

The Illinois Acupuncturist

The newsletter of the Illinois State Acupuncture Association

Summer 2003

Illinois State Acupuncture Association
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PRESIDENT'S PERSPECTIVE

2002-2003 ANNUAL PRESIDENT'S REPORT

This preceding year has been a very busy and productive year. Our first significant accomplishment was the positive response to the call for seating an official Board of Directors. As you know, the ISAA was on the brink of folding due to lack of leadership in the community.

At last year's Annual Meeting, a strong slate of candidates was nominated to lead the ISAA back to life. This Board has worked hard to put together an organization that we can all be proud of. We want to acknowledge all of our members and contributors who have risen to the challenge and stepped forward to be a part of this emerging professional group.

The ISAA is no longer an unknown entity among our national colleagues. We have been discussing local and national issues with them and have set in motion our vision to become the Midwest's premier Oriental Medicine association, offering top-notch continuing education courses and taking the lead in acting upon issues that affect us all.

The vision of this Board from the beginning was to introduce new legislation to widen our scope of practice, including the addition of herbs, and to eliminate the physician referral requirement. These are ambitious goals, however we felt that the longer we waited, the harder it would be to have a successful outcome.

The ISAA organized and ran the most successful Asian New Year Celebration ever. Our net income was \$11,910! This money will help pay the monthly shortfall of \$2,388 for the eighteen months of the legislative drive.

We are deep into the legislative session and moving steadily towards our goal. We are in negotiations with the Illinois State Medical Association (ISMS) and the chiropractors. It is time to start educating our legislators. We are preparing fact sheets that you will be able to send out and bring to your representatives and senators.

ISAA 2002-03 ACCOMPLISHMENTS

-
- Seated a Board of Directors and avoided folding the Organization
- Rebuilt the Organization
- Developed the Core Committee to raise funds and communicate with members
- Retained lobbyist for new legislation
- Raised funds for the legislative drive
- Strengthened ISAA's relationship to the Illinois Acupuncture Federation (IAF) and has emerged as the the IAF's most active group
- Increased membership
- Rebuilt the database
- Improved membership services:
 - Referrals
 - Questions regarding our license and practice issues
 - Continuing education opportunities
 - Publications
- Sponsored several excellent continuing education classes and have others planned
- Hold regular membership meetings
- Updated the By-laws
- Newsletters or notices sent once or twice monthly
- Recruited advertisers for the ISAA newsletter
- Sought and received all the donations for Asian New Year raffle/auction
- Organized and ran the most successful Asian New Year in our 20-year history
- Created a 2003-04 budget
- Forged relationships with other Oriental Medicine associations and practitioners from surrounding states
- Created the IAF Ephedra Fact Sheet and Position Paper with supporting documentation from all of the national organizations
- Took the lead in trying to get an amendment on the proposed Ephedra ban in Illinois
- Celebrated our 20th anniversary as a non-profit corporation

Claudette Baker, Lic. Ac., Dipl. Ac. & Herbs
President

Legislation Update

We are still in negotiations with the Illinois State Medical Society on our legislative initiative to include herbs within our scope of practice and to achieve a modified physician referral arrangement. Friday, May 23 was the scheduled adjournment date for the legislature; however, with no state budget package yet consummated, the session is expected to last until May 31. Procedurally, we are extending the passage deadline on our bills in order to continue negotiations over the summer. It will be important for you to plan to visit your legislators in their district offices over the summer months in support of our initiative. Please DO NOT act yet, we will be in direct contact with you in the future to provide strategy and guidance following adjournment of the legislative session.

On a related note, we are continuing conversations regarding gaining an exemption from the recently passed state ephedra ban. We have developed a strong working relationship with the sponsors and are pursuing a few different strategies to protect the acupuncture community.

Allergy Research Ad

1/4 page

ILLINOIS BANS Over-the-Counter Sale of EPHEDRA

As most of you know by now, Governor Blagojevich signed into law a bill that makes it illegal for anyone to sell ephedra (ma huang) in the State of Illinois. We have been advised that there is a national agenda to ban ephedra state-by-state. California is close to or has already banned it.

There has been a misinformation campaign going on for years regarding ephedra. The issue was pushed into the limelight when an asthmatic Northwestern University football player took an overdose of 'performance' supplements that were reported to have contained ephedra. The supplement most likely contained caffeine and other ingredients as well. They have wrongly blamed the death on ephedra. To our knowledge, there are no toxicology reports confirming that the death was caused by ephedra. The same is true for the Baltimore Orioles pitcher who recently died after overdosing on a similar product.

In 2002, the FDA commissioned the RAND Corporation to investigate more than 17,000 adverse events related to ephedra. The February, 2003, RAND Report states that there is no causal link to ephedra in any of the adverse events or deaths. Nevertheless, there is a public perception that ephedra is a deadly herb. The media continues to report and sensationalize these unfortunate deaths without speaking to any of the Oriental Medicine Associations nor asking the obvious question about there being a toxicology report to substantiate the claims that ephedra was responsible for the deaths.

The ISAA worked non-stop to obtain an exemption in the language of the bill from the moment we were notified that there was such a bill and that it had already passed unanimously in the IL Senate. Claudette Baker and Dean Mouscher drove to Springfield to lobby for our own bill and along with our Lobbyist, met with the ephedra bill's sponsors in both the House and Senate.

We have prepared an Ephedra Fact Sheet and Position Paper which include a list of supporting documentation on the safety of ephedra when used in accordance with FDA guidelines. If you would like a copy, please call Claudette Baker at 847-998-8860. These documents will be useful when visiting your State Representatives this summer. While we lobby for our own bill, we need to educate them on the ephedra issue. We are the experts. Therefore, we must take responsibility for educating the public and our officials about Chinese herbs and why we are qualified to use them in our practices. Because our bill is linked to this issue, we must increase our effort to get the word out to our Representatives and Senators. (cont'd page 3)

All of the legislators are *very sensitive* to the 'herbal issue' because of the ephedra debacle. We must let them know that the ban was based on improper information and that thousands of Illinois residents have been disenfranchised from legally using the most effective herb for treating asthma.

Unfortunately, the ephedra ban is setting a precedent for legislators removing more herbs from our materia medica. They need NO PROOF to ban an herb or to ban the entire practice of herbology, if they so choose. All that was needed was for a few vocal voters to get the ear of a powerful US Senator. A few athletes died tragically due to the misuse of herbal supplements containing ephedra and stimulants that are not supposed to be used together. That was all the 'proof' they needed to blame the deaths on ephedra and ban it.

I believe that the advocates of the ban had good intentions, because they sincerely believed that ephedra alone was the problem. In fact, the ISAA Board of Directors and the IAF agree with banning dietary supplements for weight loss and athletic performance because these uses are not found anywhere in Chinese Medicine classics, or in the Chinese Materia Medica, nor are they used this way in clinical practice.

The use of ephedra for external wind-cold and asthma is safe and effective. The traditional use of ephedra has never been in question, however, due to ignorance, they threw the baby out with the bathwater. This brings us to a bigger and even more pressing issue. Please see my report on S722. If passed, this bill will clear the way for the FDA to ban any herb or supplement based only on an 'association' to an adverse event, even if the product in question had nothing to do with the event.

Claudette Baker, President

Federal Bill 'S722' THREATENS FREEDOM Won By "DSHEA"

Products that have been used safely for hundreds – and in some cases, thousands – of years would be subject to clinical evaluation using standards that are at the complete discretion of the FDA.

The government must not be allowed to limit the freedom of choice of American consumers when it comes to their health.

By questioning the safety of any dietary supplement that receives even one complaint, hundreds of products that have been safely and beneficially used could be removed from the marketplace. Under this new

On March 26, 2003, US Senator Richard Durbin (IL) introduced S722, which was read twice and referred to the Committee on Health, Education, Labor, and Pensions. If this bill passes, it will reverse the Federal bill that we all worked so hard to pass, known as DSHEA, the Dietary and Supplement Health and Education Act of 1994.

Look for Mark Thoman's analysis of S722 in this newsletter. Mr. Thoman is AAOM's legal counsel and has been on the Chinese Herbal Medicine Committee for many years. Please read it to understand exactly how this will affect the herbal industry and our ability to obtain herbs in this country.

To send a letter via email to your Senators, please log onto www.nnfa.org and go into the "Advocacy Action Center". Because this bill is still in Committee, we must try to stop it there. We are including a list of the Committee members so that you can write or call with your objections to this bill. Below are a few paragraphs excerpted from the National Nutritional Foods Association's (nnfa) website.

Don't Let Congress Overturn the Hard-Fought Victory of the Dietary Supplement Health and Education Act of 1994

A new bill called the "Dietary Supplement Safety" Act (S.722) has been introduced in the U.S. Senate. Despite its title, it would allow no more consumer protection than current law – the Dietary Supplement Health and Education Act (DSHEA) – provides. It would, however, significantly undermine many of the freedoms that American consumers of dietary supplements hold dear.

Oppose this Legislation!

The Food and Drug Administration must not be granted new and unprecedented authority to subject safe and beneficial products to additional and unnecessary scrutiny.

This bill would subject nearly all vitamins, minerals, herbal products and other supplements to a level of scrutiny that is both unwarranted and unnecessary. legislation, the FDA has complete discretion to make this determination, regardless of whether the product was used under conditions cautioned against by the manufacturer on the label.

Analysis S722: Durbin bill

The bill contains several amendments to the Food, Drug & Cosmetic Act.

Comments:

Contrary to newspaper reports, this bill does not ban ephedra. The bill provides the regulatory framework for the FDA to ban ephedra.

This bill is not directed solely at ephedra, or its use in weight loss pills or energy enhancing tablets. This bill is aimed at all dietary supplements, the entire herbal pharmacopoeia, although it does single out stimulants for special treatment.

Reporting Provisions: adverse dietary supplement experiences and serious adverse dietary supplement experiences.

Manufacturers and others in the distribution chain whose name appears in the labeling ("Covered Persons") are required to collect and report to the Secretary of Health and Human Resources (the "Secretary") information on "adverse dietary supplement experiences." This term is defined to mean "an adverse event that is associated with the use of a dietary supplement in a human, without regard to whether the event is known to be causally related to the dietary supplement."

The bill then addresses "serious adverse dietary supplement experiences." This term is defined to mean an adverse dietary supplement experience that results in "(i) death; (ii) a life-threatening condition; (iii) inpatient hospitalization or prolongation hospitalization; (iv) a persistent or significant disability or incapacity; (v) a congenital anomaly, birth defect, or other effect regarding pregnancy, including premature labor or low birth weight." The term also includes an event that requires medical or surgical intervention to prevent any of the outcomes described in the previous sentence.

A Covered Person is required to report to the Secretary within 15 days after receipt of information with respect to a serious adverse dietary supplement experience, to promptly investigate the event and take certain other steps. The Secretary is then required to conduct a clinical evaluation of each serious adverse dietary supplement experience. Additional reporting and information gathering obligations are also imposed on the Covered Persons as well as on the Secretary.

Comments:

An adverse dietary supplement experience doesn't mean that the dietary supplement caused the adverse event, only that the dietary supplement is associated with the event. Association includes a temporal association. In other words, if the human in question took the dietary supplement the same day the human suffered the adverse event, this would be an adverse dietary supplement experience, regardless of what actually caused the event.

The definition of "serious adverse dietary supplement experience" builds on the previous definition and spells out what is meant by "serious". Although few would quarrel with the characterizations of these outcomes as serious, a report of such an event does not necessarily mean that the dietary supplement caused the event to occur.

Enforcement Provisions - Postmarket Surveillance

The Secretary is authorized to order a manufacturer to conduct postmarket surveillance for a period of three years or more, if the Secretary determines that there is a reasonable possibility that a use or expected use of the dietary supplement by a significant number of consumers may result in serious adverse experiences.

Comments:

Two big protections for the herbal pharmacopoeia in the current law are (i) the Government cannot ban an herb from commerce unless the Government proves that the herb presents a significant or unreasonable risk of illness or injury under conditions of use recommended or suggested in the labeling or under ordinary conditions of use; and (ii) the Government has the burden of proof on each element of its case and all issues are decided by a court on a de novo basis.

The bill sets a much lower threshold for activation of post market surveillance. Establishing a causal link between the herb and the adverse event is not required. Only a determination by the Secretary that there is a reasonable possibility that the adverse event may be caused by the herb is necessary.

Enforcement-Safety Review

If the above described clinical evaluation by the Secretary of a serious adverse event indicates that "a dietary supplement or a dietary ingredient contained in a dietary supplement appears to present a significant or unreasonable risk of illness, the Secretary may require the manufacturers - - to submit to the Secretary "data demonstrating that the dietary supplement containing the dietary ingredient is safe." The Secretary is then required to review and determine whether (i) the dietary supplement is safe and the continued marketing of the dietary supplement is approved or (ii) the dietary supplement is not safe or is not shown to be safe under ordinary or frequent conditions of use and the continued marketing of the dietary supplement is disapproved.

Comments:

In the case of serious adverse dietary supplement experience, the bill completely reverses the current statutory standard on burden of proof. If the Secretary's clinical evaluation "indicates" the presence of a "significant or unreasonable risk of illness", then the manufacturer is required to submit data demonstrating that the dietary supplement is safe." Upon finding the indication, the burden of proving safety is shifted to the manufacturer. If the manufacturer fails to meet this burden, continued marketing of the supplement is "disapproved". In other words, the dietary supplement is banned.

Because the bill places these new sections at the end of the chapter on Foods, rather than amending the adulteration provisions, the protection of a trial de novo on the Secretary's determination will in all likelihood be taken away. In any judicial review of the Secretary's action, the Secretary will be entitled to the normal judicial deference to his decisions under the Chevron doctrine.

The section of the law defining adulterated dietary supplements is left in place with its protection of burden of proof and trial de novo. But it is fair to say that if the bill becomes law, FDA will not seek to use these provisions in situations where a serious dietary supplement experience can be alleged.

Another point worth noting is the change to the standard under "ordinary conditions of use." The bill expands this concept to include "frequent" as well as "ordinary" use. This appears to include abuse of the product, if "frequent."

Prohibited Acts

The failure to submit a report or otherwise comply with the reporting requirements and the continued marketing of a dietary supplement which the Secretary has determined to be unsafe, are prohibited acts.

Pre-Marketing Approval of Stimulants

Dietary supplements containing stimulants cannot be distributed and sold without the advance approval of the Secretary. An application for pre-marketing approval will be granted by the Secretary if the manufacturer demonstrates that the dietary supplement is safe under ordinary or frequent conditions of use.

Stimulant is defined as an ingredient that "has a stimulant effect on the cardiovascular system or the central nervous system of a human by any means including speeding metabolism, increasing heart rate, constricting blood vessels or causing the body to release adrenaline." Dietary supplements that contain a stimulant which have not been granted pre-marketing approval are considered adulterated. The amendment contains a two year transition period during which manufacturers of already marketed dietary supplements may apply for the required pre-marketing approval.

Comments:

Pre-marketing approval is not a part of the regulatory regime for dietary supplements. The bill treats dietary supplements containing stimulants in the same manner as drugs. The manufacturer must prove safety before marketing the product. Proving safety is time consuming and extremely expensive. FDA admitted as much in its ephedra white paper and used this argument for relief from the current statutory requirement that FDA prove ephedra is unsafe. Well, here is the asked for relief. Although the bill would certainly apply to ephedra, I suspect that there are many other herbal formulas out there that arguably contain a stimulant, as defined in the bill. Manufacturers would have to run all of these formulas through the pre-approval process or withdraw the formulas from the market.

Miscellaneous

The amendment also contains provisions relating to products containing anabolic steroids.

Conclusion:

In AAOM's letter of comments to FDA, we stated that one of our main concerns was that any regulation of ephedra would be overbroad. In the Durbin bill, our worst fears on this score are realized. We need a maximum effort to make sure that this bill does not become law.

Legislative Status:

The bill was introduced by Senator Durbin on March 26, 2003 and referred to the Committee on Health, Education, Labor and Pensions. The bill has one co-sponsor, Senator Schumer (D. N.Y.).

The members of the Committee on Health, Education, Labor and Pensions are:

Committee Chairman

Judd Gregg (R-NH)

Senator Bill Frist (R-TN)

Senator Mike Enzi (R-WY)

Senator Lamar Alexander (R-TN)

Senator Christopher Bond (R-MO)

Senator Mike DeWine (R-OH)

Senator Pat Roberts (R-KS)

Senator Jeff Sessions (R-AL)

Senator John Ensign (R-NV)

Senator Lindsey Graham (R-SC)

Senator John Warner (R-VA)

Senator Edward Kennedy (D-MA), Ranking Member

Senator Christopher Dodd (D-CT)

Senator Tom Harkin (D-IA)

Senator Barbara Mikulski (D-MD)

Senator James Jeffords (I-VT)

Senator Jeff Bingaman (D-NM)

Senator Patty Murray (D-WA)

Senator Jack Reed (D-RI)

Senator John Edwards (D-NC)

Senator Hillary Clinton (D-NY)

Submitted by:

Mark Thoman, Esquire

McDermott, Will & Emery

Chinese Medicine Herbal Committee,

Attorney for AAOM

Golden flower 1/2 page ad

HIPAA

The following article is compiled from excerpts of articles that have appeared in Acupuncture Today over the last year and is not intended to be a full interpretation of HIPAA requirements.

HIPAA, the Health Insurance Portability and Accountability Act, requires protection of privacy of patients. HIPAA rules impose significant responsibilities on healthcare providers (including acupuncturists) to protect a patient's health information, and can impose significant fines for failure to protect privacy. Violators can face a prison term for up to 10 years; fines from \$100 to \$250,000; and nonpayment from insurance companies. The deadline for compliance with HIPAA was April 14, 2003.

Some practitioners mistakenly believe that HIPAA only applies to those who engage in insurance billing (insurance billing requires additional requirements such as using standardized forms and transaction codes and is outside the scope of this article). Any healthcare provider who does any of the following is subject to HIPAA: maintain patient records; gather information from a patient; engage in oral communication; or transmit records (electronic or paper copy).

Under HIPAA:

- You must develop policies and procedures that address privacy requirements via a privacy manual. This manual can be a "stand-alone" document, or it can be inserted into your existing office policies and procedures manual. You (the acupuncturist), along with all current and future office personnel and employees, must be trained on HIPAA policies and procedures. Keep a log of training and have employees sign off that they have received training.
- Each office must appoint a privacy officer to oversee the practice's compliance. If you have no employees, you will have to be responsible for all privacy compliance.
- Each office must develop and give a notice of privacy practices to all patients so they understand what your office is doing to ensure the privacy of their information. Patients must sign a form indicating they have received this information. Part of the notice of privacy tells them how to file complaints when they believe their rights have been violated. Keep the signed form.
- Each patient must sign a form giving their consent for treatment, payment and healthcare operations. This form is different than the

informed consent form that states the potential risks involved with acupuncture and herbal treatments.

- Each patient must sign an authorization for any and all releases of protected health care information. Don't discuss any medical information with any third parties (other medical professionals that don't work with you, family members, etc.) unless written authorization has been obtained from the patient.
- You will need to develop and have signed "Business Associate" agreements for each organization with which you do business. Adapt each agreement to the circumstances for the arrangement. A "chain of trust" is a concept that mandates that every organization with which you share patient information is HIPAA-compliant in the area of privacy. A business associate is any party that receives or could receive protected information in connection with providing a service to the acupuncturist. In a typical acupuncture practice, this would include a subcontractor or associate with whom you share patient's medical and treatment records, lab records, consultation reports, or demographic information. It could also include any service provider that could see a patient's protected information such as a cleaning service or linen service.
- If you send, receive, request or confirm any patient information electronically, either through a billing service or directly from your office, you must be HIPAA-compliant. This includes handling patient claims; checking or verifying patient insurance coverage or eligibility; checking the status of insurance paper work and/or payments; verifying referral authorizations; or communications with an insurance company.
- Put confidentiality notices on all faxes and e-mails. It is suggested to keep a fax log of all incoming/outgoing faxes.
- Patients can limit the contact you initiate with them. Without written authorization, you cannot use patient information for marketing purposes. This could include birthday cards, fliers and newsletters. Patient authorization is not required when marketing communication is face-to-face. The patient can opt out of marketing communication by filing a written request with your office indicating that they want to be removed from the list.
- You may keep a patient sign-in sheet, but you cannot collect or divulge any protected information.

To get started, figure out what currently exists in your office. This process is called a "gap analysis" and helps you understand the flow of information that must

be kept private. You'll ask and answer questions such as:

What patient information (contact info, SOAP charts, health history, etc.) do you collect, maintain, transmit or receive? What are you and your staff doing to protect that patient health information? Who has access to what information? Do you leave patient files in a location or orientation that a passerby could read information on or in the file, such as; can a patient read the names on a chart lying on your table? Can your patients see your appointment book? Do you leave files lying on a counter unattended while you're in a treatment room? Are your filing cabinets locked at the end of the day so cleaning personnel cannot access files? Do you keep patient information on a computer, and if so, who has access to that computer? Who can access incoming faxes that contain a patients' personal health history?

When you complete the gap analysis, you will understand where your patients' information is not protected by your current procedures, and you can begin to update procedures necessary to becoming HIPAA compliant. For more information, see <http://www.hhs.gov/ocr/hipaa>; www.acupuncturetoday.com; or consider attending a HIPAA compliance workshop or hiring a HIPAA

compliance consulting services.

The ISAA annual meeting was held on April 27th at the Chicago School of the Healing Arts. Thanks to them once again for opening their doors to us. Attendance was down from last year's record, but the group that gathered was energized for the upcoming year's activities. At the meeting, accomplishments over the last year were outlined, financial statements for the previous year and projections for the coming year were presented, and nominations for the 2003-2004 board were solicited. Copies of the financial reports are included with this mailing for ISAA members.

The election of officers was held subsequent to the annual meeting. Professional members were eligible to vote. Twenty-nine ballots were opened and counted on May 30th. The five candidates nominated and elected to the Board of Directors were: Claudette Baker, Barb Schmidt, Pat Faivre, Deb Jensen and Sonia Rivera. Congrats to the new Board.

Board Announcement

Continuing Education

Two-Day Auriculoacupuncture Seminar with Terry Oleson, Ph.D.

Dr. Terry Oleson is the author of "Auriculotherapy Manual: Chinese and Western Systems of Ear Acupuncture," considered to be the bible of auriculotherapy among its practitioners. In this two-day seminar Dr. Oleson teaches the history of auricular acupuncture, gives an overview of auricular acupuncture principles and then goes into "hands-on" detail of diagnosis and treatment of musculoskeletal points, myofascial points, internal organ points, endocrine points and nervous system points. He then lays out specific auriculotherapy treatment plans for addiction, weight loss, pain management, visceral disorders, neurologic and immune disorders and physiological disorders. Don't miss this wonderful program from the man who wrote the book! Dates: September 13 and 14, 2003. **Location:** To be announced (hotel near O'Hare). Call ISAA office at 773-271-4387

Cost: Register by August 18* and receive a discount.

Student Members – \$180 Members – \$225
Student Non Members – \$195 Non Members – \$270

After August 18

Student Members – \$225 Members – \$285
Student Non Member – \$245 Non Members – \$340

*With registration held by credit card.

Coming in 2004

Look for a weekend orthopedics class by Matt Callison coming to Chicago next year!

Matthew Callison, LAc, MTOM, MS

Matt Callison earned his Bachelor of Science Degree in Sports Medicine from San Diego State University in 1985. While pursuing this degree, he began studies in kinesiology. Mr. Callison worked in the Sports Medicine field at Alvarado Sports Medicine clinic and Scripps Hospital, La Jolla for 6 years. In 1991, Mr. Callison received his Masters Degree in Traditional Oriental Medicine from Pacific College of Oriental Medicine (PCOM), where he is currently a faculty member.

In addition to teaching, Mr. Callison is a Clinical Supervisor of PCOM acupuncture interns at the University of California's San Diego Sports Medicine RIMAC Center. Here, Pacific interns blend Chinese and Sports Medicine within a Western setting.

Mr. Callison's blending of Chinese Medicine with Sports Medicine demonstrates his excellent reputation, evident in his international lecture series, "The Energetics of

Structural Balance". He has recently published a clinical study on acupuncture and tibial stress syndromes (shin splints) in the Journal of Chinese Medicine. Mr. Callison is also well known for his work with professional athletes, including Minnesota Vikings and San Diego Chargers.

Book Review

Auriculotherapy Manual: Chinese and Western Systems of Ear Acupuncture, 2nd Edition,

by Terry Oleson, Ph.D.

The subject of auriculoacupuncture is complicated by the fact that there are at least three separate traditions – Chinese, French and German. Terry Oleson does a remarkable job of cataloguing and explaining all of them in this comprehensive text. It is both a reference work and practical manual for those practicing or wishing to practice this ancient and modern art. Besides describing and showing the many points individually, Dr. Oleson includes specific protocols for a wide variety of conditions.

Dr. Oleson insists on treating only "active" points – those found by an electrodermal instrument or tender to the touch. In the interests of journalistic investigation, your intrepid reporter tried his approach on a few patients.

The first was a gentleman who had lost his sense of smell three years earlier following (simultaneously) a traumatic event, severe flu, and a course of antibiotics. Oleson's book lists an "inner nose" point located on the sub-tragus for such cases. I touched it with a probe, and my patient flinched in pain. Bingo! I put in a couple of needles and a minute later my patient announced he could smell for the first time in three years. He called me that night to tell me how much fun he was having rediscovering his own house – the smell of his wife's cooking in the kitchen, the smell of detergent in the laundry room, etc. After three such treatments he felt his sense of smell was almost back to normal.

The second patient had a shoulder injury that prevented him from raising his left arm above 90 degrees. I found a tender ashi point on the scaphoid fossa, right about where the universal (same point described in the Chinese, French and German traditions) shoulder point should be. I needled it, and asked him to raise his left arm again. This time he raised it about 135 degrees, with an absolutely startled look on his face.

"Hey," I thought, "this auriculotherapy stuff is fun!"

Dr. Oleson's book is encyclopedic in scope, yet organized and easy to use. If I can achieve such clinical results from glancing at his book, I can't wait for his Chicago seminar to be held on September 13 and 14 of this year.

LOGO

We have a beautiful logo of two sheep arranged within the tai ji symbol. They are available in **S, M, L, XL** on either a black or white 100% pre-shrunk cotton shirts. This is a wonderful way for patients, friends and family to contribute to our legislative drive. Each shirt is only \$20, which means that for every shirt you sell, the ISAA will make \$10.

It would be great if everyone could order one of each color to display in your clinic. **The ISAA has printed order forms and a display sign to make sales easy. Please note the customer name, phone number, size, color and quantity on the order form then send it and the checks to the ISAA office every few weeks.** Please be aware that there are costs for shipping, if you cannot arrange to pick up your order.

Another thought is that you can have custom printing done on the back of the shirt for your clinic or group. The shirts will cost more for printing (and all sales are final), so please discuss your ideas with Joe Mitchell at 847-

Allergy research 1/4 page ad

UPC Medical ad 1/4 or 1/2 page? goes here

ISAA Membership Application

Name _____ circle: Male Female
 Certification(s) or Degree(s) _____
 NCCAOM Acu. Cert. # _____ Exp. _____
 NCCAOM Herbal Cert. # _____ Exp. _____
 Acupuncture License # _____ State _____
 Referral Address _____
 City, Zip and County _____
 Referral Phone _____ Fax _____
 Area(s) of Specialty _____
 Please circle the IL referral region you practice in: City of Chicago or Suburbs – N, NW, S, SW, W
 Mailing address/city/zip _____
 Phone for Phone Tree _____ Fax _____
 Email address _____

MEMBERSHIP PRIVILEGES

CATEGORY	COST	VOTE MAILING REFERRALS			
<input type="checkbox"/> Professional	\$200	Y	All	Y	
<input type="checkbox"/> 1 st & 2 nd Yr Practitioner	\$100	Y	all	Y	
<input type="checkbox"/> Allied	\$100	N	all	Y	
<input type="checkbox"/> Out-Of-State Prof.	\$100	N	Most	Y	
<input type="checkbox"/> Student	\$ 50	N	All	N	School _____ Expected Grad _____
<input type="checkbox"/> Friend	\$ 50	N	Most*	NA	
<input type="checkbox"/> Patron	\$ 500	N	Most*	NA	

All memberships receive Class discounts.

*General Information, newsletter, continuing education, etc.

Please send this form, your payment & copies of your NCCAOM certification and Illinois license to:

Illinois State Acupuncture Association

5315 North Clark Street, Suite 611, Chicago, Illinois 60640-2113

If you have any questions, please call **773-271-4387**

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Advertisements

ISAA proudly offers the opportunity to advertise in our quarterly newsletter. Our circulation is to approximately 700 acupuncturists in Illinois, Arkansas, Indiana, Iowa, Kentucky, Michigan, Minnesota, Missouri, Ohio, and Wisconsin. We offer classified ads and full page, half page, quarter page or eighth page sized ads.

All advertisements must be pre-paid, and camera-ready or in Word or jpg file format. Classified ads should be emailed or faxed in type-written face (not hand-written) to the ISAA office. Call the ISAA office for more information or to place an ad.

BULLETIN BOARD

What's Happening in Neighboring States

ISAA encourages neighboring state organizations to submit information on current activities for publication in our quarterly newsletter. Please call the ISAA office or email to isaa@earthlink.net for details.

Cancellation Notice for ISAA events and CEU classes

Full refund will be awarded with 2 weeks notice. Fifty percent will be awarded with one-week notice of cancellation. No refund will be awarded 6 days prior to the event. No refund will be awarded for late arrivals. **All refunds are subject to a \$20 processing fee.** As per Illinois and national standards, to receive all the CEU hours, the participant must be present for the entire class.

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Address Correction Requested