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## BOARD OF ACUPUNCTURE AND ORIENTAL MEDICINE

New Mexico Regulation and Licensing Department

### BOARDS AND COMMISSIONS DIVISION

Toney Anaya Building ▪ 2550 Cerrillos Road ▪ Santa Fe, New Mexico 87505  
(505) 476-4630 ▪ Fax (505) 476-4615 ▪ [www.RLD.state.nm.us/acupuncture](http://www.RLD.state.nm.us/acupuncture)

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## REGULAR BOARD MEETING MINUTES

**June 3, 2011**

New Mexico State Capitol Building  
490 Old Santa Fe Trail, Room 309  
Santa Fe, New Mexico

The New Mexico Board of Acupuncture and Oriental Medicine convened a Regular Board Meeting at 1:00 p.m. on Friday, June 3, 2011. The meeting was held at the State Capitol Building, Room 309, 490 Old Santa Fe Trail, Santa Fe, NM. The meeting was transcribed by Russin Williams Reporting and following is the Transcript of Proceedings.

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1 NEW MEXICO REGULATION AND LICENSING DEPARTMENT

2 BOARDS AND COMMISSIONS DIVISION

3 NEW MEXICO BOARD OF ACUPUNCTURE AND ORIENTAL MEDICINE

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5 REGULAR BOARD MEETING

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8 June 3, 2011

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10 1:06 p.m.

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14 New Mexico State Capitol Building

490 Old Santa Fe Trail

15 Room 309

Santa Fe, New Mexico

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REPORTED BY: Katherine L. Gordon, NM P-400

24 RUSSIN WILLIAMS REPORTING, LLC

1608 Fifth Street, Northwest

25 Albuquerque, New Mexico 87102

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1 APPEARANCES

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4 For the Board:

5 Caroline Colonna, Chair

6 Frances Lovett

7 Barbara Maddoux

8 Angelique Cook-Lowry

9 Anita Villegas, Executive Director

10 Justin Woolf, Assistant Attorney General and

11 Board attorney

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13 Also Present:

14 Diane Vigil-Hayes, Exam Administrator

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1 DR. COLONNA: Call to order. And that's -- well,

2 welcome --

3 MR. WOOLF: Thank you.

4 DR. COLONNA: -- to our board meeting of -- let's

5 see -- today is June 3rd, 2011. Thank you for being here.

6 We will start with a call to order from Diana or Anita.

7 MS. VILLEGAS: I'll take the roll call.

8 Caroline Colonna?

9 DR. COLONNA: Here.

10 MS. VILLEGAS: Alix Bjorklund is gone.

11 Barbara Maddoux?

12 Angelique Cook-Lowry?

13 DR. COOK-LOWRY: Here.

14 MS. VILLEGAS: Cynthia Archuleta is gone.

15 Frances Lovett?

16 DR. LOVETT: Present.

17 MS. VILLEGAS: Debra Armstrong? Absent.

18 And then we also have with us today, we have our

19 general -- or the assistant attorney general which is Justin

20 Woolf. We have Diane Vigil, who is the exam administrator,

21 and myself, Anita Villegas, and I am the Board

22 administrator. Thank you.

23 MR. WOOLF: And Madam Chair, since we do not have

24 a quorum right now, we will go ahead and handle matters that

25 do not need a quorum, that require no action. And then once

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1 we do have a quorum, we will consider the rest of the  
2 agenda.

3 DR. COLONNA: Thank you. So the approval of the  
4 agenda, does that take part in this or no?

5 MR. WOOLF: We're going to need a quorum for that.

6 DR. COLONNA:: So let's go to, then, on the  
7 agenda -- we need to approve the agenda?

8 MR. WOOLF: We can wait on that. Let's do 5(B).

9 DR. COLONNA: So this is the clinic exam report  
10 from Diane.

11 MS. VIGIL-HAYES. The Board held their exam on May  
12 the 7th of this year. We had eight candidates that were  
13 qualified to sit for the exam. And so for the first time  
14 ever we've had a 100 percent passing rate on this last exam.  
15 Very successful exam. And at this time we have no reviews  
16 to come before the committee or the Board.

17 And I can pass it on to Angelique and see if she  
18 wants to share anything about the exam process or --

19 DR. COOK-LOWRY: No. I think it went very  
20 smoothly.

21 DR. COLONNA: I have a question. I was wondering  
22 what schools did the candidates come from.

23 MS. VIGIL-HAYES: What schools did they come from?

24 DR. COLONNA: Yes.

25 MS. VIGIL-HAYES: We had -- let me just look at my  
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1 list real quick. We had one person coming in from Pacific  
2 College out of the New York branch. And everyone else -- I  
3 believe everyone else came from Southwest Acupuncture  
4 College, and they were from both campuses, the Albuquerque  
5 branch and the Santa Fe branch.

6 So I know next September we've got probably

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7 already four people who have expressed an interest, so the  
8 applications are starting to come in already.

9 DR. COOK-LOWRY: And three of those eight were a  
10 retake.

11 DR. COLONNA: From SWAC?

12 DR. COOK-LOWRY: Were they all from SWAC?

13 MS. VIGIL-HAYES: Actually, one --

14 DR. COOK-LOWRY: Was one from Pacific?

15 MS. VIGIL-HAYES: One was -- actually, there were  
16 two from out of state. One was from Pacific and the other  
17 one was Kansas College of Chinese Medicine. She was a  
18 retake, and so she has now successfully passed the state  
19 exam.

20 MS. COLONNA: Great.

21 MS. VIGIL-HAYES: I guess -- is now a good time to  
22 hand out my handout?

23 MS. VILLEGAS: If you would like to, since your --

24 MS. VIGIL-HAYES: I just have a letter to hand  
25 out.

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1 DR. COOK-LOWRY: Congratulations.

2 MS. VIGIL-HAYES: The letter is stating that she  
3 is leaving the Acupuncture Board, going on to greater and  
4 better things for herself, as a promotion. But I just want  
5 to interject, you know, to you and to the Board, she's been  
6 a real asset to this Board, as we're all aware. So it's  
7 going to be a big hit for the Board.

8 DR. COOK-LOWRY: A loss.

9 MS. VILLEGAS: Yes, it will. So we wish Diane the  
10 best of luck.

11 MS. VIGIL-HAYES: I'm actually going on to the  
12 Commission on Higher Education, and my last day will be next

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13 Friday. So I feel like it's been a really good -- I mean, I  
14 love working for this Board and -- getting a little  
15 emotional.

16 I just want to say it's been a challenge, but yet  
17 it's been wonderful. This profession is really incredible.  
18 Not only on a personal level, but on a professional level I  
19 see so much good that acupuncture does, and I think that  
20 there's so many -- it's a really -- a profession that more  
21 people are looking to receive help from as far as improving  
22 their health and their overall lifestyle.

23 It's just an incredible profession. I applaud all  
24 the professional members because I see the good that you're  
25 doing and that you're really making changes that really help  
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1 people in their lives to become more fit and more conscious  
2 about their overall well-being and their holistic health,  
3 and I think it's really good. It's an exceptional Board and  
4 an exceptional profession. And my heart is there, but it's  
5 time for a new challenge. And it has been a challenge, but  
6 I really do love all the DOM's.

7 DR. COOK-LOWRY: We're going to miss you because  
8 you do incredible detail work. And there's never an issue  
9 when we deal with you. Everything is done. And I  
10 appreciate how much you do. I am going to miss you.

11 DR. COLONNA: I think we all are going to miss  
12 you.

13 DR. LOVETT: Congratulations.

14 MS. VIGIL-HAYES: Thank you.

15 You know, I feel like I'm leaving the Board in  
16 good shape. And, you know, things are -- the processes have  
17 been, you know, well-documented so, you know, I not only  
18 work with the DOM's, but I work with the CADS program and I

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19 work with the educational program. So, you know, they're  
20 all in good shape. They're really in good shape, so it's  
21 really a matter of just taking it all over from now, this  
22 step forward. Anyway, I'm going to miss you-all, and it's  
23 just been wonderful serving this Board.

24 MS. COOK-LOWRY: Thank you.

25 DR. COLONNA: Thank you.

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1 MS. COOK-LOWRY: Do we get to replace her, or are  
2 you taking that on also?

3 MS. VILLEGAS: Management is definitely -- this  
4 was just new news for us too. So you're right, management  
5 will be looking at the open position and, you know --

6 DR. COOK-LOWRY: I didn't know if there was a  
7 freeze and you couldn't. You know, I'm not sure what --

8 MS. VILLEGAS: Where we have a position there and  
9 available -- and with Diane leaving, you're right, there  
10 will be an opportunity for someone to come in and fill the  
11 position.

12 DR. LOVETT: Are you looking for more work?

13 MS. VILLEGAS: No.

14 And before we go on to the next item, I'd just  
15 like to introduce somebody that just joined us here in the  
16 meeting. Everybody would -- it's Mary Kay Root. She is our  
17 director of RLD. Or -- I'm sorry -- not the director, the  
18 deputy superintendent.

19 I apologize, Mary Kay.

20 MS. ROOT: That's okay.

21 MS. VILLEGAS: And, of course, this is the  
22 Acupuncture Board at the time. We really officially haven't  
23 started the meeting just because we're waiting on a member.

24 MS. ROOT: Got it. And I had to run to a quick

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25 greeting at one o'clock, and was just, "I'll be there as

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1 soon as I can."

2 But nice to meet you-all. I've just been curious

3 about, you know, what some of our boards are doing and just

4 wanted to see what the process looked like. Thank you.

5 DR. COLONNA: Thank you.

6 Is there anything else that you wanted to report?

7 MS. VIGIL-HAYES: Actually -- and I'm not sure

8 where it's at on the agenda. And I don't know if now is a

9 good time to bring up our -- maybe Anita wants to bring it

10 up -- but the idea of possibly contracting out this clinical

11 and practical exam.

12 MS. COOK-LOWRY: Do you have to vote on that?

13 MS. VILLEGAS: We would. I'd say that we probably

14 should wait until we have a quorum and that everybody can

15 understand what's going to be proposed.

16 DR. COLONNA: Where is that on the agenda?

17 MR. WOOLF: It's letter (G) under 6 -- or (H). So

18 now we'd be looking at -- we'll be going to 5(C), then.

19 DR. COLONNA: Okay. So 5(C), I think I want to

20 introduce the reason why I actually decided to put it back

21 on the agenda. It was the denial of Walter Young.

22 Walter Young is sitting right here in the

23 audience. He is a registered nurse, and he was practicing

24 acupuncture in Florida.

25 I don't have your CV, so I don't know how many

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1 years you were, but I know you were practicing for a long

2 time. And came to the state of New Mexico working for the

3 hospital in Taos and trying to become a DOM in New Mexico.

4 He applied for licensure and was denied. He's



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5 NCCAOM certified in -- in both acupuncture and Chinese herb

6 or just acupuncture?

7 MR. YOUNG: Back then it was -- you know, I'm from

8 the old school, so I was a pioneer. It was acupuncture and

9 oriental medicine back then. It wasn't broken down yet.

10 DR. COLONNA: So -- but because his school that he

11 went to in Florida -- I think that school -- is it still --

12 MR. YOUNG: No. No.

13 DR. COLONNA: I don't even know if it still is a

14 school.

15 MR. YOUNG: No longer.

16 DR. COLONNA: A long time ago, was not ACAOM

17 accredited. The committee, the educational committee denied

18 his application because in the rule -- which I have here and

19 which were also pointed out by Justin -- let me get to that.

20 Do we have a rule book? Does everybody have one?

21 In the rule, it's Rule 16.2.7.8, "Educational

22 Program Requirements." I'm giving you time to look at it.

23 It gives basically three options for somebody to

24 be -- for the educational program, basically, that he went

25 to, the school that he attended to become -- to learn about

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1 acupuncture. Well, the definition doesn't fit with what

2 Walter went through because his school was not ACAOM

3 certified or accredited.

4 So the reason for bringing this up is that I just

5 felt that, you know, a fellow acupuncturist that does great

6 work in Taos, working at the hospital, trying to bring

7 acupuncture to the hospital and expanding the horizon of,

8 you know, what we do with Western medicine, being very

9 helpful for the community, is denied the ability to practice

10 acupuncture, which he practiced for many years before. And

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11 I thought that somehow -- and he can talk about his

12 background -- I thought we could look at that.

13 And obviously the rules don't allow us to do that.

14 But if he were, we were thinking about expanding the rules

15 to accept cases like that when people have that much

16 experience and create an exception or change the rule.

17 And actually I'm out of my league there because

18 that's Justin's -- to tell us what we can do with this and

19 what options we can consider with that.

20 Do you guys understand what I'm trying to do?

21 DR. COOK-LOWRY: I do.

22 DR. COLONNA: And I was thinking maybe Justin -- I

23 mean, Walter could tell us a little bit about his experience

24 and the school he went to and why it's no longer operating

25 and the dates -- the year that he took the NCCAOM and all

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1 that, so --

2 DR. COOK-LOWRY: There used to be a place -- and I

3 unfortunately right now don't remember where it was -- in

4 the rules that allowed -- and it may have only had a short

5 period of time that allowed people who had been trained

6 years ago to be able to fit in. Do we --

7 DR. COLONNA: Yeah, I thought there was something

8 like that too.

9 DR. COOK-LOWRY: Right now, I don't know where it

10 is.

11 MR. WOOLF: And Madam Chair and members of the

12 Board, I believe that that was taken out when a rule change

13 was done. So I believe it was removed. And so I feel we

14 should definitely entertain -- I'm sorry --

15 MR. YOUNG: Walter.

16 MR. WOOLF: -- Walter Young to explain what he has

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17 done in the past and how his situation, you know, doesn't  
18 fit in our rules. And then we can consider, as a Board,  
19 perhaps, with a rule change addressing people that are in a  
20 similar situation as he is.

21 MS. COLONNA: Right.

22 MR. WOOLF: Because from what I understand, his  
23 experience is extensive. And just the way that the rule  
24 change is now, it doesn't take into consideration people  
25 that had their schooling before ACAOM was around.

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1 DR. COOK-LOWRY: Which we did at one time.

2 MR. WOOLF: I think it was -- it was exactly as  
3 you just described. During a rule change they tried to  
4 streamline it with ACAOM, and I think inadvertently they  
5 might have left some people out. That's something for the  
6 Board to consider in the future. And we do have a rule  
7 change coming up, so it's something that can be addressed  
8 then.

9 MS. VIGIL-HAYES: There is a method for him to  
10 apply by -- once his educational program does get approved,  
11 if it does -- and that is through licensure by endorsement.

12 And that way the Board can consider your clinical  
13 experience, your many years of clinical experience as an  
14 acupuncturist. And part of that application process is when  
15 you would submit your verification of licensure, that your  
16 license is in good standing in that other state in that  
17 other profession. So there is a way to address that, but  
18 your educational program must be dealt with before you can  
19 apply.

20 DR. COLONNA: So considering what she just said,  
21 would that licensure by endorsement, would Walter qualify  
22 under that rule?

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23 MS. VIGIL-HAYES: I believe so, as long as he has

24 clinical experience, yes. He's got to have -- it's in the

25 rules -- under Part 17 of the rules. And it does allow for

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1 clinical experience.

2 DR. COOK-LOWRY: It's 16.2.7.17, or --

3 MR. WOOLF: Correct.

4 MS. VIGIL-HAYES: Part 17, "Licensure by

5 Endorsement."

6 Does anybody need a rule book to refer to?

7 DR. COLONNA: One more time, tell me what it is?

8 It's 16 point --

9 MR. WOOLF: -- 2.17.

10 DR. COLONNA: Part 17?

11 MR. WOOLF: Correct.

12 DR. COLONNA: Hold on. I want to read it too.

13 DR. COOK-LOWRY: I thought there was something,

14 because there was something else that had come out too.

15 DR. COLONNA: Do you know where? Could somebody

16 point that out to me? You said Rule 17?

17 MS. VIGIL-HAYES: Part 17 of the rules.

18 DR. COLONNA: It's Page 76 in this one, so it's

19 16.2.17.9.

20 DR. COOK-LOWRY: See, I remember that we had

21 something like that. It was because people had licensed

22 prior to '86.

23 DR. COLONNA: When was ACAOM qualified?

24 MR. YOUNG: '96, I believe, or '95 or something

25 like that.

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1 DR. COLONNA: Okay. So that was the issue. So

2 this says here -- and I don't understand -- why does it give

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3 a specific date?

4 MS. VILLEGAS: It was because we had people who  
5 had an issue and we were making an exception for a period of  
6 time for the people prior to '86 who didn't have --

7 DR. COLONNA: ACAOM?

8 MS. VILLEGAS: -- enough hours and ACAOM and --  
9 yeah.

10 DR. COLONNA: What year did you go to school?

11 MR. YOUNG: '92 to '97 or something like that.

12 MR. WOOLF: You graduated in '97. I can't -- it  
13 was --

14 DR. COLONNA: It was post ACAOM, though.

15 MS. VIGIL-HAYES: Yeah. He graduated in  
16 September 1st of '97.

17 DR. COLONNA: So (B) may actually apply. 17.9(B).

18 (Discussion held off the record.)

19 DR. COLONNA: So what I want to -- do you want to  
20 take a minute?

21 DR. COOK-LOWRY: He may not --

22 DR. COLONNA: I was looking at the educational  
23 program requirements. And (A) doesn't fit because he went  
24 to school after '86, but the (B) seems to fit. But I'll  
25 have to refer to Justin on that.

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1 MR. WOOLF: Yeah. I believe we have to read (A)  
2 and (B) together.

3 DR. COLONNA: Oh.

4 MR. WOOLF: That's what I'm looking at right now.  
5 I'm going to read it one more time and see if I can --

6 Yes. Unfortunately, I believe that (A) requires  
7 the proof of 1986 or before.

8 DR. COLONNA: Right.

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9 MR. WOOLF: And then (B) goes on to say that if  
10 that school isn't around anymore, then he can supply those  
11 records and can be considered. Unfortunately, he doesn't  
12 meet that '86 burden.

13 DR. COLONNA: Okay. So that doesn't apply. So  
14 the rest, then -- if that doesn't apply, then the rest of it  
15 doesn't apply?

16 MR. WOOLF: Correct.

17 DR. COLONNA: Okay. So then the only other choice  
18 he has -- or what we can do as a Board is --

19 MR. WOOLF: It would be through the ACAOM or a  
20 rule change, either way. Either meet the requirements as  
21 they are now, or if the Board changed the rules that would  
22 allow people in this sort of situation, then he could  
23 reapply at that time.

24 DR. COLONNA: What would that entail to change the  
25 rule? What part of the rule would it address? This one in  
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1 particular?

2 MR. WOOLF: What we would do is we would start off  
3 just by saying, "This is the issue we want to address." And  
4 then Anita and I would look at everything and try to pull  
5 together all the sections that need to be addressed in order  
6 to make that change effective.

7 DR. COLONNA: And the reason for doing that is  
8 because we believe that he has enough experience.

9 MR. WOOLF: And I would say this isn't for one  
10 person, this is for a class of people.

11 DR. COOK-LOWRY: This would be everyone in that  
12 group?

13 MR. WOOLF: Correct.

14 DR. COLONNA: And it seems that we do have other

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15 people, don't we, Diane? I thought you had mentioned other  
16 people that were in this situation.

17 MS. VIGIL-HAYES: There's one other person that  
18 had applied, and she actually did not meet her -- I believe  
19 it was her clinical hours or her education. And she's since  
20 gone back to school to complete those educational hours.  
21 And so in her situation, it was a little bit different. She  
22 graduated from an approved school, but at the time she  
23 graduated, her hours did not meet or exceed New Mexico  
24 standards. So now she's back in school to complete those  
25 hours that will now meet New Mexico's standards.

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1 DR. COLONNA: So it's different.

2 MR. WOOLF: So I think what's happened is  
3 Mr. Young's situation has brought to light maybe a gap in  
4 the rules. So it's something we need to consider as a Board  
5 is whether there was a reason why it was made to be like it  
6 is now where it's only ACAOM, or if maybe that was an  
7 oversight, or if maybe with the way we're looking at the  
8 times now that the rules need to be addressed and updated.

9 So I think this is a good opportunity for  
10 Mr. Young to share his story with us.

11 DR. COOK-LOWRY: Yes. I'd like to hear.

12 DR. COLONNA: Okay.

13 MR. YOUNG: Do you want me to start from the  
14 beginning or start back and go forward?

15 DR. COLONNA: Whichever you feel.

16 MR. YOUNG: When I started acupuncture and  
17 oriental medicine in Miami, we were really the pioneers. so  
18 way back then, it was either taking a state exam or doing  
19 the NCCAOM. A group of us decided to do the latter, the  
20 NCCAOM, because we thought in the future that was probably

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21 going to be the hallmark for anyone that went to school.

22 My school was a very, very intense school. I

23 think we had, if I can -- and Diane would know this better

24 than me -- I think I had like 25, 40 hours. It was really

25 an intense school, so much so that we had some of the

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1 bigwigs of oriental medicine that we've all studied with.

2 For those of you that are DOM's, Andy Ellis taught our

3 herbal class, and Efrim and Harriet, you know, who are part

4 of, you know, oriental medicine, they are part of an age

5 group like mine -- I'm 59 -- who did NCCAOM. ACAOM was not

6 there way, way back then.

7 So prior to that, I'm originally from the Republic

8 of Panama. My father worked for the Department of Defense,

9 and I came here in '74 after I got my bachelor of science in

10 medical technology.

11 I progressed on to become a nurse. I have a

12 bachelor of science in nursing, and I worked in the critical

13 care arena.

14 During my nursing career is when I really was -- I

15 got very interested in integrated medicine. But back then

16 there weren't schools as of yet, so I became a licensed

17 massage therapist and was certified as a master

18 hypnotherapist. With the body and mind, I was doing my own

19 thing.

20 I became very intrigued with the Olympics -- I was

21 on my college tennis team -- with the Chinese Olympics and

22 how they handled their injuries with acupuncture. So by

23 then things started to happen in the state of Florida with

24 schools popping up. And the one closest to me was in Miami.

25 I lived in Fort Lauderdale.

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1 So really, still having a little bit of an "if"  
2 about is this something that I want to invest the time -- it  
3 was four years -- and the money to get into. So with my  
4 licensed massage therapy program and getting my license, I  
5 was able to go to China and study at Guanamen Hospital in  
6 Beijing Tui Na, the art of Tui Na.

7 So when I was there and I was at the hospital  
8 having, you know, been a nurse and everything, I saw some  
9 amazing things happening between Western and Eastern  
10 medicine. So much so that when I came back to the U.S., I  
11 was -- excuse the expression -- pissed off that we didn't  
12 have this going. And it capitulated me forward into really  
13 going into becoming a DOM acupuncture physician.

14 So I started that and finished my program. After  
15 my program, I opened up a practice. And interestingly  
16 enough, because I was bi-trained -- being a nurse, medical  
17 technologist and a Physician of Oriental Medicine -- that  
18 seemed to catapult my practice a lot in Florida. A lot of  
19 the doctors that I had worked with had faith in me because I  
20 could understand their language also, which is important.  
21 So much so that one of the hospitals in Bethesda courted me  
22 to open up an integrated program at Bethesda Hospital, which  
23 I did. So I had two practices going at the same time. I  
24 continued that until I came here, hoping that I would be  
25 able to open up a practice in New Mexico.

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1 I just wanted to say something to Justin. You  
2 know, I definitely respect the laws. I've been a  
3 law-abiding, good professional. Nothing on my record is  
4 tarnished. But I think being a pioneer, I'm still part of  
5 the acupuncture society, and we want to progress forward.  
6 So some of us that started it way in the beginning, we have

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7 to be looked at also. I mean, I bring a lot to oriental  
8 medicine. It's my dream.  
9 I mean, I've really gone head-ho in it. So much  
10 so that at the hospital where I work now, that started a  
11 program called a Care Team. It's a type of integrated  
12 program. The lady that was there before me could not take  
13 the fact that 80 percent of the physicians did not like  
14 anything that was integrated. They thought it was woo-woo  
15 voodoo and all that stuff. So she actually left.  
16 And the chief nursing officer asked me if I would  
17 take it over. And I said, "Sure. I'll do that."  
18 So today we have 100 percent approval, and we've  
19 increased what we do at the hospital, so much so that we  
20 have Caroline on our Board because she's an outside person,  
21 because I didn't know, really, a lot of the rules here in  
22 New Mexico.  
23 We've had a couple of doctors that have come in  
24 that have said that they're certified in acupuncture, and  
25 now I know that they can't even do that. I guess I can  
0022  
1 still do it on another level. So we're going, and the  
2 hospital is very much ready to progress onward.  
3 Our CEO, Peter Hofstetter, has this now on his  
4 strategic plan, to grow the integrated program. So we do  
5 have certain things that I know aren't big for a lot of us  
6 here -- aromatherapy, we do reflexology on the patients, we  
7 do empathetic listening. Hopefully we're going to be  
8 introducing EFT. They sent me to get certified in that. We  
9 also have a program that is called the Surgical Care Team  
10 where they sent me to get certified in Peggy Huddleston's  
11 "Prepare for Surgery, Heal Faster."  
12 So there's a lot happening there. Now they're

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13 talking about acupuncture. So we're progressing onward, and

14 there's a lot that I bring to the table because of my

15 experience in Bethesda opening up the practice.

16 DR. COLONNA: How long were you in Bethesda?

17 MR. YOUNG: In Bethesda, I was there about a year

18 and a half. And having two practices was -- as some of you

19 know -- was wicked, but that opened a whole bunch of doors

20 for oriental medicine, which I hope is going to happen in

21 Taos.

22 DR. LOVETT: And your training in China?

23 MR. YOUNG: My training in China?

24 DR. LOVETT: Yes.

25 MR. YOUNG: It was in 1990, and it was at Guanamen

0023

1 Hospital.

2 DR. COLONNA: That was just Tui Na?

3 MR. YOUNG: That was Tui Na, but the Tui Na

4 they -- as some of you know, with the Chinese, they wanted

5 us to see other aspects of traditional Chinese medicine. So

6 I saw, you know, surgeries that were just electrical

7 acupuncture. It really opened my eyes tremendously as to

8 the scope of what oriental medicine could do for even our

9 people. There it's the peoples' medicine. I think here it

10 should also be the peoples' medicine.

11 DR. COLONNA: Without anesthesia where --

12 MR. YOUNG: Without anesthesia, yes --

13 DR. COLONNA: -- with an electro --

14 MR. YOUNG: -- with a subdural hematoma and a

15 thyroidectomy. It was quite amazing. The other thing, too,

16 in Florida when we started our practice back with injection

17 therapy, because of being an RN -- I went to that program.

18 I think it was a 60-hour -- I don't recall. But I also was

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19 qualified to do injection therapy and taught at the Atlantic

20 School of Oriental Medicine, Dr. Yen's -- Johanna Yen's

21 school.

22 DR. COOK-LOWRY: When did schools start being

23 approved by ACAOM?

24 DR. COLONNA: I don't know that. '86, is that the

25 date? Is that why it's in here?

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1 DR. COOK-LOWRY: No. The '86 had to do with other

2 things. I can't remember all the story, but it had to do

3 with more than just that. It also had to do with you didn't

4 have herbs, necessarily, in the school. Because I remember

5 I graduated in '85, and part of this was so when people were

6 coming from other countries and they had, you know, training

7 so they could teach in the schools, that if they had their

8 training before '86 and they graduated, they would be able

9 to come through endorsement of the schools.

10 So it was much more than just that. But it had to

11 do with did you have herbs, did you have acupuncture, and

12 not just ACAOM, but --

13 DR. COLONNA: Because I know they added the herb

14 requirements the year after I graduated, so they added it in

15 '91.

16 DR. COOK-LOWRY: Okay.

17 DR. COLONNA: But it says here -- that's why I'm

18 saying ACAOM, because it says right here -- it seems like

19 ACAOM was already in place at that point because it talks

20 about -- no, actually --

21 MR. WOOLF: It says "or."

22 DR. COLONNA: -- it says NCCAOM, actually.

23 National Certification Commission for Acupuncture and --

24 that's NCCAOM.

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25 MR. WOOLF: Correct.

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1 DR. COLONNA: But Accreditation Commission for  
2 Acupuncture is ACAOM. Formerly, the National Accreditation  
3 Commission for Schools, that used to be ACSCAOM. So there  
4 was accreditation before ACAOM.

5 DR. COOK-LOWRY: Okay. And I know it didn't exist  
6 in '85. When I graduated, there was no accreditation of the  
7 schools at that time. I just wondered was there  
8 accreditation at the time and why your school wasn't  
9 accredited. Did it get denied, or it didn't apply?

10 MR. YOUNG: That, I don't know. I never heard of  
11 that back then. And, I mean, it was --

12 DR. COLONNA: There's information on that there.

13 DR. COOK-LOWRY: Oh, is there?

14 DR. COLONNA: Yeah. There is information --

15 MR. YOUNG: The NCCAOM was the thing that was  
16 being put in our face that we would eventually have to pass.

17 DR. COLONNA: I think Diana went and asked because  
18 I think they asked about that. They went back to the school  
19 and asked if they were in the process of being accredited  
20 or -- and let's see.

21 The commission -- the director of the Commission  
22 for Independent Educational on behalf of the commissioner,  
23 blah, blah, blah -- okay. They contacted them.

24 MS. VILLEGAS: Madam Chair?

25 DR. COLONNA: Yes.

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1 MS. VILLEGAS: I have an article from NCCAOM, and  
2 in their conclusion they just kind of make a comment here  
3 that their program, within the different state regulations,  
4 have been for the past 25 years. So that might just give

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5 you an idea.

6 DR. COOK-LOWRY: Well, then, that was '86.

7 MS. VILLEGAS: Right.

8 MS. VIGIL-HAYES: And regarding Walter's school,

9 the State of Florida, the Commission for Independent

10 Education responded back to my request, and they said that

11 "The Community School of Traditional Chinese Health Care

12 closed in 2000, and, unfortunately, records were not

13 forwarded to the commission as required by Florida statutes.

14 The State Board of Independent Post Secondary

15 Vocational/Technical Trade and Business Schools, under the

16 Department of Education, licensed the institution to offer

17 nondegree programs from October 10th, 1990, through

18 November 17th of 2000, and the institution was not

19 accredited."

20 So that's the information they sent back.

21 DR. COLONNA: And that's why the denial.

22 MS. VIGIL-HAYES: Uh-huh.

23 DR. COOK-LOWRY: Okay.

24 DR. COLONNA: Because it was a direct answer to

25 the question.

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1 So what do we do now, Justin?

2 MR. WOOLF: That's it. It will be considered for

3 a rule change in the future.

4 DR. COOK-LOWRY: We need Barbara here to be able

5 to vote that we want to go ahead with a rule change.

6 MR. WOOLF: Yeah. If I understand correctly,

7 we're going to try and schedule a rule change.

8 MS. VILLEGAS: Well, we're going to talk about

9 that today, yeah. We're going to proceed with educational

10 courses. We'd have to have a rule change -- you're right --

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11 added to the schedule.

12 DR. COLONNA: So do we need to make a motion to

13 look into it, or do we -- how do we conclude this?

14 MR. WOOLF: This requires no action.

15 DR. COLONNA: This requires no action. Okay.

16 MR. WOOLF: We're going to adjourn the meeting, so

17 follow your script.

18 DR. COLONNA: We're adjourning the meeting right

19 now?

20 MR. WOOLF: We're going to adjourn and come back.

21 We're going to take a small break.

22 DR. COLONNA: So just say we were going to recess

23 right now?

24 MR. WOOLF: Recess until --

25 DR. COLONNA: Until Barbara Maddoux is present and

0028

1 we have a quorum.

2 (A recess was held from 1:41 p.m. until 1:56 p.m.)

3 (Barbara Maddoux is now present.)

4 DR. COLONNA: So we're going to start the regular

5 Board meeting of June 3, 2011. We're going to start with

6 the roll call.

7 MS. VILLEGAS: Madam Chair, Caroline Colonna?

8 DR. COLONNA: Present.

9 MS. VILLEGAS: Alix Bjorklund, who is absent.

10 Barbara Maddoux?

11 DR. MADDOUX: Here.

12 MS. VILLEGAS: Angelique Cook-Lowry?

13 MS. COOK-LOWRY: Here.

14 MS. VILLEGAS: Cynthia Archuleta, absent.

15 Frances Lovett?

16 DR. LOVETT: Present.

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17 MS. VILLEGAS: Deborah Armstrong, absent.  
18 And for the Board meeting, so just so -- we have  
19 our assistant attorney general, Mr. Justin Woolf. We have  
20 Diane Vigil, who is the exam administrator, and myself,  
21 Anita Villegas. I'm the Board administrator. Welcome  
22 everyone.

23 DR. COLONNA: Thank you.  
24 Let's go on to Item Number 3 on the agenda, which  
25 is the approval of the agenda. I move that we approve the  
0029

1 agenda.

2 MR. WOOLF: Actually, we need to have someone else  
3 make the motion other than the Chair.

4 DR. COLONNA: Sorry.

5 DR. COOK-LOWRY: I move that we approve the  
6 agenda.

7 DR. COLONNA: Is there a second?

8 DR. LOVETT: I second.

9 DR. COLONNA: All in favor?

10 (All say "Aye.")

11 DR. COLONNA: Anybody against? No.

12 All right. Let's move on to Item Number 4, the  
13 approval of the October 8th, 2010, Board meeting minutes.  
14 Is there a motion, or do people need time to read the  
15 minutes?

16 DR. COOK-LOWRY: I wasn't here, so I don't know.

17 DR. MADDOUX: Where are they?

18 DR. COLONNA: They're online, but --

19 DR. MADDOUX: I don't know how to use this  
20 computer.

21 (Discussion held off the record.)

22 DR. COOK-LOWRY: I read them, but I wasn't at the



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23 meeting, so I can't.

24 DR. COLONNA: Oh, yeah. That's right.

25 Can I move to approve?

0030

1 MR. WOOLF: (Shakes head.)

2 DR. COLONNA: This was the hearing?

3 DR. LOVETT: We had a court reporter.

4 DR. COLONNA: Yeah. That's why we had those huge

5 notes.

6 DR. LOVETT: I move that we approve the minutes.

7 DR. COLONNA: Do we have a second?

8 DR. MADDOUX: I second.

9 DR. COLONNA: All in favor?

10 (All say "Aye.")

11 DR. COLONNA: So we approve the October 8th Board

12 meeting minutes.

13 Now, we went into the old business already, and we

14 talked about --

15 Barbara, for -- Barbara, you're the first on the

16 agenda here on the old business. But just so that you know,

17 we went ahead and discussed the clinical exam report, and we

18 had Diane pass a letter in which she told us that she was

19 moving on, and we all cried. We're very happy for her.

20 DR. MADDOUX: I'll cry for me.

21 DR. COLONNA: But we were told that her position

22 is up for -- you know, for somebody to fill in. So there

23 will be somebody to replace her, hopefully as good as she

24 is.

25 Then we went on to talk about Item (C), which was

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1 the denial of Walter Young's educational program. We

2 discussed that at length. And we didn't make any motion.

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3 but the recommendation from the assistant attorney general  
4 was to, in our next meeting, put in an agenda item to  
5 discuss a rule change that would allow us to accept Walter  
6 Young's application for becoming a DOM, and that we would  
7 review that at the rules hearing subsequent to that.

8 So the next one is (A), which is your BAOM Rx/BOP  
9 committee report program.

10 DR. COOK-LOWRY: Could I ask one quick question  
11 about Walter Young's? If we have a -- are we going to have  
12 a hearing coming up before we have a Board meeting, or are  
13 we going to have a Board meeting before we have our next  
14 hearing date?

15 I know we have some things we're reviewing today  
16 that -- to have a rules hearing. And so usually we have a  
17 rules hearing and then we have a Board meeting. And so if  
18 we could -- I just wanted to be sure that if it's something  
19 we really are entertaining, that we would look at changing  
20 the rules --

21 DR. COLONNA: Before --

22 DR. COOK-LOWRY: -- that it could happen at the  
23 rule hearing.

24 MS. VILLEGAS: Madam Chair, there was just a  
25 suggestion, too -- you're right -- that we would maybe have  
0032

1 another -- just a regular Board meeting. Then at that time  
2 we would discuss when we'd like to have a rule hearing.

3 It would give the Board, I think, an opportunity  
4 to discuss exactly what you're saying there, Angelique, as  
5 far as the new, you know, language.

6 DR. COLONNA: Okay.

7 MS. VILLEGAS: And just have a Board meeting  
8 first. And at that Board meeting, we could set a date,

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9 possibly, to have the rule hearing. And after the rule  
10 hearing, there would be a Board meeting to follow, which we  
11 would adopt the rules at that time.

12 DR. COLONNA: And we do need -- how many days do  
13 we need between the time we have to notice the rules  
14 hearing?

15 MS. VILLEGAS: After the published -- in the  
16 register in the paper, it has to be 30 days after. And then  
17 they have the rule hearing and the Board meeting. It's 30  
18 days after notification.

19 DR. COOK-LOWRY: How many days after we approve a  
20 new ruling before it's filed and it becomes a rule?

21 MS. VILLEGAS: It is filed as soon as possible  
22 after the rule hearing, and they become effective 30 days  
23 after that.

24 DR. COOK-LOWRY: Thank you.

25 DR. COLONNA: Somewhere in the agenda -- here it  
0033

1 talks about when we're going to have the next meeting,  
2 correct?

3 MS. VILLEGAS: Well, there's a calendar available  
4 for us to set a date.

5 DR. COLONNA: Okay. But there is no item here  
6 that talks about talking about when we're going to have the  
7 next board meeting?

8 MS. VILLEGAS: There's no date set. That would be  
9 up to the Board's --

10 DR. MADDOUX: I can't open this. Sorry.

11 DR. COOK-LOWRY: You're right. It was on the last  
12 one that said to set a new --

13 DR. COLONNA: Yeah.

14 DR. COOK-LOWRY: -- but it's not on this one.

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15 DR. COLONNA: Right. So I was thinking, we need  
16 to have -- well, I guess --

17 DR. COOK-LOWRY: Yeah.

18 MR. WOOLF: We'll do that before we adjourn. It's  
19 okay to go ahead and --

20 DR. COLONNA: Okay. So I believe now, Barbara,  
21 you're going to talk about joint committee meeting.

22 DR. MADDOUX: Okay. The joint Rx committee  
23 meeting and the representatives from the Board of Pharmacy  
24 met three different times beginning in late March, and we  
25 started with proposed education for expanded practice. And

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1 we reviewed, primarily, the basic injection and the  
2 prerequisites.

3 What we discussed at the first meeting was about  
4 how the four modules were stand-alone modules so that they  
5 could be taken separately so that people didn't have to take  
6 all of them. If they just wanted to do hormones, they  
7 could; if they just wanted to do basic injection, they  
8 could; et cetera. And that was part of what led to having  
9 prerequisites, which is language we need a little input on.

10 And after that first meeting we all had homework  
11 to find out from SWAC, from the College of Nursing, from the  
12 College of Dental Hygiene, you know, how much pharmacology  
13 do they have.

14 Mr. Kesner was looking up and then apprised us of  
15 the 797 laws from pharmacology and how that applies to the  
16 injection courses, and whether or not DOM's could take those  
17 courses as opposed to learning about that within the course  
18 itself.

19 So most of the committee did quite a bit of  
20 research. And I think the committee is Angelique and Missy

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21 Crumb, Ben Kesner from the Board of Pharmacy, Joe Anderson  
22 from the College of Pharmacy at UNM, Fiquet Duckworth, Alix  
23 Bjorklund and myself.

24 So we all -- the other thing we researched was the  
25 use of inhaled oxygen and IM epinephrine, which is in the  
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1 expanded practice formulary. And it is offered -- or it  
2 could be taken as a two-hour course from an American Heart  
3 Association provider. And there are two places in  
4 Albuquerque that do offer the opportunity to learn that  
5 information.

6 But if that was a prerequisite to the three  
7 injection courses, then it wouldn't have to be included and  
8 perhaps repeated by someone that might want to take all  
9 three of those modules, which is why we pulled it out of the  
10 course.

11 And the same with the pharmacology. Both  
12 Mr. Anderson and Mr. Kesner felt that the course that's  
13 offered at SWAC -- and actually, we got the syllabus from --

14 DR. COLONNA: I did too.

15 DR. MADDOUX: -- Boulder, Santa Fe and  
16 Albuquerque. They were similar, but different.

17 DR. COLONNA: This --

18 DR. MADDOUX: Yeah, we have all that.

19 DR. COLONNA: Okay.

20 DR. MADDOUX: But they felt that that was adequate  
21 preparation for someone who wanted to take basic injection  
22 to do so. And then we tried to create some language, and I  
23 think we still need to improve on this without making it  
24 restrictive for the people that might not have attended SWAC  
25 or that might have gone to school long enough ago that they  
0036

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1 perhaps didn't have a pharmacology course included or it was  
2 not ACAOM accredited. Because I believe it was 1986 when  
3 the acupuncture schools became accredited.

4       Anyways, so we're not trying to make it  
5 restrictive, we're trying to make it so the responsibility  
6 of being prepared is on the applicant, is on the individual  
7 who wants to seek education for expanded practice, and it's  
8 not up to Board to have to look at each individual person's  
9 application. And that they say, "Okay. I've got my  
10 advanced cardiac life or my basic life support, my CPR card,  
11 I've taken a pharmacology course. And they have their  
12 prerequisites in place. And then if a course is offered,  
13 they can apply to take that course. That was the way we  
14 tried to design this.

15       DR. COLONNA: Do you want feedback from these --

16       DR. MADDOUX: In a minute, I do. I'm just looking  
17 to see if there's --

18       DR. COLONNA: It's not open for questions yet.

19       DR. MADDOUX: So we did quite a bit of online  
20 interchange and we had two two-hour meetings. Let me skip  
21 down to the 16.2.18.12. And we discussed that at length  
22 with input -- actually, everyone gave input about creating  
23 the hours for the basic injection course.

24       And there were some recommendations about  
25 minimizing all of this so that it was simply perhaps iron

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1 vitamins and minerals, but then that was going to remove  
2 many of the therapies that the existing or previous Rx1  
3 people were doing. So that's what led us to include the  
4 neurotherapies, the mesotherapies, the vitamin, the  
5 acupuncture point injections, the trigger point injection,  
6 et cetera, in this basic injection course.

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7 DR. COLONNA: Can I ask a question?

8 DR. MADDOUX: Input? Questions?

9 DR. COLONNA: Yes, I have a question. I was  
10 wondering how the 56 hours compared to what we had before.  
11 Do you know? Do you remember?

12 DR. MADDOUX: I believe it was -- the recommended  
13 amount was 60, because there's never been a Part 18 in the  
14 rules.

15 DR. COOK-LOWRY: And there wasn't a prereq before.  
16 And when we first started doing the basic, we were talking  
17 about the basic class including those prereqs. And when we  
18 pulled out things so that people could just do enough  
19 prereqs to do each module, we decided it didn't need to be a  
20 repeat so we didn't need -- like the 64 hours, I think, is  
21 what the Rx1's have, the 64 hours. We didn't need that many  
22 because we did prereqs.

23 DR. COLONNA: And how -- does anybody know who has  
24 the prerequisites? Say I'm applying to -- I want to take  
25 this basic injection course. Who decides that my  
0038

1 prerequisites are satisfying, that I've satisfied the  
2 prerequisites to take the course? Just me from my own  
3 belief that I'm --

4 DR. MADDOUX: You have to submit, you know, the  
5 fact that you graduated from SWAC --

6 DR. COLONNA: To the Board? So to those guys?

7 DR. MADDOUX: Yeah.

8 DR. COOK-LOWRY: Do they -- in the past, did they  
9 or do they just have to take the class that's offered and  
10 then they send all their records to the Board to get  
11 approved so they need to have read this?

12 And whoever is teaching the Basic 1 course needs

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13 to be able to say, "Before you take the Basic 1 course, you  
14 need to show me that you have your BLS, you have your CPR,  
15 you have those class taken."

16 DR. MADDOUX: So we actually didn't talk about  
17 that.

18 DR. COOK-LOWRY: We didn't discuss it, but that's  
19 how I assumed it. That's a good point.

20 DR. MADDOUX: That the people putting on the  
21 course would be responsible for reviewing each  
22 applicant's --

23 DR. COOK-LOWRY: Because it says it's a prereq to  
24 take the course.

25 DR. MADDOUX: Right.

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1 DR. COOK-LOWRY: So do you have to prove that you  
2 did it to take the course?

3 DR. COLONNA: But that's the reason I ask, because  
4 I'm just thinking --

5 DR. MADDOUX: So then what happens if -- there's a  
6 missing step there, maybe. I don't know.

7 DR. COOK-LOWRY: You're in trouble.

8 DR. COLONNA: The reason I asked --

9 DR. MADDOUX: What if you copy everything and you  
10 submit it to the person but --

11 DR. COLONNA: But there are a couple things that I  
12 think may be missing, okay? I don't know. I mean, I'm just  
13 looking at this because I'm just seriously thinking about  
14 taking this. So the one thing is like the CPR is something  
15 that you renew every -- what? Every two years? Three  
16 years?

17 DR. MADDOUX: Two years.

18 DR. COLONNA: You're right. So there's no time



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19 frame here, but I would assume that it was within the last  
20 two years, right?

21 DR. MADDOUX: Just a current card.

22 DR. COLONNA: It has to say "current." Does it  
23 say "current" on there? I just want to make it specific so  
24 that --

25 DR. MADDOUX: Right. That's why we're talking  
0040

1 about this.

2 DR. COLONNA: Now, the other one that I thought  
3 might be difficult --

4 And I talked to you about this, Barbara. And this  
5 is not a criticism. I feel you guys did a great job. I'm  
6 just trying to see if I -- you know, if I really get this.

7 The IM epinephrine for emergency use, if I haven't  
8 taken the injection course, can I actually go to the  
9 American Heart Association and take a two-hour IM  
10 epinephrine for emergency course? I mean, am I allowed to  
11 do that?

12 DR. MADDOUX: Right.

13 DR. COLONNA: And it will be considered I haven't  
14 done something illegal because I haven't yet been certified  
15 as an Rx -- or as a -- you know, a basic injection --

16 DR. COOK-LOWRY: Do they actually inject people  
17 with epinephrine?

18 DR. COLONNA: Or is it just watching? Am I just  
19 watching, or am I injecting people?

20 DR. MADDOUX: I think you can ask to have it set  
21 up however you want to do it. I mean, even the course --  
22 the instructor could do that.

23 You know, I spoke with a gal who it's her company  
24 that does this, and Joe Anderson, who works with the nurses

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25 and dental hygienists and all that. He said it's a very

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1 simple short course they do at UNM where they teach them how

2 to do the IM epi. And when they do it, obviously they

3 inject sterile water and teach them how to use inhaled

4 oxygen and -- that, and then their certain CPR BLS card is

5 what allows them --

6 DR. COLONNA: To take that course.

7 DR. MADDOUX: -- to go on.

8 DR. COLONNA: So that's the prerequisite for --

9 DR. COOK-LOWRY: You could not take the class

10 based on just the DOM license because --

11 DR. COLONNA: That's what I'm asking.

12 DR. COOK-LOWRY: -- you're not allowed to inject

13 sterile water.

14 DR. COLONNA: Yeah. Well, that's why I was

15 asking. I was like -- so I'm just saying, could we -- those

16 prerequisites that -- I think they're great. Maybe --

17 DR. COOK-LOWRY: They need to be clear.

18 DR. COLONNA: Well, just give the ability for

19 somebody who doesn't have -- since that's who you're

20 addressing, right? The people that are DOM that have no

21 injection capability, to be able to take this, they would

22 have to somehow be able to take this, but maybe not before

23 the course. But maybe in the course of taking the course.

24 Maybe it would be taught while the basic injection is taught

25 as part of a couple hours in there or somewhere else after

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1 they've -- I don't know. I'm just trying --

2 DR. MADDOUX: Maybe we refer that question back to

3 the committee to figure out if there's a way to do it. I

4 mean, otherwise, you're going to be taking it -- you might

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5 have to be taking it two or three times, the same thing, if  
6 you're going to fold it into the course. I mean, there's  
7 some people that want to do just IM epi's.

8 DR. COOK-LOWRY: You know, if you're in the basic  
9 course -- you can't take the other two courses unless you  
10 take the basic course.

11 DR. MADDOUX: That's true.

12 DR. COOK-LOWRY: So it could be in the basic  
13 course. It could be part of it. You just have to be  
14 American Heart Association approved in your basic --

15 DR. MADDOUX: The provider that's offering.

16 DR. COOK-LOWRY: Yeah. Yeah.

17 DR. MADDOUX: So you're saying --

18 DR. COOK-LOWRY: You could. You could take it  
19 only in the basic course, because unless you do the basic  
20 injection course, you cannot do the next injection.

21 DR. MADDOUX: Right.

22 DR. COOK-LOWRY: And you cannot do the I.V.  
23 course.

24 DR. MADDOUX: Right.

25 DR. COOK-LOWRY: So it could be in that basic  
0043

1 course.

2 DR. COLONNA: So it could be part of --

3 DR. COOK-LOWRY: Right.

4 DR. COLONNA: -- the general curriculum of this  
5 course, you're saying?

6 DR. COOK-LOWRY: Right.

7 DR. COLONNA: So it would be offered at the time  
8 of the --

9 DR. COOK-LOWRY: With basic injection.

10 DR. COLONNA: Because when you're taking the basic

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11 injection course, you are, during that course, going to

12 inject because you're learning, right?

13 DR. COOK-LOWRY: Right.

14 DR. COLONNA: I mean -- and yet you're not

15 certified. So we'd be okay to do it in that?

16 DR. COOK-LOWRY: You can.

17 DR. COLONNA: And it would be okay.

18 DR. MADDOUX: We can refer that back to the

19 committees and --

20 DR. COOK-LOWRY: Before we have another BAOM

21 meeting. Right.

22 DR. MADDOUX: Because this whole part needs to be

23 clarified.

24 DR. COLONNA: And the next one was the phrasing of

25 the first sentence, "The proof of completion of a course in

0044

1 pharmacology from an accredited institution equivalent to at

2 least three college university credits." And it says, "30

3 to 45 contact hours." So you're saying minimum 30?

4 DR. MADDOUX: If you look at -- where was your

5 pharmacology syllabus?

6 DR. COLONNA: Well, they have two courses, but the

7 one I think that really applies is the one that's the

8 Western pharmacology. The other one is the Chinese

9 pharmacology. And this says 45, and the other one is 30 --

10 actually, 35.

11 DR. MADDOUX: This is 30 semester hours or three

12 credit hours. We just need to fix the language in there.

13 DR. COLONNA: Because, you know, it's either 30 or

14 45 or -- you know what I mean? It's just -

15 DR. MADDOUX: Right.

16 DR. COLONNA: It just seems to --

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17 DR. MADDUX: "Three credit hours," okay. Because  
18 we need the educational language so that it's proper. Three  
19 college or university credit hours. That was correct. So  
20 this called it contact hours instead of semester hours. And  
21 basically, that's the face-to-face time the student sits in  
22 in the classroom. And the 30 would be three hours a week  
23 for 10 weeks.

24 DR. COLONNA: Was that three credit -- is that  
25 what you said, "Three credits"?

0045

1 DR. MADDUX: It says right in -- it's already in  
2 there. "Three college or university credit hours."

3 DR. COLONNA: Okay.

4 DR. MADDUX: And then 30 to 45 -- I put "contact  
5 hours," but that would be semester hours.

6 DR. COLONNA: Class hours, is that what you meant?

7 DR. MADDUX: Semester hours. Per semester,  
8 you're going to sit in there 30 to 45.

9 DR. COOK-LOWRY: And we were discussing how do you  
10 deal with someone who graduated 20 years ago and did not  
11 have a pharmacology course. Can they test out at SWAC or  
12 can they go to SWAC and take the class? So we were just  
13 discussing that before the meeting started, and we probably  
14 need to review the language so that it allows all of that to  
15 happen.

16 DR. MADDUX: Right. And it's in one of my --  
17 that you could test out if you wanted to. And if you've got  
18 language to write that, I'm open. And if we need to send it  
19 back to committee to rewrite that, we can do that too.

20 DR. COOK-LOWRY: Let's do that since we're  
21 getting --

22 DR. MADDUX: So we'll send that -- this

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23 particular part, 16.2.18.10, back to the committee to rework  
24 the language so that they can include or at least consider  
25 including the oxygen and IM epi in this basic course, and  
0046

1 clarify, obviously, that the CPR BLS has to be a current  
2 card, which is within the last two years; and that should  
3 they choose, they could test out of taking that pharmacology  
4 requirement by taking -- and we just have to describe where.  
5 And we would discuss that in the committee.

6 DR. COLONNA: That sounds good.

7 DR. MADDOUX: And actually, I will try to do that  
8 very soon. Were there any other questions from the Board  
9 or --

10 Frances, had you had a chance to look at this?

11 DR. LOVETT: No. I'm just seeing it now.

12 DR. MADDOUX: Pardon me?

13 DR. LOVETT: I'm just seeing it now.

14 DR. MADDOUX: Oh, okay.

15 DR. COLONNA: I was just curious on one thing.

16 DR. COOK-LOWRY: The one other thing that we had  
17 discussed in the committee was that currently the Rx1 people  
18 will have the basic injection course as -- that that's what  
19 they'll be called, that they have that certification. But  
20 something that the Rx1's did was they did some prolotherapy.  
21 And so we were going to allow in the rule change that if you  
22 had an Rx1 prior to these courses beginning, you also were  
23 allowed to continue to do whatever your initial training  
24 was, which would include the prolotherapy because we took  
25 the prolotherapy out of the basic and put it in the

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1 intermediate.

2 DR. MADDOUX: Could I look at the rule book?

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3 Because I think that's covered in -- I think that's in 19.

4 DR. COOK-LOWRY: Right. But it wasn't real clear.

5 We were going to make sure that it said that clearly.

6 DR. COLONNA: So that it said the same thing in

7 both areas?

8 DR. COOK-LOWRY: Right.

9 DR. COLONNA: So you're saying someone who has an

10 Rx1 right now after their name, they're allowed to do prolo,

11 but --

12 DR. MADDOUX: With a limited number of

13 injections -- I mean substances.

14 DR. COLONNA: Okay.

15 DR. MADDOUX: They can't use procaine.

16 DR. COLONNA: Okay. But that list is where the --

17 DR. COOK-LOWRY: 16.2.20. It is in here.

18 DR. MADDOUX: Uh-huh.

19 DR. COOK-LOWRY: But it also says the Rx1's will

20 now be called basic injection therapy certification. But we

21 wanted to be sure -- since we took prolo out, we wanted to

22 be sure that they could continue to do what they were able

23 to do prior to us doing what --

24 DR. COLONNA: So it would say something like, "If

25 you were certified for basic injection" --

0048

1 DR. COOK-LOWRY: Rx1.

2 DR. COLONNA: -- "prior to or otherwise called as

3 Rx1, you're still allowed to do prolo, but your formulary is

4 limited to" --

5 DR. COOK-LOWRY: Sarapin. Yeah.

6 DR. COLONNA: -- "whatever the substances list

7 is."

8 DR. COOK-LOWRY: To using sarapin and not

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9 procaine.

10 DR. COLONNA: Yes? You had a question?

11 DR. WILCOX: I would differ with that opinion.

12 Your current Rule 20 prevents any previous Rx1 now who is

13 certified for basic injection therapy by your rules from

14 doing prolo. It only limits basic injection therapy to

15 intramuscular and subcutaneous injections in that section on

16 basic injection therapy. Prolotherapy by definition is

17 beyond that. So when you created 20, you eliminated prolo

18 from all the Rx1 certified people.

19 DR. COOK-LOWRY: So our committee, though, has

20 decided that we're going to put a new rule in that says that

21 the Rx1's who had prolo training would be allowed to

22 continue their prolo.

23 DR. WILCOX: So you're going to put it back in?

24 DR. COOK-LOWRY: Yes, that's what we're

25 discussing. We, in our committee, decided we were going to

0049

1 make sure that continued, that they were allowed to do that.

2 But they would still be able to use sarapin.

3 DR. MADDOUX: We need to look at how we're going

4 to be able to do that.

5 DR. COOK-LOWRY: Okay.

6 DR. MADDOUX: Because they were -- I mean, this is

7 the only reason they would be allowed to do that.

8 DR. COOK-LOWRY: That shows sarapin rather --

9 DR. MADDOUX: Well, the -- yeah. There were

10 several things and -- the vitamins and the homeopathic and

11 et cetera.

12 DR. COOK-LOWRY: We didn't want to make our rule

13 change -- we didn't want to take things away from people who

14 are already trained to do it.



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15 DR. COLONNA: So as long as it's consistent with  
16 the rules --

17 DR. COOK-LOWRY: Right. And we're doing prior to  
18 us.

19 DR. COLONNA: So make sure you look at that, then,  
20 20, and change that.

21 DR. COOK-LOWRY: Yes, we will.

22 DR. COLONNA: Yes?

23 DR. WILCOX: I don't know if the committee has  
24 considered this, but by definition, neurotherapy involves  
25 the use of procaine and mesotherapy involves the use of  
0050

1 other substances that are not authorized for basic injection  
2 therapy at this point.

3 You've included neurotherapy and mesotherapy in  
4 basic injection therapy, but not given the doctors the  
5 substances necessary to do those procedures. I'm wondering  
6 if it might be wise to consider a similar thing that you're  
7 recommending for prolotherapy for meso and neurotherapy, and  
8 then perhaps make the basic injection therapy a little bit  
9 more lean.

10 I don't know how you can do neurotherapy as it's  
11 classically practiced without procaine, which is not there,  
12 and the same for mesotherapy. Do you follow me?

13 DR. MADDOUX: Actually, we talked about that.

14 DR. COOK-LOWRY: We did.

15 DR. MADDOUX: And we talked about using  
16 neurotherapy or doing the neurotherapy with some of the  
17 homeopathics, with B-12, with the saline, with water, you  
18 know, injecting with different -- and some of the -- I'm  
19 thinking scar therapy was included in the neurotherapy, and  
20 that didn't have to have procaine in it, and it could use

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21 the sterile water, the sarapin, the B-12. Because we talked  
22 about this quite a bit, actually.

23 DR. WILCOX: Ouch. Ouch. Okay. Have you ever  
24 had scar therapy done?

25 DR. MADDOUX: Actually, I have.

0051

1 DR. WILCOX: Without procaine?

2 DR. MADDOUX: Yeah.

3 DR. COLONNA: Isn't it painful anyway?

4 DR. COOK-LOWRY: Not with procaine.

5 DR. MADDOUX: It depends.

6 DR. COLONNA: I use tiger therapy.

7 So were there any other comments? Questions?

8 DR. MADDOUX: But we can rediscuss that when we  
9 meet back with the committee.

10 DR. WILCOX: Okay.

11 DR. COLONNA: Procaine is acceptable for the --

12 DR. COOK-LOWRY: But not in Rx1.

13 MS. COLONNA: But for the next one, right?

14 DR. COOK-LOWRY: Yeah.

15 DR. COLONNA: Basic, advanced, right?

16 DR. COOK-LOWRY: Yeah.

17 DR. WILCOX: Madam Chair?

18 DR. COLONNA: Yes.

19 DR. WILCOX: I have one other comment that I think  
20 is important, and then I'll be quiet.

21 DR. COLONNA: Okay.

22 Under "Educational Course Curriculum" on that same  
23 page as 16.2.18.10 --

24 DR. COLONNA: Yes.

25 DR. WILCOX: -- number one, I think you might want

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1 to number that 16.2.18.11 and then carry on the numbering,

2 or it could get confusing.

3 But under that "Educational Course General

4 Curriculum," (C), Pharmacology, it lists one through five

5 there. And Number 2 is, "Knowledge of how to make a

6 differential diagnosis relative to prescription," et cetera.

7 I think it might be wise to consider taking that out and

8 putting that under (B), "Biomedical Knowledge" or some

9 clinical aspect of the education.

10 Most -- by this regulation that you're proposing,

11 the pharmacology must be taught by a pharmacist. Generally,

12 pharmacists are not going to have -- unless you have a very

13 specialized pharmacist -- are not going to have knowledge of

14 the differential diagnosis, especially as it relates to what

15 we do. And so requiring pharmacists to teach this area of

16 knowledge may not be in the best interest of educating the

17 clinicians.

18 That's the big one. And it might be worth looking

19 at a couple other ones, but I think that's the big one. By

20 putting it under pharmacology, you're requiring that a

21 pharmacist teach it, and it might not be wise.

22 DR. MADDUX: So move it to (B) up under the

23 "Biomedical Knowledge"?

24 DR. WILCOX: And that would be my recommendation,

25 yeah.

0053

1 DR. MADDUX: And you said you had a couple

2 others? I'd rather hear it.

3 DR. WILCOX: Now, or in committee?

4 DR. COLONNA: Sure, now. Yeah.

5 DR. WILCOX: "The potency and appropriate" -- hold

6 on. Number 3, "The Potency and appropriate dosage of single

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7 and combined authorized substances in the formulary." I

8 think --

9 DR. COLONNA: Where is that?

10 DR. COOK-LOWRY: It's right after --

11 DR. WILCOX: There's an aspect of that pharmacists  
12 would be very aware of, but in terms how the substances are  
13 used in expanded practice, it's not the common way that  
14 pharmacists use those substances. So once again, having a  
15 clinician who knows how to combine those substances and use  
16 them together is important.

17 I do agree that a pharmacist -- there needs to be  
18 training where pharmacists are going into a lot more detail  
19 than I think we've had in the past about compounding the  
20 various drugs. There are real stringent requirements -- 797  
21 of the National Formulary -- that need to be adhered to. So  
22 you need to have a pharmacist doing some of that.

23 But then in terms of how you do -- what clinically  
24 is done, at this point in time, I don't know that  
25 pharmacists are up to speed on how we do these things.

0054

1 Okay? So that just, I think, requires a little more  
2 attention.

3 DR. COLONNA: I think that 16.2.18.12, when they  
4 go into the course hours and they divide up all the hours, I  
5 think that -- to me, that was really helpful in the way that  
6 they actually broke down the whole course and what category  
7 it would be under. So the first eight hours was  
8 pharmacology, two hours of compounding, 14 hours of  
9 orthopedic and neurology evaluation, and so on and so forth.  
10 So I thought that was actually -- you know, maybe that would  
11 clarify the type of person that would teach that particular  
12 area of the class. Does that --

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13 DR. MADDOUX: Yeah.

14 DR. COLONNA: Something along those lines?

15 DR. MADDOUX: And Glen, I would think that whoever  
16 might put the course together, a clinician, perhaps,  
17 clinicians, perhaps -- and maybe they would corroborate with  
18 compounding pharmacists, pharmacy folks from Apothecure that  
19 are certainly more knowledge of the kinds of things that we  
20 do, or pharmacists from McGuff or some of the places, you  
21 know, that also help teach some of these things.

22 And I don't know that our rules -- I mean, I  
23 understand your idea of moving that thing up, but hopefully  
24 whoever might want to offer these courses might want to  
25 corroborate to provide the best education to get the  
0055

1 clinician to the bedside.

2 DR. WILCOX: I would agree. From personal  
3 experience, we did that in an --

4 DR. MADDOUX: Right.

5 DR. WILCOX: -- expanded practice course we put on  
6 a number of years ago that I helped organize and did that.  
7 Basically educated a pharmacist to get them up to speed to  
8 help teach the stuff. And I have to say, the quality -- I  
9 would not do it that way if I had to do it again. Okay?

10 It didn't work out as well as I would have liked  
11 it to. And you do have -- Dr. Jonas Skardis, for example,  
12 including him in your deliberations could be so helpful.  
13 He's a national-level teacher.

14 DR. MADDOUX: Right.

15 DR. WILCOX: And he really could help iron out  
16 some of these things. Because in the national courses that  
17 he's been involved in, they've dealt with all this stuff.  
18 You might add him to the committee.

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19 DR. MADDOUX: He's given us wonderful input.

20 DR. WILCOX: Good.

21 DR. LOVETT: And I would not discount the  
22 expertise of the clinical pharmacists. I don't think you  
23 can paint that broad brush with regards to what the  
24 pharmacist is allowed or has knowledge of with regards to  
25 that. So I would agree with Barbara in that I would hope  
0056

1 there would be some type of collaborative work and practice.

2 But I also think that that expertise is extraordinarily  
3 important for the health and safety of the public.

4 DR. WILCOX: Yeah, I certainly agree.

5 DR. COLONNA: Thank you.

6 DR. MADDOUX: And I have one other question that  
7 arose in the meeting and -- or in our meetings -- talking  
8 about having clinicians organize and present and prepare a  
9 course versus another institution or organization such as  
10 Apothecure, Bastyr University, NADI, putting together a  
11 course that would be acceptable to the BAOM or that would  
12 meet these requirements that we're trying to write so that  
13 BAOM's could take them. And that's a piece we -- it was  
14 challenging to address with the people that we had in the  
15 meeting. You know, how do you create this -- and that's  
16 what we're trying to do -- so that it could be either?

17 You know, maybe a -- because I think there  
18 actually are some expanded practice-certified -- in fact, I  
19 know of one -- who got her training in different places and  
20 that didn't take any of our local courses and was able to be  
21 certified in expanded practice.

22 So that's, I think, part of what we're trying to  
23 create here is the opportunities to do either.

24 DR. WILCOX: I think that's great because yes, the

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25 whole last group of people who got certified for expanded  
0057

1 practice flew around the country as a group.

2 DR. MADDOUX: Right.

3 DR. WILCOX: They organized and flew around the  
4 country to get classes here and there.

5 DR. MADDOUX: Right.

6 DR. WILCOX: And I think that's probably the --  
7 making sure that that can happen is so wise because --

8 DR. MADDOUX: Well, that's what we're trying to  
9 get here is how do you put that baseline or foundation in  
10 that says, "As long as you do this, we think you've got the  
11 strength and the knowledge to be able to practice at that  
12 level." And that's what we're trying to do.

13 DR. COOK-LOWRY: But it was a challenge for you to  
14 wear the hat of a Board member that says the Board does not  
15 educate people but has an educational program -- and it's a  
16 challenge -- but not creating a course.

17 DR. MADDOUX: That's part of why we included the  
18 people we included, you know, with -- I keep wanting to call  
19 him Dr. Anderson. Joe Anderson from the College of --

20 DR. LOVETT: He is a doctor.

21 DR. MADDOUX: Okay. Dr. Anderson, who is  
22 ACAOM-certified, and you have taken these courses and -- you  
23 know, so we try to get people in that had some educational  
24 background that could help us try to create a foundation.  
25 So that's what we were shooting for.

0058

1 DR. COLONNA: Yes?

2 DR. BUCKLEY: I'm Eric Buckley. In my  
3 investigations and talking with the different insurance  
4 companies that provide us malpractice insurance, I've

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5 discovered that it can be rather difficult when we get into  
6 certain areas with the expanded practice. And I'm hoping  
7 that there is some discussion with -- you know, like the  
8 American Acupuncture Council who does the majority of our  
9 malpractice insurance, about what exactly they will cover so  
10 that we're offering classes that DOM's can actually utilize  
11 while, you know, expanding their knowledge in these areas.

12 I know personally one DOM who was dropped by the  
13 AAC even though he was covered many, many years by them.  
14 And, you know, it's just because he has this knowledge of  
15 the expanded practice that he was dropped. And they won't  
16 even talk to him anymore.

17 So, you know, I just would like us not to think --  
18 like us not to put forward education for DOM's and then also  
19 jeopardize them at the same time as far as their ability to  
20 practice. And I hope that you-all are just contemplating  
21 that while you're doing this.

22 DR. COLONNA: I would hope that the company that  
23 provides the coverage makes a difference between knowledge  
24 and practice of, meaning you can have the knowledge of the  
25 expanded practice, but if you don't practice it, you don't  
0059

1 get the coverage for that. You only get the coverage for  
2 what you are practicing.

3 DR. BUCKLEY: One would hope.

4 DR. COLONNA: Yeah.

5 DR. BUCKLEY: That's not what happened.

6 DR. COLONNA: Really?

7 DR. BUCKLEY: Yeah.

8 DR. COLONNA: So are you -- I mean, just an aside,  
9 are you covered -- your malpractice insurance is widely  
10 different than mine because you have an Rx after your name?



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11 DR. COOK-LOWRY: Well, yes. And it has to include  
12 an addendum that says every single thing that you may and  
13 may not inject.

14 DR. COLONNA: And they cover you for it?

15 DR. COOK-LOWRY: At quite a price.

16 DR. COLONNA: That's a consideration for the  
17 practitioner.

18 DR. COOK-LOWRY: But they have dropped many of us  
19 or forced us to do all sorts of --

20 DR. COLONNA: Dances.

21 DR. COOK-LOWRY: -- just to be able to get any  
22 coverage. It's not --

23 DR. MADDOUX: And part of that is the  
24 practitioner's responsibility. I mean, the Board can't --

25 DR. COLONNA: Right.

0060

1 DR. MADDOUX: -- dictate either to the  
2 insurance -- the malpractice insurance company or the  
3 practitioner how they're going to be covered to do those  
4 modalities.

5 DR. COLONNA: Were there any more comments, edits  
6 to this Rx portion of our agenda?

7 DR. COOK-LOWRY: This was good information and  
8 good feedback.

9 DR. MADDOUX: Right. Right. And that was the  
10 purpose of this. I actually -- my intention is to meet with  
11 the Board of Pharmacy and just make a brief presentation  
12 based on us having been here. I don't know that the joint  
13 committee will be able to meet before then, but I can  
14 certainly bring them up to speed in terms of where we are on  
15 this so that if we could get their approval --

16 (Discussion held off the record.)

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17 DR. MADDOUX: Does anybody have any other  
18 questions that you would like us as the joint committee to  
19 address when we meet again with these other issues?

20 DR. COLONNA: I have a concern. I'd like to see  
21 this go through as soon as possible. So I don't know what  
22 your agenda is in terms of scheduling the next meeting  
23 and --

24 DR. MADDOUX: The Board of Pharmacy meeting is  
25 Monday the 13th, and they have me on the agenda to present  
0061

1 this with the input from this meeting. If we can all meet  
2 sometime this next week, we'll have that input. It won't  
3 have run by you-all yet, but I can say, "This is what we did  
4 and said."

5 And even if we don't meet, I'll also have the  
6 BOP's input at that point, and then I'll call for a meeting  
7 for the joint committee, and then we can -- when did you-all  
8 just say about notice for an BOAM meeting?

9 DR. COLONNA: We didn't say anything, really.

10 DR. MADDOUX: It's just a plain old, plain old  
11 meeting.

12 MR. WOOLF: That's our next item.

13 DR. MADDOUX: But how much time for notice do we  
14 need?

15 DR. COLONNA: To call for the rules hearing?

16 DR. MADDOUX: No. Just another BAOM meeting.

17 DR. COLONNA: We only -- I mean, we don't have --

18 DR. MADDOUX: How much notice do we need to have a  
19 BOAM meeting to present --

20 MS. VILLEGAS: Just notice of ten days.

21 DR. MADDOUX: Ten days, okay.

22 DR. COLONNA: So you're thinking about July

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23 sometime, or August?

24 DR. MADDOUX: Yeah. July or August. We'll do a

25 BAOM meeting, and then they would have the feedback from the  
0062

1 joint committee.

2 DR. COOK-LOWRY: Then we'd have to have 30 days  
3 for a hearing.

4 DR. MADDOUX: Right.

5 DR. COLONNA: Okay.

6 DR. MADDOUX: But I'm mindful of the time, and I  
7 know we want to get this done as soon as we can, so --

8 DR. COLONNA: Thank you, guys.

9 Can I move on to the -- so there's no motion for  
10 this one?

11 MR. WOOLF: No.

12 DR. COLONNA: We know that --

13 MR. WOOLF: Just a report.

14 DR. COLONNA: Yeah.

15 MR. WOOLF: Just take the session comments and  
16 recommendations and get back --

17 DR. COLONNA: And get back to the committee.

18 So now we move back onto Item 6 --

19 DR. WILCOX: Madam Chair? Dr. Maddoux had asked  
20 if there were any final area of input. Would the committee  
21 consider whether or not the pharmacology course material  
22 could be completed at one of the physician's assistant  
23 programs? There are two in New Mexico -- one at UNM and  
24 another private one -- that provides an excellent level of  
25 education, and also the community college, CNM.

0063

1 I don't know if they provide a pharmacology

2 course, but that might be more acceptable to some than maybe

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3 UNM. I don't know. Could you check in to see if either of  
4 those are available?

5 DR. MADDOUX: So the physician's assistant  
6 program, perhaps through the College of Pharmacy, College of  
7 Dental Hygiene, College of Nursing, as long as it's from an  
8 accredited institution and meets that three semester hours,  
9 30 to 45 contact hours, that would be fine. I mean, that's  
10 what we discussed in that joint committee. Again, the -- we  
11 just don't have the language in here.

12 DR. WILCOX: I see. You're not limiting it to  
13 SWAC, UNM and the College of Nursing and the College of  
14 Pharmacy?

15 DR. MADDOUX: No. It's not limiting. I was --

16 DR. WILCOX: Got it. Thanks.

17 DR. MADDOUX: This whole piece, I needed input on  
18 how to word it so it gave you the freedom but it made it  
19 clear what kind of education you needed.

20 DR. WILCOX: Great. Thanks.

21 DR. COLONNA: So we're moving onto Item 6, New  
22 Business. And we have to --

23 Oh, you're right, Justin.

24 MR. WOOLF: There it is.

25 DR. COLONNA: So the next meeting date, so that's

0064

1 going to be -- in a way we're dependent on when you-all can  
2 do your recommendations to the Board on what we just  
3 discussed.

4 DR. MADDOUX: Do you want -- let's see.

5 August 5th is a Friday.

6 DR. COLONNA: I'm gone.

7 DR. MADDOUX: You're gone. You're gone when?

8 DR. COLONNA: I'm going to France from July 30th

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9 to August 15th.

10 DR. MADDUX: What day of the week is the 30th?

11 MR. WOOLF: Saturday.

12 MS. VILLEGAS: And I have another Board meeting on  
13 the 29th, so I cannot do it on July 29th.

14 MS. COLONNA: Do we have a -- you said there  
15 was --

16 DR. MADDUX: So we have a --

17 DR. COOK-LOWRY: Hit the control thing, and you'll  
18 get the calendar.

19 DR. MADDUX: What about July 22nd, Caroline?

20 DR. LOVETT: It's a Friday.

21 DR. COLONNA: July 22nd, it's a Friday.

22 DR. COOK-LOWRY: If you hit control --

23 MR. WOOLF: Just hit control.

24 DR. COOK-LOWRY: -- and the little thing, it will  
25 do it.

0065

1 DR. COLONNA: I've got a calendar here.

2 DR. COOK-LOWRY: Yes.

3 DR. COLONNA: So July 22nd, that's a Friday?

4 DR. MADDUX: Yes.

5 (Discussion held off the record.)

6 DR. COLONNA: All right.

7 DR. WILCOX: What day is the meeting? Will it be  
8 the 22nd?

9 DR. COLONNA: Yes.

10 DR. WILCOX: The next meeting will be the 22nd?

11 DR. COLONNA: Of July. And we'll let people know  
12 what time exactly, right, because there may be some further  
13 discussion on that. I just don't want to mess up the  
14 members.

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15 DR. COOK-LOWRY: It would be nice to get some of  
16 these rules done.

17 DR. MADDOUX: That's what I'm trying to do. I  
18 don't think we can have an BAOM meeting any sooner.

19 DR. WILCOX: I'll be back.

20 DR. COLONNA: You'll be back?

21 DR. WILCOX: I'll be back.

22 DR. MADDOUX: I don't think we can have a BOAM  
23 meeting any sooner than that.

24 DR. COLONNA: No. No. I don't think so either.

25 DR. MADDOUX: I mean, I'd like to think we could,  
0066

1 but I think that's going to be a real scramble.

2 DR. COLONNA: So July 22nd, and tentatively, we  
3 said 1:00 p.m. And we are begging Frances to be able to be  
4 here.

5 DR. MADDOUX: And we have to check with Debbie and  
6 Cynthia.

7 DR. LOVETT: I've been here for every one.

8 DR. COLONNA: Yes, you have. You've been really  
9 great. Thank you.

10 So next item of the agenda is (B), "Ratify DOM  
11 Licenses Issued." And how does that work? Do you read them  
12 off, Diane? Is that how it works? And then we -- let us  
13 know how to do it.

14 MS. VILLEGAS: Well, the way you've done it in the  
15 past, you've said, you know, the names that are listed, like  
16 "1 through 17 listed on the agenda."

17 DR. COLONNA: Okay. So I move that we ratify --

18 MR. WOOLF: Somebody else has to make the motion.

19 DR. COLONNA: Oh, somebody else. I'm sorry.

20 DR. MADDOUX: I move that we ratify the DOM

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21 licenses issues below --

22 Do I read them off?

23 MR. WOOLF: Just say "1 through 17."

24 DR. MADDoux: -- 1 through 17 as listed under New

25 Business.

0067

1 DR. COOK-LOWRY: Second.

2 DR. COLONNA: All in favor, say "Aye."

3 (All say "Aye.")

4 DR. COLONNA: Against? No. The motion passes.

5 (C) is "Ratify the CADS." There are five of them.

6 DR. MADDoux: I move that we accept the

7 certifications for one through five CADS applicants that

8 have been issued.

9 DR. COOK-LOWRY: Second.

10 DR. COLONNA: All in favor?

11 (All say "Aye.")

12 DR. COLONNA: Anybody against? No. Okay.

13 The next one is (D), "Request for Christina

14 Rodgers, DOM, for extension of time to submit Expanded

15 Practice Continuing Education."

16 I have to settle that right now. Can somebody

17 summarize that? Diane?

18 DR. MADDoux: When I saw that on here, I had just

19 received an e-mail from a company offering a course before

20 July 31st of this year. I forwarded it to her. She

21 e-mailed me back and said, "Thank you," and she was going to

22 try to apply to do it, and she was going to try to go. So

23 if she can do that, that particular course would satisfy the

24 CEU's for her. So I forwarded that to her and a couple of

25 other Rx1 folks, so --

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1 MS. VILLEGAS: And along with that, any courses  
2 that had been approved, Diane has made a listing and they  
3 are available on the Web, too, for anybody to view.

4 DR. COLONNA: Do they get an e-mail saying that,  
5 or do they have to look at the Web site on their own to  
6 figure that out?

7 DR. MADDOUX: To date, they've e-mailed -- most of  
8 these folks have e-mailed --

9 DR. COLONNA: I just don't know to what extent a  
10 lot of DOM's know that there's that kind of information  
11 available on the Web site.

12 MS. VILLEGAS: Caroline, it's impossible to make  
13 everybody aware, you know? I mean, it's been there for how  
14 many years now. I mean, you know, I think word gets around  
15 that it does.

16 DR. COLONNA: There's a Web site and you can go to  
17 it?

18 MS. VILLEGAS: Or they call you and ask.

19 DR. MADDOUX: Most recently, they've been  
20 e-mailing me and Diane or me and Anita and asking about it.  
21 And some of them I know right off the bat, and so I'm  
22 responding and either -- carboning Caroline and Sheila,  
23 because they're on the CEU committee, and you-all so  
24 everybody has a record of my reply. I try to do it as  
25 quickly as I can so people aren't left hanging.

0069

1 DR. COOK-LOWRY: You know, I was left hanging  
2 miserably. You know, I applied in October, took the course  
3 in December and found out March 30th that my course finally  
4 had been approved when I e-mailed like four times saying,  
5 "Is it approved? Is it approved?"

6 But I did, I e-mailed Caroline and Anita, and I



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7 even started e-mailing and added in Diane, saying, "Can  
8 someone tell me?" because otherwise, I'm going to have to  
9 figure out how to get another class --

10 DR. COLONNA: I don't know how to approve Rx  
11 stuff.

12 MS. VILLEGAS: And Angelique, with all due  
13 respect, because when you turned that in, that was already  
14 after the Board meeting that you voted to suspend the  
15 approval.

16 DR. MADDOUX: You wouldn't have known that.

17 MS. VILLEGAS: So it fell right into that. They  
18 had a meeting --

19 DR. COLONNA: You weren't there. There was a  
20 misunderstanding there.

21 DR. MADDOUX: What was happening, they were  
22 sending all these e-mails --

23 DR. COOK-LOWRY: But no one commented to me. No  
24 one commented to me.

25 DR. MADDOUX: And I would have, had I known.

0070

1 DR. COOK-LOWRY: It wasn't until I came in in  
2 March and actually came to Anita's office and said, "I need  
3 to know" -- or "Where do I go? Do I have to go to the  
4 deputy director? How do I get approval? Otherwise, I lose  
5 my Rx certification because our rules say 'shall be  
6 approved.'"

7 So if we don't approve it, we're in trouble. So  
8 it was -- it was a very --

9 DR. MADDOUX: Sorry for the frustration.

10 DR. COOK-LOWRY: -- upsetting.

11 DR. MADDOUX: Yeah. And I think it's actually in  
12 the minutes of that Board meeting that we suspended it. But

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13 just prior to that rules hearing, I was bombarded with half  
14 a dozen, "Can we take this course?" and it included relation  
15 and a lot of things that were going to be eliminated in the  
16 rules hearing. And we were getting hammered on -- they  
17 wanted to take NADI courses with lidocaine and procaine and  
18 all this stuff. And we hadn't -- we hadn't even gotten the  
19 formulary in place yet.

20 So because there was no formulary, we didn't feel  
21 as if we could approve or not approve, so we suspended it  
22 until the formulary went into effect. And that was the  
23 etiology.

24 DR. COLONNA: I just want to get back, because  
25 everybody said -- a lot of people want to get out of here by  
0071

1 4:00. So I -- if there is a motion here, are we denying,  
2 then, the request, or are we accepting the request?

3 DR. COOK-LOWRY: Has she continued to request?

4 DR. COLONNA: What you're saying is --

5 DR. MADDOUX: Where's the letter? I haven't read  
6 it or seen it or --

7 MS. VILLEGAS: It's in here. And it was sent to  
8 you, Barbara.

9 DR. COLONNA: It's right there if you want to read  
10 it.

11 DR. MADDOUX: Yeah. Let me read it.

12 MS. VILLEGAS: Here is a hard copy if you want  
13 that.

14 DR. MADDOUX: Yeah. That would be easier for me,  
15 if you don't mind, because I haven't seen the hard --

16 (Discussion held off the record.)

17 DR. LOVETT: May I make a comment?

18 MS. VILLEGAS: Sure.

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19 DR. LOVETT: Specific to what Angelique was  
20 saying, for the professionals that are getting -- falling  
21 through the cracks, and as a Board member, I've been  
22 receiving things from professional members being e-mailed to  
23 me, and it's actually to an account that's not my  
24 professional account. And I really don't think that's  
25 appropriate. I think we need to look at how do we  
0072

1 streamline this, how do we use the Web site and your office  
2 as the go-between between the professionals and the Board  
3 members rather than having to receive all these independent  
4 e-mails from the professionals. Something is not right, and  
5 I think we need to address that.

6 MS. VILLEGAS: You're right. And, I mean, they  
7 should not go to a Board member directly, because as a Board  
8 member, as everybody knows, you can't act as a Board. You  
9 cannot make any decision or any comment.

10 So I think that if that does happen, it's beyond  
11 our control. I think the thing you have to say is, "You  
12 need to contact the Board," and then we'll go through the  
13 appropriate steps to distribute it to, you know, whomever,  
14 just so that they're not coming to you directly expecting  
15 you to make any kind of decision, because you can't.

16 DR. LOVETT: I understand.

17 MS. VILLEGAS: You can't. Yeah.

18 DR. LOVETT: I understand. I don't know if it's  
19 coming from the perspective that they want some action, the  
20 professionals want some action, or they're trying to  
21 facilitate things, but I would like the delineation to be  
22 very clean. I would like the process to be very clear and  
23 everybody understand how this Board is to operate.

24 MS. VILLEGAS: Uh-huh. We can definitely put a

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25 comment on the Web site, you know, the Board Web site.

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1 That's our communication to the public, that, you know, "If  
2 you have a concern, a document or whatever, that it needs to  
3 come to the Board office first and not given directly" --

4 I mean, I'm not even sure how they get your  
5 personal e-mails because they're never given out from the  
6 Board office. The only thing that's on the Web site, it  
7 does list your name as a Board member, which is a  
8 requirement. But there are no phone numbers or e-mail  
9 addresses or anything listed.

10 DR. COOK-LOWRY: I frequently will get calls, and  
11 I'm sure you do too. And I usually just say to people, "You  
12 have to call so-and-so at the Board."

13 DR. COLONNA: Yeah.

14 DR. MADDOUX: Then I would like some clarification  
15 about my responsibility of being on the committee with the  
16 CEU's. Do -- I typically talk to the other members that are  
17 on that continuing education committee prior to responding  
18 to the people that have written.

19 MS. VILLEGAS: Barbara, I think you're in the  
20 right because as long you cc all of the committee members --  
21 of course, you can't get into a discussion of all the Board  
22 members because then that involves a quorum.

23 DR. MADDOUX: No. No.

24 DR. COOK-LOWRY: But the committee chooses --

25 MS. VILLEGAS: The committee, as long as

0074

1 they're --

2 DR. COLONNA: And if you have the knowledge for  
3 the Rx's -- and it's been mostly Rx. I don't think I've  
4 ever seen anything that wasn't Rx, so --

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5 DR. MADDOUX: That's true. But if I don't know  
6 the answer, then I'm not going to respond.

7 DR. COLONNA: Right.

8 DR. MADDOUX: Or if I need to talk with Ceala or  
9 Caroline or one of the pharmacists or the office before I  
10 respond --

11 DR. COLONNA: I think that's fine.

12 DR. MADDOUX: -- I will do that. If I know the  
13 answer like that, I usually e-mail the individual back,  
14 carbon you and you and Ceala, sometimes P.K.

15 MS. VILLEGAS: I think you're exactly right.

16 DR. COOK-LOWRY: One of the other thoughts I had  
17 was at one time we had on our Web site that, you know, if  
18 you took an anti-aging course, you know, through the A4M  
19 or --

20 DR. MADDOUX: I think it's on there.

21 DR. COOK-LOWRY: Is it now? It wasn't when I  
22 looked back. The last one that was on there was like  
23 March 10th of 2010, when I was trying to get mine approved.  
24 So things are on there now?

25 MS. VIGIL-HAYES: We've recently updated the  
0075

1 expanded practice CEU list -- approved list, so it's been  
2 updated. And right on the acupuncture home page, there's a  
3 statement about, "Remember, your license is going to expire.  
4 Here's a link. Click on this." Boom, you go right to the  
5 page. It's very clear. It's very -- right up front.

6 DR. COOK-LOWRY: Just for another comment about  
7 the fact that someone was requesting that we do an  
8 extension. You know, our rules don't allow that.

9 DR. MADDOUX: They allow for an extension, but  
10 they have to pay the late fee because they're not renewing

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11 on time.

12 DR. COOK-LOWRY: Does it really? I mean, I read  
13 it and read it, looking for did it really allow you to take  
14 your continuing ed course late, or did it only allow for you  
15 to file for your license to be renewed late. See, that's  
16 how I read it and I was concerned, and maybe we need to look  
17 at that at a rule meeting.

18 DR. MADDOUX: We need to ask Justin.

19 DR. COOK-LOWRY: What do we do --

20 DR. MADDOUX: Do you know exactly where it is?  
21 It's 16.2.9 --

22 DR. COOK-LOWRY: Page 36.

23 DR. MADDOUX: I have 37.

24 DR. COOK-LOWRY: So in --

25 DR. MADDOUX: It says, "Will be completed prior  
0076

1 to" --

2 DR. COOK-LOWRY: "Shall." It says "shall" all the  
3 way through it. And it doesn't -- here it says, "Shall have  
4 those 14 hours be completed prior to July 31st, 2007."

5 I mean, that was my huge concern. It didn't give  
6 us any leeway at all with the word "shall."

7 Unless when we do another rule hearing, we look at  
8 that, because --

9 DR. COLONNA: Wait. 16.2.9.8 doesn't say --

10 DR. MADDOUX: Right here.

11 MR. WOOLF: (A) does, and then she's also looking  
12 at 9, as well.

13 DR. MADDOUX: (A).

14 DR. COLONNA: I have a different book than you do.

15 DR. MADDOUX: What's the date on the front?

16 DR. COLONNA: I have the latest, the 29th of --

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17 MR. WOOLF: Page 36.

18 DR. MADDOUX: I have the top of 37.

19 MS. VIGIL-HAYES: Is it the October of 2010?

20 DR. COLONNA: Yeah. Where are you?

21 DR. LOVETT: 36. 36.

22 DR. COLONNA: This says 36 on it, right here. I

23 have a different book than everybody else.

24 DR. LOVETT: Yes, she does.

25 DR. MADDOUX: This is put together a little

0077

1 differently.

2 MS. VILLEGAS: Show me what you're talking about.

3 DR. COLONNA: So that's 8, right. So 9, top of

4 37.

5 DR. COOK-LOWRY: That's something that I've

6 wondered about. Even in looking at our rules at some point

7 we allow people the year -- you know, to pay extra money for

8 the year if they don't want to recertify, but they're not

9 allowed to take their continuing ed courses past that date.

10 So we might want to --

11 DR. MADDOUX: 12 months should be long enough, you

12 know.

13 DR. COOK-LOWRY: Right. But just so we know, it

14 doesn't allow it.

15 DR. LOVETT: Barbara, do you keep a dated master

16 list of requests for approved continuing education requests?

17 DR. MADDOUX: A dated master list? You know, I

18 print the e-mails and I put them in a folder.

19 DR. LOVETT: What I would recommend is that there

20 just be a list -- and that could be posted on the Web

21 site -- so people know, okay, you know what? She asked in

22 January. Here we are in June. When are we going to make a

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23 decision, whatever the decision is.

24 DR. MADDoux: Well, I don't think that should be

25 on the Web site.

0078

1 DR. LovETT: Well, it should be, at least with  
2 the -- something that the committee reviews every time they  
3 meet. "Here is the list. What have we accomplished? We  
4 need to do items one through five." Or however it is that  
5 you go through that so that there's a systematic review of  
6 agenda items or requests rather than --

7 DR. COOK-LOWRY: If you look at (3) here, (C)(3),  
8 it says that the committee has to meet on or before the 15th  
9 of every month to review them.

10 DR. LovETT: Yes. Well, it's just in fairness to  
11 the professionals and to keep the process moving forward.

12 DR. MADDoux: So then we, as the CEU committee, on  
13 the 10th of each month should call or e-mail Diane and Anita  
14 and see if requests have come in that we're not aware of.  
15 And had you and I done that, we would have precluded --  
16 Angelique's wouldn't have gotten left by the wayside.  
17 Instead of putting the responsibility on you to tell us it  
18 came in, we, as the committee, should have asked you what  
19 has come in.

20 DR. COOK-LOWRY: But how --

21 DR. COLONNA: We won't know. They have to tell  
22 us.

23 DR. COOK-LOWRY: Yeah.

24 MS. VIGIL-HAYES: And actually, sometimes it's  
25 happening both ways. I think that DOM's are sending it to

0079

1 our office, and they're also sending it to the committee.

2 So it's coming in both ways, and sometimes we're getting



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3 duplicate requests.

4 DR. LOVETT: So if there is a master list -- you  
5 know what? If we meet on the 10th, then whatever the date  
6 is -- by the 1st, whatever has been submitted by the 1st,  
7 that's what we're going to use as our list. And it'll be a  
8 perpetual list. But you'll -- as new ones come, they would  
9 be at the bottom of the list because it would be the newer  
10 date. And that way the oldest request would be at the top  
11 for the review. And there would be something in writing to  
12 acknowledge that this request has been received and it has  
13 been acted on or it has not been acted on.

14 DR. COLONNA: Well, I suggest that you guys do  
15 that, the staff keeps track -- should keep track of the  
16 requests.

17 DR. LOVETT: I think so too, because --

18 DR. COLONNA: Yeah.

19 DR. LOVETT: -- then it can be --

20 DR. COLONNA: There's no way that I can do that.

21 DR. LOVETT: It's a big administrative burden on  
22 the committee to be able to manage that. But it's not a  
23 difficult thing, it's just maintaining what comes in.

24 DR. COOK-LOWRY: And if you get a separate request  
25 all on your own and if the committee just forwards it to  
0080

1 them so they have it on their list.

2 DR. COLONNA: Yeah.

3 DR. MADDOUX: I didn't send it to the committee.  
4 I sent it to you and to Anita.

5 DR. COOK-LOWRY: It's just a process that needs to  
6 be understood.

7 MS. VILLEGAS: Caroline is on the committee, too,  
8 for CEU's.

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9 DR. COLONNA: But Barbara is the Rx CEU's.

10 DR. MADDOUX: That's why they put me on that  
11 committee. I just need to remember on the 10th of the month  
12 to either check in with you, check in with you, so that if  
13 we have people --

14 DR. COLONNA: Do you want to do that? Do you want  
15 to --

16 DR. MADDOUX: Because most of those are Rx.  
17 Nobody else is checking in.

18 DR. COLONNA: Do you know to -- do you want to  
19 initiate that? So by the 10th, you e-mail to her with cc  
20 me. If you know the answer, just cc me back the answer. If  
21 you need to call me, we can talk.

22 MS. VIGIL-HAYES: Now, there's two ways that  
23 things can -- or that can -- the way it can be handled.  
24 Would you want them all at once, hold them and send them to  
25 you all at once, or would you like them as they come in?  
0081

1 DR. MADDOUX: I'd probably rather have them as  
2 they come in. Because if there are six or seven at once and  
3 each requires me to do some -- if I'm familiar with them,  
4 it's like that. But if they're not, there are people I need  
5 to talk to, I need to look them up, I need to -- you know.

6 MS. VIGIL-HAYES: And typically, that's how we've  
7 been handling it. As they come in, we get them in, scan it  
8 in and send it out.

9 DR. MADDOUX: But will you keep a master list for  
10 me so that on the 10th I can call and you can give me -- and  
11 hopefully they'll match what I've gotten separately?

12 MS. VIGIL-HAYES: Yeah.

13 DR. MADDOUX: I mean otherwise, my poor little  
14 brain. I mean, there's just -- I don't keep records like

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15 that.

16 MS. VIGIL-HAYES: Just to let you know, I put  
17 together a binder of all the CEU's, our expanded practice  
18 documents, anything that came into our office and anything  
19 that came in through Barbara, and it's got all the  
20 correspondence from the committee members. So we've got the  
21 requests and we've got the answer. And it's all in order,  
22 it's all chronological. So it's all --

23 DR. COLONNA: Is that in the job description, by  
24 the way? "Put detail." She's good.

25 MS. VIGIL-HAYES: It's there. We just put it

0082

1 together, so it's all organized and it looks really good.

2 DR. MADDOUX: Perfect.

3 DR. COLONNA: So can somebody make a motion to  
4 deny Christina Rogers' motion -- I mean request?

5 MR. WOOLF: Madam Chair, members of the Board, in  
6 regards to the late license renewal, you can complete your  
7 CEU's within that 60-day grace period. And if you do  
8 complete your CEU's in that period, you can apply with your  
9 late fee. If you do not finish your CEU's within that  
10 60-day grace period, then you are expired, and then you  
11 follow the next one down for the expired license. You're  
12 going to have to go through everything else there.

13 DR. COOK-LOWRY: Can you tell me where that is?

14 MR. WOOLF: Sure. It's 16.2.8.11. And 11 refers  
15 you back to 10. This is Pages 32, 33, 34.

16 DR. COOK-LOWRY: 16.2.8.11.

17 DR. COLONNA: "Date License Renewal."

18 MR. WOOLF: Then there it refers you to 16.2.8.10,  
19 which looks like it's on the page right before that, Page  
20 33. And down at the bottom is (I), which is the

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21 "Satisfactory Proof of Your Continuing Education."

22 DR. COOK-LOWRY: Okay. I read that and put the  
23 two together, and I couldn't come up with whether we could  
24 really do the 60-day.

25 MR. WOOLF: So basically, if you're late with your  
0083

1 application because you're late or because you couldn't get  
2 the continuing education you needed, you have that 60-day  
3 grace period to go ahead and get that all taken care of, get  
4 the fees, everything paid, and the application.

5 DR. MADDOUX: So that's 2.8.11(C).

6 DR. COOK-LOWRY: Right. And then it goes --

7 DR. MADDOUX: Or (D), rather, is the expanded  
8 practice, right? Right here?

9 MR. WOOLF: Yes

10 DR. COOK-LOWRY: And it's here that it actually  
11 tells you this.

12 MR. WOOLF: (A) also discusses this.

13 DR. COLONNA: As far as the jurisprudence exam, we  
14 still have that, right?

15 MS. VILLEGAS: For initial licensure, yes. But  
16 the last renewals, the Board voted to eliminate it for  
17 renewal.

18 DR. COLONNA: But this here doesn't reflect that,  
19 the rule --

20 MR. WOOLF: That's "Expired" that you're looking  
21 at. Expired requires examination again, renewal does not.

22 DR. COLONNA: No. This is "License Renewal."

23 DR. COOK-LOWRY: At the last -- the Board meeting  
24 before last -- because we were having so many rule changes  
25 we didn't even know what to write the jurisprudence exam

0084

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1 about -- so we asked the Board, could we put it off for that  
2 licensure period. And the Board voted that we didn't have  
3 to have it. But we didn't vote about whether we do it the  
4 next one coming up.

5 DR. COLONNA: Because this is -- I mean,  
6 16.2.8.11(B) talks about the open book jurisprudence  
7 examination. And it says that if you don't pass it the  
8 first time, you can pass it, you know, within that 60-day  
9 grace period, but you have to pay the late fee for renewal.

10 So I'm just wondering -- my question was just are  
11 we having one this year or, I mean, is it up to us to decide  
12 right now, or -- because it's coming up.

13 DR. COOK-LOWRY: We should just do it right now  
14 because we only made a decision about the last --

15 MR. WOOLF: We can't. It's not on the agenda.

16 DR. COOK-LOWRY: We only made a decision about the  
17 last renewal period.

18 DR. COLONNA: So what do we do?

19 MR. WOOLF: Put it on the agenda for the next  
20 meeting.

21 MS. VILLEGAS: But we have to have it.

22 MR. WOOLF: Then you'll have to have a meeting  
23 before then.

24 MS. VILLEGAS: Or we have to do the jurisprudence  
25 through renewal.

0085

1 DR. COLONNA: Let's have at it. Can we do a phone  
2 meeting?

3 MR. WOOLF: (Shakes head.)

4 DR. COOK-LOWRY: There's no way we can do it.

5 DR. MADDOUX: But if that vote two meetings ago  
6 was simply to suspended it for the most recent renewal --

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7 DR. COOK-LOWRY: No. Which -- it was long enough  
8 ago that -- well, the last one we had was before the July.

9 DR. MADDOUX: Right.

10 DR. COOK-LOWRY: And we suspended that July one,  
11 but we didn't say anything about this July.

12 DR. MADDOUX: No. I understand that.

13 DR. COLONNA: Were you going to have it this time  
14 around or not?

15 MS. VILLEGAS: I guess.

16 DR. COLONNA: Well, it's in the rules and -- but I  
17 don't know what they were thinking.

18 MS. VILLEGAS: We would be putting it in there. I  
19 mean, the rules say we have to have --

20 DR. COOK-LOWRY: It wasn't on the agenda.

21 MS. VILLEGAS: It was only one exam.

22 DR. COOK-LOWRY: That one period, renewal period.

23 DR. COLONNA: So let's have it, then. I mean,  
24 unless we have another meeting which is --

25 DR. COOK-LOWRY: Then we have to put it in there.

0086

1 We have to do an exam.

2 MR. WOOLF: So you guys may want to consider a  
3 discussion about a rule change for this as well for next  
4 meeting? It won't effect the licensees for this go-around,  
5 but next year it will.

6 DR. COOK-LOWRY: Correct.

7 DR. MADDOUX: And the question at that time would  
8 be do we want to continue to have a jurisprudence exam.

9 MR. WOOLF: For license renewals.

10 DR. COLONNA: Because I know the new people -- the  
11 people that are getting their new license, they have to have  
12 it. But for the renewal, there's so many rule changes, how

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13 do we expect them to know? Well, it's a good way for them  
14 to find out.

15 MR. WOOLF: It's required.

16 DR. COOK-LOWRY: And there's only ten questions.  
17 When they get their license renewal form, you go online, it  
18 told us last time that we didn't have to take the  
19 jurisprudence exam and there wasn't one.

20 DR. COLONNA: Right. So I'm thinking the point of  
21 the jurisprudence exam, like anything else, is to educate  
22 but not to penalize, necessarily. So what we could do --  
23 and is it possible to do it this time -- is having an exam,  
24 but if the person fails because they didn't know the new  
25 rules -- which could be any of us on the Board -- can we  
0087

1 then call you and discuss when we know and then they tell us  
2 the answer and go, "Ah-ha. That's what we need to know,"  
3 and then --

4 MR. WOOLF: That would be a discussion for -- a  
5 rule change discussion.

6 DR. COOK-LOWRY: All you have to do is -- it tells  
7 you when you go online, you just --

8 DR. COLONNA: I know. I just --

9 MR. WOOLF: You take it and pass it, right?

10 MS. VILLEGAS: Yeah.

11 DR. COOK-LOWRY: And it'll say, "Look at  
12 16.2.8.10." That's what it literally says. It asks a  
13 question, then it tells you where to go look. And you go  
14 and look and there's the answer. I mean, it really is a  
15 great jurisprudence exam in that it tells you exactly where  
16 to go look.

17 MS. VIGIL-HAYES: It's a good exam and serves its  
18 purpose. The problem that we've had with the jurisprudence

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19 exam, besides the new rules and how they apply, is the fact  
20 that with the online renewal, the jurisprudence exam doesn't  
21 always work. And in that respect, the jurisprudence exam,  
22 the answers weren't lining up with the question. So if  
23 someone answered "yes" when the answer was a "yes" and for  
24 some reason it checked it off as a "no," it would  
25 inadvertently fail them, and then it would red-flag their  
0088

1 license. So it actually causes a lot more problems than  
2 not.

3 So the jurisprudence exam, it's really -- I mean,  
4 this last time, it was a blessing that it was gone. It  
5 reduced the number of calls, it reduced the kind of phone  
6 complaints that the system wasn't working or the question  
7 was a bad question or whatever, even though it's taken right  
8 out of the rule book.

9 MS. VILLEGAS: The other option is there's no  
10 place in here that dictates how many questions have to be in  
11 the jurisprudence exam. So I was going to say, if we want  
12 to streamline this for this renewal process just to meet our  
13 regulations, we can make it five questions, true and false.  
14 You know, something very simply basic, you know, but yet  
15 maybe tie it in with this new -- some of the new rules.

16 DR. COLONNA: How about this? Just say on --

17 MR. WOOLF: How about this -- we're getting pretty  
18 far askew from the agenda.

19 DR. COLONNA: I know. I know.

20 MR. WOOLF: -- let's discuss this at the next  
21 meeting because this is not --

22 DR. COLONNA: But the next meeting will be past  
23 when this has to be done, though, isn't it?

24 MR. WOOLF: Unless you schedule another meeting.



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25 So what I'm saying is either you schedule a different

0089

1 meeting and try to have a rule change go into effect before

2 then -- which I don't know how you possibly could do that

3 because you need 30 days' notice plus 30 days for that -- so

4 this exam is going to happen.

5 DR. COLONNA: I know. That's why -- it was

6 feedback for them to make it so that --

7 DR. COOK-LOWRY: We can do that in a committee,

8 and the committee can --

9 DR. COLONNA: Which committee is that?

10 DR. COOK-LOWRY: Is it the exam committee that

11 writes the --

12 MS. VIGIL-HAYES: The exam committee.

13 MS. VILLEGAS: We could come up with a

14 jurisprudence.

15 MR. WOOLF: Correct.

16 Dr. COOK-LOWRY: Okay. One or two. I'll do it.

17 We'll do it.

18 MR. WOOLF: Yes. Perfect.

19 DR. COLONNA: Okay. Let's move on.

20 MR. WOOLF: So in regards to Item D --

21 DR. COLONNA: We need a motion for Item D, right?

22 MR. WOOLF: For Item D, looking at what our rules

23 say, it does say "shall." So I think in this instance, the

24 option for this person is to somehow find a course that will

25 happen before or do a late one.

0090

1 DR. MADDOUX: Before September 30th?

2 MR. WOOLF: And she'll have to incur the cost for

3 the late.

4 DR. MADDOUX: If she finishes it by July 31, all

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5 is well. If she finishes it before September 30, she pays a  
6 late fee, but she is recertified. If she can't find a  
7 course, then her license has expired.

8 MR. WOOLF: Correct.

9 DR. MADDOUX: But referring to her expanded  
10 practice piece has expired.

11 DR. COLONNA: But the motion should be that -- the  
12 motion is --

13 DR. MADDOUX: We denied her extension.

14 DR. COLONNA: Right. So can you make the motion?

15 DR. MADDOUX: I make a motion we deny Dr. Rogers'  
16 request for an extension of time and remind her of the rules  
17 that allow for an additional 60 days for her to complete  
18 that education in order to meet her recertification.

19 DR. COLONNA: With the fee.

20 DR. MADDOUX: With paying the late fee.

21 DR. COLONNA: Was there a second?

22 DR. COOK-LOWRY: Second.

23 DR. COLONNA: All in favor?

24 (All say, "Aye.")

25 DR. COLONNA: The next one is "Approval of Online  
0091

1 Continuing Education." And this came up because we've had a  
2 lot of requests about people wanting to take courses online,  
3 which I think is a great. I mean, personally, I think it  
4 really helps people not having to spend so much money  
5 traveling places.

6 However, the issue there was how do we make sure  
7 that people actually --

8 DR. MADDOUX: And this, again, was all Rx.

9 DR. COLONNA: Was it all Rx?

10 DR. COOK-LOWRY: Because no one else is going to

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11 be asking for any continuing ed, because it's all NCCAOM

12 approved --

13 DR. COLONNA: You're right.

14 DR. COOK-LOWRY: -- unless it's Rx'ers.

15 DR. COLONNA: Well, some are not NCCAOM that are  
16 not Rx, are there?

17 DR. COOK-LOWRY: Not that I know of.

18 DR. MADDOUX: And the NCCAOM approval requires  
19 that it be American Medical Association approved and that  
20 there be an exam, which is why the non-expanded practice  
21 education has been accepted as online. But the different  
22 organizations offering courses that are appropriate to meet  
23 the expanded practice recertification requirements, many of  
24 those are not NCCAOM approved. And for some of that,  
25 there's no exam.

0092

1 I mean, that's what came up with the DiGiVision.

2 And the gals did try to get the DiGiVision approved, and  
3 NCCAOM would not approve it because there was no exam, it  
4 was not American Medical Association approved. I just don't  
5 think we can say that's okay because we don't know.

6 DR. COOK-LOWRY: Except we -- and I mean, the  
7 other side of it is when we go to a course, we don't take an  
8 exam --

9 DR. COLONNA: No. We don't take an exam.

10 DR. COOK-LOWRY: -- at the end of the course. And  
11 many courses now, like with the anti-aging, we don't even  
12 have to sign in at each one you did. You had to sign in at  
13 the beginning, but then you went to all the classes, you  
14 didn't have to sign in. You used to have to sign in for  
15 each class. You didn't this time. Or I didn't have to.

16 So we can't prove did someone go or not go, or did

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17 someone look online or not look online. So for me, that's  
18 not the issue.

19 DR. MADDOUX: Well, if you spend \$2,000 to go to a  
20 weekend course, most people go to the classes.

21 DR. COOK-LOWRY: If you pay to go online, you  
22 would still.

23 DR. MADDOUX: There's a big difference between  
24 \$2,000 and you're there and you're there for the express  
25 purpose of taking that course versus being at home with a CD  
0093

1 that you paid \$200 for -- or a DVD that you put in your  
2 computer and need to spend 20 hours looking at. To me,  
3 that's huge.

4 DR. COOK-LOWRY: And I hear what you're saying.  
5 For me, I'm somebody who tends to trust that people want to  
6 be educated, people want to take care of their patients  
7 and -- you know, and whoever is going to scam is going to  
8 scam, no matter what kind of rules we have. So I tend to  
9 come from a totally different place, which is, you know, I  
10 don't have an issue with online.

11 DR. MADDOUX: I have a huge issue with online for  
12 expanded practice.

13 DR. COLONNA: Do you have an opinion, Frances?

14 DR. MADDOUX: Sure, I'd love to spend less money.

15 DR. COOK-LOWRY: It is expensive for expanded.

16 DR. LOVETT: I think it's too big of an issue

17 to -- I mean, to get through everything.

18 The struggle that I have is having a qualified  
19 course, similar to what we were talking about before in a  
20 different manner, but having a course that is worthy or  
21 relevant to the practice and having it reviewed. You do  
22 have a specific criteria or a review board in pharmacy. We

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23 have ACPE. And we don't have the option of --

24 DR. COLONNA: Choosing?

25 DR. LOVETT: -- getting another program approved.

0094

1 If we -- as a pharmacist, if I can't convince somebody to be

2 an ACPE provider and to offer that, to go through the

3 formalized process, then it doesn't count.

4 Now, they are exploring doing that in other

5 venues, but it doesn't exist.

6 DR. COOK-LOWRY: I think what people are asking,

7 let's say that the Board approved that they could do the

8 American Association of Anti-Aging. Well, at the end of

9 that, they actually put out a CD. And what people were

10 wondering was could they just watch the CD rather than

11 paying \$2,000 out of pocket to travel to Vegas because, of

12 course, the courses are not in New Mexico.

13 So -- and there aren't courses in New Mexico. I

14 don't know a single one right now for the anti-aging, so we

15 all have to travel or do an online. So the question is how

16 can you prove they did it.

17 DR. COLONNA: How can you prove it's relevant,

18 also, right?

19 DR. COOK-LOWRY: Tell me that, what relevance?

20 DR. COLONNA: One of the key -- part of what I

21 thought Frances was saying is that you want to make sure --

22 and the reason for accrediting the course is that it's

23 relevant to the program that you're trying to update

24 yourself for. And I'm wondering to what extent --

25 DR. COOK-LOWRY: It would be at a same online

0095

1 course that you approved that they could go to it in Vegas

2 or they could watch it online. It would be approved either

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3 way.

4 DR. COLONNA: So if the program in Vegas is

5 approvable by what? NCCAOM?

6 DR. COOK-LOWRY: Or by --

7 DR. MADDOUX: A4M, because we've attended it and

8 it is relevant to bioidentical hormones.

9 DR. COLONNA: So if it is relevant, then I would

10 say maybe we can accept it online. Whether or not we know

11 the person has watched the whole CD or not, I don't know

12 that. I just don't know that.

13 DR. LOVETT: I think what you have to do, it comes

14 back to who is offering the course. Now, that was some of

15 the stuff that was sent independently to me, but the course

16 instructors are persons that are knowledgeable in this

17 subject matter. It isn't somebody off the street that's

18 coming in and saying, "Okay. I want to tell you about

19 bioidentical hormones." It's actually a clinician, a

20 practitioner.

21 DR. COOK-LOWRY: We're saying that the online ones

22 that have been approved for you to go to Vegas and take it.

23 And what some people were saying, "I can't afford to go to

24 Vegas. Can I get the online disk and just watch the course

25 online rather than flying to Vegas." I don't have an issue

0096

1 with that.

2 DR. COLONNA: But Barbara does.

3 DR. MADDOUX: What I didn't understand was how

4 could they have that DVD available now if the course hasn't

5 even happened.

6 DR. LOVETT: It comes in the future.

7 DR. COOK-LOWRY: I think the -- you know, you can

8 get that DVD immediately afterwards or right after. So I

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9 think -- I don't know what everybody -- I'm not -- I don't

10 have all the information about this question, I'm just

11 responding to I have no issue with people doing online

12 courses that have been approved for expanded practice or

13 flying to wherever they have to fly to in the country to

14 take the courses. Either way, it's acceptable to me.

15 DR. MADDOUX: And I think the bioidentical hormone

16 courses actually present an easier way to do that. I don't

17 know about the others. You know, if you're trying to

18 relearn how to --

19 DR. COLONNA: The issue was for the I.V. stuff,

20 for the injection stuff, right, that you thought there was a

21 clinical aspect that needed to be --

22 DR. MADDOUX: Right.

23 DR. COOK-LOWRY: Then you can't get credit for the

24 clinical hours if you're not there being able to do the

25 clinical part. You only get credit for what is something

0097

1 that you can watch online. I understand that part.

2 DR. MADDOUX: Now, I misunderstood. And again, I

3 didn't understand how they could have that DiGiVision

4 available before the course had even happened.

5 DR. COOK-LOWRY: And I don't know enough

6 information to comment on that.

7 DR. COLONNA: I don't think they were arguing

8 that. I think they were asking whether or not that would be

9 okay.

10 DR. MADDOUX: They were asking if it was okay.

11 DR. COLONNA: But I don't think they were saying

12 we are going to get that before it actually happens.

13 DR. MADDOUX: On the Web site, it appears that you

14 can click and buy it. Maybe that means it won't be

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15 delivered until after the course.

16 DR. COOK-LOWRY: Oh, right. With the A4M, that's  
17 how it is. You can click and buy it, but you don't get it  
18 until after the course is over and they'll send it to you.

19 DR. MADDOUX: So in theory --

20 DR. COOK-LOWRY: You just get a better price if  
21 you buy it before than if you buy it after. Early-bird  
22 special.

23 DR. MADDOUX: I don't have it in front of me.

24 Well, maybe I do, actually.

25 DR. LOVETT: So if you buy it, is it okay for me

0098

1 to borrow your disks and use it, and can I get credit for  
2 that?

3 DR. COOK-LOWRY: Right.

4 DR. LOVETT: I mean, where do you draw the line?

5 DR. MADDOUX: And there's -- because I didn't  
6 know, I didn't feel comfortable approving it.

7 DR. COLONNA: That's a really good question.

8 DR. COOK-LOWRY: That is a good one. I hadn't  
9 thought about that one.

10 DR. COLONNA: And how do they -- so you buy it,  
11 and they send you the CEU's with a certificate?

12 DR. COOK-LOWRY: Well, I did the --

13 DR. MADDOUX: She went.

14 DR. COOK-LOWRY: I actually went to the course, so  
15 I don't know how -- they don't give you CEU's for your  
16 online -- I mean, for buying the disk.

17 DR. MADDOUX: So you don't have a certificate?

18 DR. COOK-LOWRY: I do because I went to the  
19 course. I don't know that they give it to you if you buy  
20 the CD's. I don't know that.



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21 But what they're asking is can we get credit if we  
22 watch it online rather than go to the course.

23 DR. COLONNA: If they don't give you CEU's for  
24 just watching, then we don't give CEU's for just watching.

25 DR. COOK-LOWRY: But with this particular one you  
0099

1 were talking about, weren't they willing to give them CEU's  
2 for watching? I don't know. I don't have enough  
3 information.

4 DR. MADDOUX: Dr. Koch spoke -- my initial  
5 response was to -- that they could check with NCCAOM and see  
6 if NCCAOM would approve the DiGiVision portion. My thought  
7 was rather than the Board doing all the scrambling and all  
8 the work -- because there were three individuals that  
9 requested that that particular course be approved from a  
10 DiGiVision perspective, and my response to them was, "See if  
11 you can get it NCCAOM approved," which would require that  
12 they work with DiGiVision and A4M. Maybe there's a course.  
13 Maybe there's a way these individuals can correspond with  
14 the professors, participate in questions and answers.  
15 Because that's the option we have as attendees if we go  
16 there, which they don't have.

17 And I was just waiting to hear. And I just got  
18 the e-mail back a couple days ago. They didn't approve it  
19 because there was no post test and it wasn't AMA approved.

20 DR. COOK-LOWRY: Could I make a request? Looking  
21 at the time, is it possible to table this until we get more  
22 information?

23 DR. MADDOUX: Yes. The course is June 23rd and  
24 24th of this month, which is why I was trying to give them  
25 an answer.

0100

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1 They have another question about whether or not an  
2 ACLS course would meet the eight hours of requirements. But  
3 most of the drugs that are used in that course aren't  
4 approved for use by DOM, so it really isn't applicable. I  
5 mean, you learn to read arrhythmias and first-degree heart  
6 block and second-degree heart block and an atrial-fib versus  
7 V-fib or VTAC and do you intubate. Well, we can't do that  
8 anyway, so can we approve that?

9 DR. COLONNA: Can we say something for the online  
10 that's relevant? Because, you see, I think there's  
11 different categories of CEU's for Rx. The first criteria is  
12 whether or not it's relevant, right? If it's relevant, it  
13 has to be -- what was the organization you said that had  
14 approved the DiGi one?

15 DR. MADDOUX: Well, I was trying to figure out a  
16 way so that it wasn't the BAOM making the decision.

17 DR. COLONNA: No. But you said that it was some  
18 kind of accreditation off --

19 DR. MADDOUX: Well, the MCCA --

20 DR. COLONNA: No. Beyond that, there was another  
21 one that was accrediting the one --

22 DR. MADDOUX: The American Medical Association  
23 approves continuing education online if there is a post  
24 test, and then does send CEU's.

25 DR. COLONNA: Okay. But you said there was  
0101

1 another one. It was a third one, you said, for Rx units  
2 earlier for the one -- for the one that you went to.

3 DR. MADDOUX: A4M is the organization that offers  
4 the course, okay? And then there's AKM --

5 DR. COLONNA: Yeah.

6 DR. MADDOUX: -- that also offers approved

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7 courses, okay?

8 DR. COLONNA: So can we list the ones that would  
9 be relevant to expanded practice?

10 DR. MADDoux: They're online or on the Web site.

11 DR. COLONNA: So if that passes that first  
12 criteria, then this should be okay. But then the second

13 part is if it's offered online -- if the course  
14 administrator offers the CEU's online, then it's okay. But  
15 if they don't, like in your case you went, you got it.

16 If she bought a CD and they don't give you CEU's,  
17 then we don't give CEU's. But we're not going to be the one  
18 that supersede the organization and give CEU's.

19 DR. MADDoux: That's kind of where I'm --

20 DR. COOK-LOWRY: Okay. I can handle that. If  
21 they'll give you the CEU's, then --

22 DR. COLONNA: If they give you the CEU's if you  
23 buy the thing --

24 DR. COOK-LOWRY: -- from an online course, okay.

25 DR. COLONNA: -- somehow they -- but I don't think  
0102

1 it's going to happen.

2 DR. MADDoux: It's not even about trust. It's  
3 like how do we take that responsibility on of having to --  
4 so that's why I wanted to talk about it.

5 DR. COLONNA: But the first criteria, as you were  
6 saying, it has to be relevant. You can't be taking  
7 something that is not relevant to what you're trying to have  
8 education for.

9 Do we have to make a motion for that one?

10 MR. WOOLF: What would the motion be?

11 DR. COLONNA: The motion would be that I will move  
12 that we approve online continuing education as long as there

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13 is a relevant --

14 DR. MADDUX: Do you want to say "Relative to Rx"?

15 DR. COLONNA: -- relevant to Rx.

16 DR. MADDUX: Relevant?

17 DR. COLONNA: Well, because not only to Rx, we're  
18 saying that all courses that NCCAOM -- approved courses.

19 DR. MADDUX: Well, A4M and AKM may not be.

20 DR. COLONNA: NCCAOM. But for Rx, it would be if  
21 you decide that it's actually okay to be.

22 MR. WOOLF: I would suggest that you stay within  
23 the rules just the same that you apply to an in-person  
24 curriculum class. Whatever that entails, that's what you  
25 require for an online.

0103

1 So if it doesn't meet what is here for in-person,  
2 it would not qualify. It's the same test. People that are  
3 going to courses now that are meeting in person may get  
4 denied on that down the road if it didn't meet one of the  
5 criteria. So the same thing would happen with someone that  
6 did it online.

7 DR. COLONNA: Correct.

8 MR. WOOLF: So if they meet all the qualifications  
9 that are there as far as the online course goes that are for  
10 in-person, then I don't see a problem.

11 DR. LOVETT: But I think that that was the  
12 question. If you get credit, obviously it's live -- you get  
13 credit when it's live. But what if you record a live  
14 program? Do you then get the live CD, which is really the  
15 pertinent issue.

16 MR. WOOLF: And in other professions -- I don't  
17 know if you guys require a test for every single course.

18 DR. COLONNA: No.

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19 MR. WOOLF: It doesn't seem like it does.

20 DR. COLONNA: We don't.

21 MR. WOOLF: It just says we should talk about it.

22 So I don't see how it would be any different from them being  
23 in person.

24 DR. COOK-LOWRY: So the only relevance here that  
25 they've talked about is that the A4M or whatever needs to  
0104

1 have credit -- it needs to have given them the CEU's.

2 Approved the CEU's or granted them CEU's.

3 DR. COLONNA: The Board is not going to give the  
4 CEU's.

5 DR. COOK-LOWRY: And then we would accept the  
6 CEU's --

7 MR. WOOLF: Correct.

8 DR. COOK-LOWRY: -- granted by whomever.

9 DR. COLONNA: Yes.

10 DR. MADDOUX: If AKM or A4M is willing to --

11 DR. COLONNA: We don't have more --

12 DR. MADDOUX: -- provide a certificate of CEU's --

13 DR. COLONNA: But that's not in our rules because  
14 so far in our rules, we've had NCCAOM. But as far as CEU's,  
15 that's kind of a new development.

16 DR. COOK-LOWRY: Except for the Rx'ers. We've  
17 always had to get our hours approved by the Board. We  
18 always have. It's been that way --

19 DR. MADDOUX: Yeah, that's been in there --

20 DR. COLONNA: Right. Right. But I mean -- but  
21 now you're saying that there are organizations that -- such  
22 as the one that you just mentioned -- that we don't have in  
23 our rules. But it would be easier, maybe, for staff if they  
24 knew that those courses were already approved by so-and-so

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25 and so-and-so, that that's approved by the Board rather

0105

1 than --

2 DR. COOK-LOWRY: Well, that was like the course I  
3 took was an A4M and then the Board finally approved it. And  
4 I think some other people are wanting other courses that A4M  
5 does. But the way the rules are written right now, unless  
6 it's -- you said it's changed now on our Web site. It now  
7 says A4M courses are approved, correct, as long as they're  
8 relevant?

9 MS. VIGIL-HAYES: It's listed -- the first section  
10 is a list of organizations who have sponsored continuing  
11 education expanded practice courses before. And then  
12 there's a little informational section about CEU's and  
13 number and when you should have obtained them. And then we  
14 have the listing of individuals' requests that we've  
15 received as they've been coming in and --

16 DR. COOK-LOWRY: And that you've approved.

17 MS. VIGIL-HAYES: Yes. And they may be A4M, they  
18 may be any course or some other --

19 DR. COOK-LOWRY: But any course by A4M would not  
20 be automatically when I -- I would assume that any class I  
21 take, A4M, that I've read and said, "This is relevant. It's  
22 about these particular things." I can't assume on my own.

23 MS. VIGIL-HAYES: No.

24 DR. COOK-LOWRY: I have to have an approval from  
25 the Board.

0106

1 MS. VIGIL-HAYES: Yes.

2 DR. COOK-LOWRY: Is that still true?

3 MS. VIGIL-HAYES: Yes. And there's a statement  
4 there on that informational sheet that says, "It must be

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5 pertinent to your scope of practice." It has to be part of  
6 what you're licensed to do.

7 DR. COOK-LOWRY: So anyone who's taken an online  
8 course would have to have the same as -- it would have to  
9 fit into like A4M and that someone else has requested it and  
10 that --

11 DR. COLONNA: But the motion would be just because  
12 we're talking about online. That's what Justin, I think, is  
13 trying to tell us.

14 MR. WOOLF: Yeah. And so what I'm trying to say  
15 is the way the rules are written, it doesn't -- there's no  
16 indication here that online is not already included in this.

17 DR. COLONNA: Right.

18 MR. WOOLF: It's just, if they do it online, they  
19 would have to meet the same criteria you would otherwise.  
20 And so I would think that -- let's just be safe and take a  
21 motion to approve it -- that as long as they've been within  
22 the requirements of any other continuing -- you know, of the  
23 rule for as far as CEU's go.

24 DR. COOK-LOWRY: And then let them figure out how  
25 to do it.

0107

1 DR. COLONNA: Do you want to make a motion, then?

2 Do you want to tell us what the motion is?

3 MR. WOOLF: So the motion you want to entertain  
4 would just be to approve online course continuing education  
5 as long as those courses meet with the rules for continuing  
6 education.

7 DR. COOK-LOWRY: I so move.

8 DR. COLONNA: Who is seconding that?

9 DR. LOVETT: I am.

10 DR. COLONNA: All in favor?

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11 (All say "Aye.")

12 So let's move that.

13 DR. MADDOUX: So that means we need to --

14 MR. WOOLF: I have 15 minutes left before I have  
15 to go.

16 DR. COLONNA: For the executive session -- do we  
17 need Justin for the executive session?

18 DR. COOK-LOWRY: Yeah.

19 MR. WOOLF: Yeah. So do you want to table  
20 everything else right now until after the executive session?

21 DR. COLONNA: Yes.

22 "Open Meeting Resolution," can we table that?

23 MR. WOOLF: That one is real quick. We can  
24 probably do that right now.

25 DR. COLONNA: It's just a signature? Is that what  
0108

1 it is?

2 MS. VILLEGAS: It is -- just is the Board willing  
3 to sign the Opening Meetings Resolution, and the chairman or  
4 the chair signs the form.

5 MR. WOOLF: So you guys would be voting to adopt  
6 it. And what this is is every year we have to renew our  
7 Open meetings Act Resolution. So you'd just be willing to  
8 adopt it with the new -- all the terms are the same with the  
9 one before.

10 DR. COLONNA: Is there a motion?

11 MR. WOOLF: So why don't you make a motion to  
12 adopt the Opening Meetings Act.

13 DR. COOK-LOWRY: I make a motion that we adopt the  
14 Open Meetings Act.

15 DR. MADDOUX: I second.

16 DR. COLONNA: All in favor?



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17 MR. WOOLF: I'm sorry. Resolution.

18 DR. COOK-LOWRY: Resolution.

19 DR. COLONNA: All in favor, "Aye."

20 (All say "Aye".)

21 DR. COOK-LOWRY: So (G) is the "Contracting of the  
22 Practical and Clinical Skills Examination." Can we table  
23 that?

24 MR. WOOLF: So (G) and (H), let's just table that  
25 until after executive session.

0109

1 DR. COLONNA: So who is going to say -- should I  
2 say that?

3 MR. WOOLF: That's you.

4 DR. COLONNA: Okay. Pursuant to  
5 Section 10-15-1(H)(1) of the Meetings Act, I move to go into  
6 executive session to discuss matters related to issuance,  
7 suspension, renewal, revocation of a license for the items  
8 listed on the agenda.

9 There is supposed to be a second, right?

10 MR. WOOLF: She's actually going to take roll  
11 call.

12 MS. VILLEGAS: I'll take a roll call vote.

13 DR. COLONNA: Okay.

14 MS. VILLEGAS: Caroline Colonna?

15 DR. COLONNA: And I say?

16 MS. VILLEGAS: "Aye."

17 DR. COLONNA: Aye.

18 (Discussion held off the record.)

19 MS. VILLEGAS: Barbara Maddoux?

20 DR. MADDOUX: Here.

21 DR. COLONNA: Yes. You're supposed to say "yes."

22 DR. MADDOUX: Oh, yes.

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23 MS. VILLEGAS: Angelique Lowry?

24 DR. COOK-LOWRY: Yes.

25 MS. VILLEGAS: Frances Lovett?

0110

1 DR. LOVETT: Aye.

2 DR. COLONNA: So I say something?

3 MS. VILLEGAS: We will now be going into executive

4 session. We will ask the public to step outside, and we

5 will notify you once we have concluded.

6 (Executive session held.)

7 DR. COLONNA: Pursuant to 10-15-1(H)(1) of the

8 Open Meetings Act, the matters discussed in the closed

9 meeting were limited only to those specified on the agenda.

10 At this time we were going to discuss the

11 matters -- make decisions on the matters discussed in the

12 executive session.

13 Let the record show that I, Caroline Colonna, and

14 Dr. Barbara Maddoux are going to abstain from voting on

15 those matters.

16 So now it's --

17 MS. VILLEGAS: I would entertain a motion for Case

18 Number AOM 11-01 to refer the case to the attorney general's

19 office for issuance of an NCA for violations 16.2.12.15 and

20 16.2.12.26 and 16.2.12.32, and not limited to, for issuance

21 of a Notice of Contemplated Action, also known as an NCA.

22 DR. COLONNA: All in favor?

23 DR. COOK-LOWRY: I so move.

24 MS. VILLEGAS: Somebody needs to make the motion.

25 DR. COOK-LOWRY: I so move.

0111

1 DR. LOVETT: I second.

2 DR. COLONNA: Could I still ask for the vote?

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3 MS. VILLEGAS: The motion has passed.

4 DR. COLONNA: Okay.

5 MS. VILLEGAS: Okay. We will have to --

6 DR. MADDOUX: But we need to --

7 DR. COLONNA: We don't have to say we abstain?

8 MS. VILLEGAS: You already did.

9 I would entertain a motion on Case Number

10 AOM 11-02 to refer to the attorney general's office for the

11 issuance of a Notice of Contemplated Actions for violations

12 of 16.2.12.14 and 16.2.12.32, but not limited to, for the

13 issuance of the NCA.

14 DR. COOK-LOWRY: I so move.

15 DR. LOVETT: I second.

16 MS. VILLEGAS: The motion passed.

17 I would entertain a motion for Case Number

18 AOM 10-03 and AOM 10-04 and AOM 10-05, AOM 10-06, to dismiss

19 for no violation.

20 DR. COOK-LOWRY: I so move.

21 DR. LOVETT: I second.

22 MS. VILLEGAS: Motion passed.

23 The rest of the agenda items, if the Board wants

24 to take on any more of them, or --

25 DR. COLONNA: I move that we table the election of

0112

1 Board officers. Is there a second?

2 DR. COOK-LOWRY: I second.

3 DR. COLONNA: All in favor?

4 (All say "Aye.")

5 DR. COLONNA: Barbara?

6 DR. MADDOUX: Aye.

7 DR. COLONNA: And the last item was the --

8 MS. VILLEGAS: There was (G) and (H).

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9 DR. COLONNA: (G) and (H). Are we --

10 MS. VILLEGAS: (G) and (H) under New Business.

11 DR. COLONNA: Right. "Considering Contracting Out  
12 the BAOM Practical and Clinical Skills Exam." Is there a  
13 motion?

14 MS. VILLEGAS: Okay. Well, I'll give you just a  
15 real quick brief as to why I am asking this.

16 DR. COLONNA: Okay.

17 MS. VILLEGAS: Based on a couple of things; the  
18 first one is budget, going back to the State budget. The  
19 first thing we know, we're going to be losing Diane here,  
20 and she's our exam coordinator. And the other issue is the  
21 budget and the overtime involved for a staff employee.

22 So what management has been asking is if the Board  
23 would consider -- and of course I'm going to emphasize  
24 this -- not getting rid of the exam, but just contracting it  
25 out to an individual outside of the Board staff, and they  
0113

1 would be the one performing the examination from the  
2 beginning. We would pay them a lump fee, and they would do  
3 the complete examination. They would be responsible of  
4 recruiting patients, for doing the training, hiring,  
5 everything that's involved in the exam.

6 It would just take it off of the Board staff such  
7 as Diane because she will not be here to do it. And like I  
8 said, it would just be contracted out to an individual to  
9 take care of it completely.

10 DR. COOK-LOWRY: Is that what we had done before  
11 with -- I can't think of his name right now --

12 MS. VIGIL-HAYES: Dr. Dalia.

13 DR. COOK-LOWRY: -- who died. Yes.

14 DR. COLONNA: There is a comment from the --

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15 DR. MURPHY: Just that the Board, in this case you  
16 would still be responsible for all of the applications and  
17 all of the paperwork regarding that, wouldn't you?

18 MS. VILLEGAS: That is correct, yes. That would  
19 be part --

20 DR. MURPHY: Just the exam side?

21 MS. VILLEGAS: It's just the examination itself  
22 would be contracted out to an individual to take the exam  
23 from the start of it to the end of it and then provide the  
24 Board with the results.

25 DR. COLONNA: Any comment?

0114

1 DR. MURPHY: We have done that several times.  
2 I've done it. Dr. Dalia did it. I have a request -- I just  
3 became aware of this at eleven o'clock this morning -- that  
4 the exam committee meet so that different ideas can be  
5 brought up because I -- since eleven o'clock, I've been  
6 thinking what we've done before and how to improve that.  
7 So that's my request, that the exam committee meet  
8 before the next Board meeting so that I can present ideas,  
9 they can bring information in, we can all think about it and  
10 see.

11 DR. COLONNA: Are you on the exam committee?

12 DR. COOK-LOWRY: She is.

13 DR. COLONNA: All right.

14 MS. VIGIL-HAYES: I'm sorry.

15 DR. COLONNA: I was going to say, she's got to be.

16 MS. VIGIL-HAYES: Caroline and the Board, this is  
17 Kelly Murphy. She is our professional consultant for the  
18 exam.

19 MS. VILLEGAS: Again, this is just something for  
20 the Board --

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21 DR. COLONNA: Does this require a motion?

22 MS. VILLEGAS: You know, if the Board would  
23 consider it, yes, I would say that way we could move  
24 forward.

25 DR. COLONNA: Definitely.

0115

1 DR. COOK-LOWRY: Can I ask a question? So what  
2 you're asking is that we have an exam committee meeting  
3 before the Board decides yes or no on this idea?

4 DR. MURPHY: Yes.

5 DR. COLONNA: Oh. So you don't want -- you don't  
6 want us to have a motion to say yes?

7 DR. MURPHY: Well, there are pros and cons to both  
8 keeping it with the State, taking it out of the state and  
9 doing contracts. And I would really like more brains with  
10 input for this, please. Because I can bring that up to  
11 you-all, but --

12 DR. MADDOUX: Was your question that it be out of  
13 state versus in state? I mean, we can certainly make a  
14 motion that it be contracted out of the BAOM's sphere but  
15 that it be someone in state. Is that your concern?

16 DR. MURPHY: There's a -- no. It's much, much  
17 larger than that. There are subtleties here, and I would  
18 like to be able to have a group of people to talk to about  
19 all those subtleties to see if it would be contracted out,  
20 how that would be done. What does the State allow? What  
21 does the State require? Rules have changed, and I'd like to  
22 do my homework and talk with the group before it comes to  
23 the Board. So I'm requesting that it be tabled until the  
24 July meeting and that an exam meeting happen before then.

25 DR. COLONNA: So actually, I can't make a motion

0116

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1 even though he's not here. I can't make a motion.

2 DR. COOK-LOWRY: So I move that (G) be tabled

3 until the July 22nd meet.

4 DR. COLONNA: Is there a second?

5 DR. LOVETT: I second that.

6 DR. COLONNA: All in favor?

7 (All say "Aye.")

8 DR. MURPHY: Thank you very much.

9 DR. COOK-LOWRY: Does (H) take more than five  
10 minutes?

11 MS. VILLEGAS: No. (H) is -- this is a directive  
12 from the superintendent of RLD. They are asking that every  
13 Board consider -- or not even really consider -- look into  
14 what it would take to become electronic. The mission of RLD  
15 and the governor is to become paperless. It is a big  
16 initiative. And therefore, they are looking at initial  
17 licensure, renewal, how we can streamline the process to,  
18 like I said, eliminate so much paper.

19 In our Act, in the Acupuncture Act and along in  
20 the rules, we don't have anything in there that would  
21 prohibit this -- some Boards do -- because it says it has to  
22 be a form provided by the Board, which a form can be online.  
23 It doesn't say anything about notarization. So therefore,  
24 we don't have to deal with that.

25 And they could move forward with making this

0117

1 online. Now, I know the regulations do say something even  
2 about use, you know, passport-type photos, which  
3 theoretically could be, you know, sent in through  
4 electronic -- so in talking with Justin before he left, he  
5 didn't identify anything in there either in the rules or the  
6 statute that would prohibit this from happening.

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7 DR. COLONNA: So is this for a motion or for a  
8 discussion?

9 MS. VILLEGAS: It's more of just a discussion  
10 because -- now, it would involve a motion if it would  
11 involve like a rule change. But see, in looking at ours, I  
12 can't see anyplace in there --

13 DR. COOK-LOWRY: We don't need to do anything.

14 MS. VILLEGAS: No. We could -- at some point in  
15 time when we do go through a rule hearing, we could groom  
16 the language a little bit more because I think they -- RLD  
17 is coming up with a universal language that all Boards will  
18 use, and then we could make that a part of our rule hearing.

19 But that's nothing there has to be a motion on  
20 today. It was more just as an FYI discussion.

21 DR. COLONNA: Thank you.

22 DR. COOK-LOWRY: So we could adjourn now?

23 DR. COLONNA: Meeting adjourned.

24 MS. VILLEGAS: The time is 4:10.

25 (Hearing concluded at 4:10 p.m.)

0118

1

2 REPORTER'S CERTIFICATE

3

4 I, KATHERINE L. GORDON, New Mexico Provisional  
5 Reporter, working under the direct supervision of  
6 Debra L. Williams, New Mexico CCR License Number 92, hereby  
7 certify that I reported the attached proceedings; that pages  
8 numbered 1-118, inclusive, are a true and correct transcript  
9 of my stenographic notes. On the date I reported these  
10 proceedings, I was the holder of Provisional License Number  
11 P-400.

12 Dated at Albuquerque, New Mexico, this 21st of



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13 June, 2011.

14

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KATHERINE L. GORDON

16 NEW MEXICO COURT REPORTER #P-400

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Submitted by: \_\_\_\_\_  
Anita Villegas, Board Administrator

\_\_\_\_\_  
Date

Approved by: \_\_\_\_\_  
Caroline Colonna, DOM., Board Chair

\_\_\_\_\_  
Date