

**Bills Committee  
Chinese Medicine Bill**

**The regulatory systems for traditional medicine in the  
United States, Canada and Japan**

**Purpose**

This paper informs Members about the regulatory systems for traditional medicine adopted in the United States, Canada and Japan.

**Background**

2. At the Bills Committee meeting held on 13 April 1999 for scrutiny of the Chinese Medicine Bill, Members requested the Administration to provide more information regarding the regulatory frameworks for traditional medicine in the United States, Canada and Japan. Brief descriptions of their regulatory systems are provided in the following paragraphs.

3. Generally speaking, the United States and Canada have legislative control on the practice of acupuncture only while Japan has a unique system for regulating traditional medicine.

**United States**

4. More than twenty US states have enacted specific legislation for regulating the practice of acupuncture. Many of these legislation also deal with the broader concept of Oriental Medicine. The state of California introduced legislation for regulating the practice of acupuncture in the mid-70s and had since then developed a comprehensive regulatory system. A brief description of the system adopted by California is provided in the following paragraphs.

5. Acupuncturists who wish to practise acupuncture in California must obtain a state licence, which requires an applicant to pass written and clinical examinations administered by the California Acupuncture Board. (The Board is an autonomous body under the umbrella of the Department of Consumer Affairs, comprising four members of the public, five acupuncturists and one medical doctor.) To qualify for the licensing examination, an applicant must either complete an educational and training programme from a school approved

by the Board, complete a Board-approved tutorial programme under the supervision and guidance of a qualified acupuncturist, or furnish documented educational training in acupuncture received outside the United States and Canada.

6. Qualified Californian acupuncturists are then licensed and regulated by the California Acupuncture Board. Besides issuing licences to qualified practitioners, the Board approves and monitors students in tutorial programmes, approves acupuncture schools and continuing education providers and courses, and enforces relevant legislation.

7. The Board has the power to discipline licensed acupuncturists on matters such as improper advertising, gross negligence, incompetence and infection control.

8. Licensed acupuncturists must renew their licence every two years. The major licence renewal requirement is completion of at least 30 hours of continuing education.

9. A licensed acupuncturist is authorised to engage in the practice of acupuncture and to perform or prescribe the use of Oriental massage, acupressure, breathing techniques, exercise, or nutrition, including the incorporation of drugless substances and herbs as dietary supplements to promote health.

10. The United States has no regulations on the sale, manufacture and trading of Chinese herbal medicines and proprietary Chinese medicines. Currently Chinese proprietary medicines are being considered as health food and being regulated as such.

## **Canada**

11. Similar to California, the provinces of Alberta, Quebec and British Columbia all have some form of regulation on acupuncture. The regulatory system adopted by the Province of Alberta is described in the following paragraphs.

12. Alberta has legislative control on acupuncturists. The Acupuncture Committee established under the Ministry of Health comprises between 3 and 9 members. Majority of the members are acupuncturists. The other members are knowledgeable in respect of the practice of acupuncture. Main functions of the Committee are to govern registered acupuncturists in the public interest, review applications for registration, hear complaints and give advice on health services

to be provided by acupuncturists, standards of conduct, incompetency, qualifications and conditions of eligibility, continuing education, training programmes, examinations and regulations.

13. Acupuncturists are required to have formal qualification for registration purpose. There are various limitations on practice of acupuncture in Alberta. For example, an acupuncturist may only treat a person who has already consulted a physician or dentist. The acupuncturist may not advise a patient that acupuncture cures diseases and he is prohibited to advise a patient from discontinuing any treatment that has been prescribed by a medical doctor or dentist.

### **Japan**

14. In Japan, the health care system is western medicine-based. There is no separate regulatory framework for traditional medicine, but licensed western doctors are allowed to prescribe certain traditional herbal medicines. There are approximately 146 kinds of such herbal medicine which are covered by national health insurance. Many medical doctors supplement their practice of western medicine by using herbal medicines and acupuncture.

15. Training of acupuncturists is undertaken by officially recognised schools. Acupuncturists who are not necessarily medical doctors will need to pass a national licensing examination before they are allowed to provide service.

### **Australia**

16. Unlike the United States and Canada, Australia is pursuing legislative control of traditional Chinese medicine. A brief description of the existing situation there and the proposed framework in the State of Victoria, Australia was provided in an information paper submitted to this Bills Committee on 7 April 1999. In response to Members' request for clarification, the Administration would confirm that the proposed control in Victoria is not yet implemented pending legislation.

Health and Welfare Bureau

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