETERMINATION.

SENATOR GUMATAOTAO
ALL RIGHT. THANK YOU SO MUCH, BREANNA, AND THANK YOU, MADAM CHAIR, FOR THE TIME.

SENATOR MATANANE
THANK YOU, SENATOR GUMATAOTAO. JUST IN SIMPLE TERMS, I'M TRYING TO MAKE SURE THAT I UNDERSTAND THIS. SO, DRY NEEDLING IS CURRENTLY PHYSICAL THERAPISTS ARE CURRENTLY LICENSED TO PERFORM DRY NEEDLING BASED ON US NATIONAL STANDARDS. CORRECT. AND SO WHAT WE'RE TRYING TO ACCOMPLISH HERE IS TO ALLOW LICENSED ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS TO ALSO BE LICENSED TO PERFORM DRY NEEDLING BUT BASED ON DIFFERENT STANDARDS WHICH I BELIEVE YOU MENTIONED WERE EASTERN MEDICINE STANDARDS WHICH YOU ON'T BELIEVE IS COMPARABLE TO US STANDARDS CORRECT IS THAT WHAT WE'RE SAYING AND THE SAME GOES FOR THE SPINAL MANIPULATION WHICH CHIROPRACTORS ARE LICENSED TO PERFORM WHEREAS THE ACUPUNCTURE AND ORIENTAL MEDICINE LICENSES ARE NOT AND AGAIN THE CONCERN IS THAT IT'S NOT BASED ON US NATIONAL STANDARDS WHERE SPINAL MANIPULATION IS BASED ON EASTERN MEDICINE UNDER ACUPUNCTURE. CORRECT? DR. CHONG

DR. CHONG
ALL THOSE I ALREADY MENTIONED OF A CODIC COLUMN OF OUR TRAINING IS NATIONAL STANDARD RECOGNIZED BY US DEPARTMENT OF EDUCATION. SO THIS IS US STANDARD. IT'S NOT GUAM STANDARD. SO I HAVE NO PROBLEM TO WHOLE BODY PLUS SPINAL BECAUSE THAT'S OUR TRAINING IN ORIENTAL MEDICINE NOT WESTERN MEDICINE. DRY NEEDLE THEY SAY OH DRY NEEDLE BASED ON WESTERN MEDICINE DEALING WITH A NERVE. WHICH MEDICINE DON'T DEAL WITH A NERVE? ALL MEDICINE DEAL WITH A NERVE YOU KNOW AND THEN AND

SYMPATHETIC PARASYMPATHETIC ALL SYSTEMS SENSORY SYSTEM MOTOR SYSTEM ALL CONSIST OF HUMAN BODY. THEY CANNOT SAY OH DRY NEED IS BASED ON WESTERN MEDICINE BECAUSE DEALING WITH A NERVE. ACUPUNCTURE TRADITIONAL OR MEDICINE IS NOT DEALING WITH OR NERVE WE DO DEALING WITH ALWAYS NERVE IS BASIC SPECIALTY OF ACUPUNCTURE DEALING WITH ENERGY TO DEALING WITH NERVOUS SYSTEMS THAT'S HOW IT WORKS.

SENATOR MATANANE
THANK YOU. I JUST WANTED TO MAKE SURE I UNDERSTOOD WHAT WAS BEING PRESENTED HERE. BASED ON THE TESTIMONY FROM THE PHYSICAL THERAPISTS AND THE CHIROPRACTORS AS WELL AS YOURSELF LICENSED UNDER THE ACUPUNCTURE AND ORIENTAL MEDICINE. SO THANK YOU SO MUCH FOR EVERYBODY THAT TESTIFIED TODAY. CLOSING COMMENTS

SENATOR BARNES
SI YUUS MAASE MADAME CHAIR AND I JUST WANT TO SHARE FOR THE RECORD AGAIN THAT THESE BILLS ADDRESSES AN INCONSISTENCY IN GUAM LAW BY CLARIFYING THAT LICENSED ACUPUNCTURE AND ORIENTAL MEDICINE PRACTITIONERS WHO ARE TRAINED IN NEEDLE-BASED THERAPEUTIC TECHNIQUES ARE NOT EXPLICITLY REFERENCED WITH RESPECT TO DRY NEEDLING DESPITE SUBSTANTIAL OVERLAP IN CLINICAL SKILLS AND SAFETY TRAINING. I WANT TO SAY MADAM CHAIR THAT TRADITIONAL CHINESE MEDICINE IS AN ESTABLISHED SYSTEM OF CARE WITH A LONG CLINICAL HISTORY AND IN MODERN PRACTICE IS SUPPORTED BY A GRADUATE LEVEL EDUCATION NATIONAL BOARD EXAMINATIONS AND REGULATORY OVERSIGHT. THIS BILL DOES NOT INTRODUCE A NEW PRACTICE. THAT ALIGNS EXISTING STATUTE WITH A LICENSED PROFESSION ALREADY REGULATED AND ACTIVELY PRACTICING WITHIN OUR HEALTH CARE SYSTEMS. SO, CONCERNS HAVE BEEN RAISED REGARDING SPINAL MANIPULATION AND PATIENT SAFETY. THIS MEASURE DOES NOT EXPAND SCOPE WITHOUT LIMIT. IT CLARIFIES THAT PRACTITIONERS MAY ONLY PERFORM TECHNIQUES WITHIN THE BOUNDARIES OF THEIR EDUCATION TRAINING AND DEMONSTRATED COMPETENCY WHILE PRESERVING THE AUTHORITY OF THE BOARD TO ESTABLISH THE STANDARDS, TRAINING REQUIREMENTS AND ENFORCEMENT MECHANISMS. THIS BILLS ALSO UH DO NOT SUGGEST THAT ALL MANUAL THERAPIES ARE INTERCHANGEABLE. TRADITIONAL MANUAL MODALITIES SUCH AS TUNA AND INCLUDE SOFT TISSUE AND MOBILIZATION TECHNIQUES THAT MAY OVERLAP WITH ASPECTS OF MUSCULAR SKELETAL CARE BUT THEY ARE DISTINCT IN BOTH PHILOSOPHY AND APPLICATION FROM CHIROPRACTIC SPINAL MANIPULATION. SO THE INTENT OF THIS MEASURE IS TO RECOGNIZE THOSE DISTINCTIONS WHILE ENSURING APPROPRIATE REGULATORY OVERSIGHT. SO MADAM CHAIR, THE BILLS PROVIDE CLARITY IN IN LAW SUPPORTS APPROPRIATELY TRAINED PROFESSIONALS AND STRENGTHENS PATIENT PROTECTION WHILE IMPROVING ACCESS TO CARE THROUGH A CLEAR REGULATED FRAMEWORK. AND I TRULY APPRECIATE THE TESTIMONY FOR THOSE IN SUPPORT AND WHO HAVE ISSUES OFF BECAUSE IT'S THROUGH THAT THAT WE AS POLICYMAKERS CAN CONTINUE TO COME TOGETHER TO LOOK WHAT IS THE BEST AMICABLE RESOLUTION FOR I GUESS BRINGING WESTERN AND EASTERN MEDICINE PRACTICES TOGETHER WITH RESPECT AND I WANT TO THANK YOU FOR AT LEAST GIVING US THE OPPORTUNITY TO LOOK AT THIS AND I LOOK FORWARD TO ANY MORE INFORMATION OF CONCERN THAT COMES OUT OR ISSUES THAT WE CAN SUPPORT TO MAKE SURE THAT WE

UPDATE WHAT WE HAVE AND WHAT WE NEED TO DO TO BRING THE TECHNOLOGY, THE EXPERTISE, THE PROFESSIONALISM THAT BOTH WESTERN AND EASTERN MEDICINE HAVE TO OFFER TO OUR COMMUNITY OF GUAM. WITH THAT, MADAM CHAIR, I YIELD BACK TO YOU AND THANK YOU FOR GIVING ME THE OPPORTUNITY AT LEAST TO HAVE THESE BOTH OF THESE BILLS HEARD AND THEN WE CAN CONTINUE TO LOOK AT IT, STRENGTHEN IT AND GET IT READY IF NECESSARY TO THE SESSION FLOOR. SI YUUS MAASE, THANK YOU.

SENATOR MATANANE
THANK YOU, SENATOR MUNA BARNES. THE PUBLIC HEARING ON BILLS 276 AND BILL 277 HAS NOW BEEN COMPLETED. SO WE THANK YOU SO MUCH FOR PROVIDING YOUR TESTIMONY AND INPUT ON BOTH MEASURES. WE WILL NOW BE MOVING ON TO THE CONFIRMATION HEARING FOR THE APPOINTMENTS THE THREE APPOINTMENTS THAT ARE BEFORE US AND ON THE AGENDA TODAY. WE WILL BE BEGIN WITH THE APPOINTMENT OF MAY A. KAMACHO WHO WAS APPOINTED BY THE GOVERNOR TO SERVE AS A SPEECH AND LANGUAGE PATHOLOGIST REPRESENTATIVE ON THE GUAM BOARD OF ALLIED HEALTH EXAMINERS. IF THERE IS ANYONE HERE WHO WOULD LIKE TO TESTIFY ON BEHALF OF MAY CAMACHO, PLEASE HAVE A SEAT AT THE TABLE.

The Public Hearing was adjourned at 3:55 P.M.

III. Findings and Recommendations

The committee found that Bills 276-38 and 277-38 raised significant questions about training standards, scope of practice, patient safety, regulatory clarity, enforcement capacity, and fiscal impact. Testimony showed support for recognizing the education and clinical experience of acupuncture and oriental medicine practitioners and for improving access to care, but it also highlighted concerns that the bills, as written, do not clearly define minimum competency benchmarks, approved training standards, supervision requirements, inspection protocols, or implementation resources. Based on the hearing, the committee's recommendation is to seek additional documentation and guidance from the Department of Public Health and Social Services, the Guam Board of Allied Health Examiners, and relevant professional organizations; clarify and separate the standards applicable to each bill; develop enforceable training and certification criteria; assess staffing and fiscal needs; and continue stakeholder review before advancing the measures.

The Committee on Health and Veterans Affairs hereby reports- out on Bill No. 276-38 (COR) **- Tina Rose Muña-Barnes. – "AN ACT TO AMEND § 121504.1 AND § 12904 BOTH OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO INCLUDING DRY NEEDLING AND SPINAL MANIPULATION AS AUTHORIZED ACTIVITIES FOR LICENSED PRACTITIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE."**
With the recommendation TO REPORT OUT ONLY **.**

I MINA'TRENTAI OCHO NA LIHESLATURAN GUÅHAN
2026 (SECOND) Regular Session

Bill No. 276-38 (COR)

Introduced by: Tina Rose Muña-Barnes

AN ACT TO AMEND § 121504.1 AND § 12904 BOTH OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO INCLUDING DRY NEEDLING AND SPINAL MANIPULATION AS AUTHORIZED ACTIVITIES FOR LICENSED PRACTITIONERS OF ACUPUNCTURE AND ORIENTAL MEDICINE.

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative Findings and Intent. *I Liheslaturan Guahan* finds that Licensed Acupuncture and Oriental Medicine (ACOM) practitioners in Guam are required to complete graduate-level education from accredited institutions, including extensive coursework and supervised clinical training in anatomy, physiology, neuroanatomy, musculoskeletal assessment, needle insertion techniques, and patient safety, and must successfully pass national and practical examinations as a condition of licensure. *I Liheslatura* further finds that dry needling and related neuromuscular needling techniques involve the use of filiform needles and invasive procedures that require a high level of anatomical knowledge, clinical judgment, and technical proficiency to ensure patient safety and effective clinical outcomes.

ACOM practitioners receive education and training in needling techniques that is comparable to, and in many cases exceeds, the training required of other

licensed health professionals currently authorized to perform dry needling through post-licensure certification programs. However, current law explicitly authorizes dry needling for physical therapists while failing to clearly recognize the authority of ACOM practitioners, resulting in regulatory ambiguity and unnecessary barriers to patient access to qualified and fully licensed providers.

I Liheslaturan Guahan further finds that spinal manipulation, mobilization, and manual therapy techniques are evidence-based interventions for the treatment of musculoskeletal and neuromuscular conditions, and that contemporary ACOM educational programs include instruction in orthopedic evaluation, manual therapies, and neuromuscular treatment approaches consistent with accepted standards of care. Clarifying and updating the scope of practice for ACOM practitioners promotes patient safety by ensuring that invasive and manual procedures are performed by professionals with appropriate education, training, and demonstrated competency, and supports continuity of care and integrated health service delivery in Guam.

Therefore, it is the intent of *I Liheslaturan Guahan*, to clarify and modernize the scope of practice for Licensed Acupuncture and Oriental Medicine practitioners by explicitly authorizing dry needling and spinal manipulation, mobilization, and manual therapy techniques when performed consistent with the practitioner's education, training, and demonstrated competency, while preserving the authority of the appropriate licensing boards to adopt and enforce rules and regulations necessary to protect the public health, safety, and welfare.

Section 2. § 121504.1. of Chapter 12, Title 10, Guam Code Annotated is amended to read:

"**§ 121504.1. Dry Needling.**

(a) For the purpose of this Article, dry needling, also known as intramuscular therapy or stimulation, means an advanced needling skill or technique limited to the treatment of myofascial pain, using a single use,

single insertion, sterile filiform needle (without the use of heat, cold, or any other added modality or medication), that is inserted into the skin or underlying tissues to stimulate myofascial trigger points. Dry needling may apply theory based only upon Western medical concepts, requires an examination and diagnosis, and treats specific anatomic entities selected according to physical signs. Dry needling does not include the teaching or application of acupuncture described by the stimulation of auricular points, utilization of distal points or non-local points, needle retention, application of retained electric stimulation leads, or other acupuncture theory.

(b) A physical therapist licensed under this Article may only perform dry needling after completion of the requirements set forth herein, and by the Board by rules and regulation, that meet or exceed the following:

(1) no less than fifty (50) hours of instructional courses that include, but are not limited to, studies in the musculoskeletal and neuromuscular system, the anatomical basis of pain mechanisms, chronic and referred pain, myofascial trigger point theory, and universal precautions;

(2) completion of no less than thirty (30) hours of didactic course work specific to dry needling;

(3) successful completion of no less than twenty-four (24) practicum hours in dry needling course work;

(4) completion of at least two hundred (200) supervised patient treatment sessions; and

(5) successful completion of a competency examination.

(c) A Licensed Acupuncture and Oriental Medicine practitioner licensed under Chapter 12, Title 10, Guam Code Annotated, may perform dry needling consistent with the practitioner's education, training, and

demonstrated competency, as determined by the applicable licensing board and in accordance with rules and regulations adopted pursuant to law.

(d) Dry needling shall only be performed by a licensed physical therapist or Licensed Acupuncture and Oriental Medicine practitioners.

(~~d~~e) Any physical therapist or practitioner licensed under the provisions of this Article shall use only sterilized disposable needles. The Board member representing physical therapy or Acupuncture and Oriental Medicine, or the Board's authorized agent or representative, shall periodically inspect each clinic or place where dry needling may be performed, with the assistance of the Department of Public Health and Social Services, and report their findings to the Board."

Section 3. § 12904 of Chapter 12, Title 10, Guam Code Annotated is amended to read:

" **§ 12904. Authorized Activities.**

An acupuncturist license authorizes the holder to the following:

(a) to engage in the practice of acupuncture, including dry needling, trigger point needling, intramuscular stimulation, and related neuromuscular needling techniques; and

(b) to perform the use of Oriental massage, breathing techniques, exercise or nutrition, including the incorporation of drugless substances or herbal products as dietary supplements to promote health.

(c) to perform spinal manipulation, mobilization, and manual therapy techniques consistent with their education, training, and demonstrated competency. The Board may establish by rule minimum education, training, or competency requirements for spinal manipulation techniques.

COMMITTEE ON RULES

Vice Speaker V. Anthony Ada, Chairperson
I Mina'trentai Ocho Na Liheslaturan Guåhan
38th Guam Legislature

February 27, 2026

To: **Rennae V. C. Meno**
Clerk of the Legislature

From: **Vice Speaker V. Anthony Ada**
Chairperson, Committee on Rules

Subject: **Fiscal Note Waiver for Bill No. 276-38 (COR)**

Håfa Adai!

Find the attached, Fiscal Note Waiver for the following bill:

Bill No. 276-38 (COR).

I also request that the same be sent to the respective Chairperson of the Standing Committee, to which this bill has been referred. Kindly copy the same to Management Information Services (MIS) for posting on our website.

BUREAU OF BUDGET & MANAGEMENT RESEARCH

OFFICE OF THE GOVERNOR
Post Office Box 2950, Hagåtña Guam 96932

LOURDES A. LEON GUERRERO
GOVERNOR

JOSHUA F. TENORIO
LIEUTENANT GOVERNOR

LESTER L. CARLSON, JR.
DIRECTOR

FEB 2 7 2026

Vice Speaker V. Anthony Ada
Chairperson, Committee on Rules
I Mina'trentai Ocho Na Liheslaturan Guåhan
Thirty-Eighth Guam Legislature
Guam Congress Building
163 Chalan Santo Papa
Hagåtña, Guam 96910

Hafa adai, Vice Speaker Ada:

The Bureau requests that Bill No. 276-38 (COR) be granted a waiver pursuant to Public Law 12-229 as amended for the following reason(s):

Bill No. 276-38 (COR) is an act to amend § 121504.1 and § 12904 both of Chapter 12, Title 10, Guam Code Annotated, relative to including dry needling and spinal manipulation as authorized activities for licensed practitioners of acupuncture and oriental medicine. The proposed legislation intends to amend the current statutes to clarify and modernize the scope of practice for Licensed Acupuncture and Oriental Medicine practitioners by explicitly authorizing dry needling and spinal manipulation, mobilization, and manual therapy techniques when performed consistent with the practitioner's education, training, and demonstrated competency under the authority of the appropriate licensing board.

Per correspondence with the Department of Public Health and Social Services (DPHSS), the proposed amendments will have no fiscal impact on its current administrative operations as the licensing of acupuncturists is already an established function of the Guam Board of Allied Health Examiners (GBAHE). As such, this bill is administrative and regulatory in nature and poses no fiscal impact upon any funds of the Government of Guam.

Senseramente,

LESTER L. CARLSON, JR.