

201 KAR 9:460. Written plan.

RELATES TO: KRS 311.671, 311.673(1), 311.680

STATUTORY AUTHORITY: KRS 311.673(1), 311.680(1)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 311.680(1) requires each licensed acupuncturist to develop a written plan for consultation, emergency transfer, and referral and requires the board to promulgate an administrative regulation establishing requirements for the plan. This administrative regulation establishes requirements for the written plan.

Section 1. The written plan developed by each licensed acupuncturist shall include the following information:

(1) Consultation.

(a) The acupuncturist shall identify the protocol to be used to determine whether a potential patient suffers from one of the potentially serious disorders or conditions listed in KRS 311.680(3), and to determine the identity of the physician treating the patient for the disorder or condition.

(b) The acupuncturist shall identify the telephone, facsimile, letter, or electronic mail as the means of communication to be used to:

1. Notify the treating physician that the patient is seeking treatment by acupuncture and has disclosed that he or she is being treated for a potentially serious disorder or condition; and

2. Obtain verification that the patient is under the care of the physician.

(c) The acupuncturist shall identify the method that will be used to document the consultation and verification made pursuant to paragraph (b)2 of this subsection. If notification and verification are accomplished by telephone, the documentation shall include, at a minimum, the name of the staff member in the physician's office providing the verification.

(d) The acupuncturist shall specify how many attempts he or she will make to obtain verification from the treating physician that the patient is under the care of before initiating treatment by acupuncture. A minimum of two (2) attempts is required before treatment is initiated, but the acupuncturist may choose a higher number of attempts.

(e) While verifying whether the patient is under the physician's care for a potentially serious disorder or condition, if the physician identifies possible contraindications for the use of acupuncture in the particular patient or recommends against the use of acupuncture, the acupuncturist may use her or his professional judgment to determine if it is reasonable to provide acupuncture treatment to that particular patient, considering all available facts.

(f) A potential patient shall be considered to be "under the care of a physician" if receiving regular or recurring treatment from the physician or from a physician assistant being supervised by the physician or from an advanced registered nurse practitioner who is practicing in association with the physician.

(2) Emergency transfer.

(a) The licensed acupuncturist shall identify the nearest emergency room facility by name, address and telephone number.

(b) The licensed acupuncturist shall identify the protocol for emergency transfer of patients which shall include, at a minimum, the requirement that the acupuncturist will utilize the "911" emergency notification system to arrange for emergency transfer of the patient.

(3) Referral to appropriate health-care facilities or practitioners.

(a) The acupuncturist shall identify, by name, address and telephone number, at least two (2) physicians who have agreed to consult with and accept referrals from the

acupuncturist.

(b) If applicable, the acupuncturist shall also identify health-care facilities that have agreed to accept referrals from the acupuncturist.

(33 Ky.R. 4269; Am. 34 Ky.R. 231; eff. 8-16-2007; 41 Ky.R. 1136; 1784; eff. 2-26-2015; Cert. eff. 2-23-2022.)