Oregon
Tina Kotek, Governor

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ACUPUNCTURE ADVISORY COMMITTEE
JUNE 5, 2026
VIDEOCONFERENCE MEETING AGENDA
NOON

The mission of the Oregon Medical Board is to protect the health, safety, and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.

Committee Members:
Diane Behall, LAc, DAOM, Chair
Lisa Tongel, LAc
Paul Yutan, MD
Marguerite Cohen MD, Board Liaison

Staff:
Nicole Krishnaswami, JD, Executive Director
Elizabeth Ross, JD, Legislative & Policy Analyst
Jordana Gaumond, MD, Medical Director
Netia N. Miles, Licensing Manager
Shayne J. Nylund, Committee Coordinator

Absent by Prior Notification:
Dilip Babu, MD

PUBLIC SESSION

1	Call Meeting to Order – Introductions/Attendance	Behall

Time Certain: 12:05 p.m.

2	**Acupuncture Advisory Committee Open Acupuncturist Interview:** 1) Willard Sheppy, LAc 2) Dongcheng Li, LAc 3) Rebecca (Bex) Groebner, LAc, DAc 4) Josh Luper, LAc, DAc 5) Jennifer Kehl, LAc, RN 6) Adrianna Locke, LAc 7) Maddie Foley, LAc, DACM	Behall

Estimate: 1:15 p.m.

3	Public Comments	Behall

DISCUSSION ITEMS

4	Review Request, Follow Up: NCBAHM Route 4 Apprenticeship Pathway	Tongel
5	Review Request, Follow Up: Clinical Training OAR 847-070-0017, Supervisor-to-Student Ratio	Yutan
6	Review Request: Clinical Training OAR 847-070-0017(1)(c), Supervisor Practice Requirements	Behall
7	Oregon Acupuncture Association (OAA) Presentation: Point Injection Therapy	Behall
8	Review Request: Point Injection Therapy Within Acupuncture Scope of Practice	Tongel
9	Oregon Acupuncture Association (OAA) Presentation: Alternative Pathways to Licensure and Defined Competency Standards	Behall
10	Review Request: Acupuncture Qualifications in OAR 847-070-0016 and Adopting Competency Standards	Yutan

11	Investigative Update from Walter Frazier, Investigations Manager	Behall
12	Review of Board-Approved Minutes from December 5, 2025, and February 13, 2026	Yutan
13	Future Committee and Board Meeting Dates	Behall
14	Elect New Committee Members	Yutan
15	Reappointment of Paul Yutan, MD, to a Second Term on the Acupuncture Advisory Committee	Tongel
16	Farewell to Diane Behall, LAc, DAOM	Yutan
17	Elect New Chair	Tongel

ADJOURN

MEMORANDUM

TO:	Acupuncture Advisory Committee, Oregon Medical Board
SUBJECT:	NCBAHM Route 4, Apprenticeship Training
DATE:	May 20, 2026

In 2025, the Oregon Medical Board received a request from Travis Kern, MAcOM, DiplOM, LAC (see attached) to consider allowing the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) Route 4 Pathway as an alternative qualification for acupuncture licensure in Oregon.

The Acupuncture Advisory Committee reviewed this information during meetings held on June 6 and December 5, 2025, and recommended forming a workgroup to further explore the Route 4 Pathway and whether it should be approved as a qualification for acupuncture licensure in Oregon. Attached is a draft workgroup charter for review.

As an update, from 2020 through April 2026, NCBAHM reports 25 applicants have sat for their exams using the Route 4 pathway, still making up less than 1 percent of all NCBAHM exam applicants.

Does the Acupuncture Advisory Committee recommend:

- **Adopting or revising the draft workgroup charter?** ***If revisions are needed, please provide direction to Boad staff.***
- **Which member(s) of this Committee would like to serve and/or chair this workgroup?**
- **The Acupuncture Advisory Committee may also propose other alternative paths forward.**

DRAFT

NCBAHM Route 4 Workgroup Charter

Purpose

To evaluate and provide a recommendation on whether the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) Route 4 Pathway meets the standards required to qualify for acupuncture licensure in Oregon. If applicable, also provide draft rule language for consideration.

Members

The Workgroup will include persons with subject matter expertise and individuals who will likely be affected by the proposed rules. OMB staff will ensure the Workgroup includes a diversity of experiences and perspectives. Administrative support will be provided by OMB staff. The Workgroup may consist of:

- 1-2 members of the OMB's Acupuncture Advisory Committee
- 1 representative of the Oregon Association of Acupuncturists
- 1-2 practicing acupuncturists
- 1 acupuncture educator
- 1-2 current acupuncture students (who may use Route 4)
- 1 consumer member who is not an acupuncturist

Scope

The Workgroup will review materials, discuss, and draft rule language (if applicable). The Workgroup is advisory, and consensus is not necessary; the Oregon Medical Board retains final decision-making authority.

Meetings

Public meetings will be held in late Summer and Fall 2026. Meetings will be subject to public meetings law, including public notice, public records, and public access. The meetings will be held via Zoom. Dates and times are subject to change.

Objective

The Workgroup recommendation(s) and any draft rules will be reviewed by the OMB's Acupuncture Advisory Committee in December 2026, and at Oregon Medical Board meeting in January 2027.

To: Oregon Medical Board Acupuncture Advisory Committee
From: Travis Kern, MAcOM, DiplOM, LAC
Re: Follow-up Response on NCCAOM Route 4 Pathway
Date: 07/15/2025

Dear Members of the Acupuncture Advisory Committee,

Thank you for your time and thoughtful discussion during the June 6th meeting regarding the NCCAOM Route 4 apprenticeship pathway. I regret that I was unable to attend due to a scheduling miscommunication. I apologize for bringing this issue to your attention again, but I think the importance of the request calls for another pass at this discussion. Having now reviewed the meeting recording in full, I appreciate the concerns that were raised and would like to offer several clarifications and responses in hopes of reopening a deeper consideration of this issue.

I also want to acknowledge that while Grace Caswell's letter was given a detailed discussion, my own submission on this matter was not addressed directly. I was not aware that I could write a letter independently of the request form I filled out online, so I'd like to take this opportunity to clarify my original position and respond specifically to the three primary areas of concern that emerged in the June meeting: public safety, consistency with other OMB licensees, and the structure and regulation of the Route 4 apprenticeship pathway.

On the question of public safety

Concerns were raised about whether allowing licensure via Route 4 might compromise public safety. I would respectfully counter that this concern, while understandable, is based more on assumption than on evidence. The Route 4 pathway is not an unregulated, casual apprenticeship track. It is a rigorously defined, NCCAOM-administered process that includes detailed curriculum and clinical competency requirements; documentation of hours equivalent to ACAHM-accredited programs; a blend of both formal education and supervised clinical apprenticeship; and evaluation and approval by the NCCAOM before a candidate is even allowed to sit for the national certification exams.

Graduation from an ACAHM-accredited school, while valuable, does not in itself guarantee clinical safety. The national board exams remain the actual competency filter. If the NCCAOM—the same body Oregon already trusts to evaluate practitioner readiness—has judged the Route 4 framework to be sufficient preparation for its exams, then safety concerns should not be extrapolated based solely on educational format. In short: Route 4 is not a shortcut, and its graduates are not inherently less competent or less safe. They are evaluated by the same national standards and held to the same professional obligations.

On the question of OMB consistency

It was also suggested that allowing this pathway would make acupuncture the only profession under the Oregon Medical Board to permit a non-academic route to licensure. But this overlooks a key point: the OMB already relies on the NCCAOM to determine who is eligible to sit for

certification in acupuncture. This is not a special carve-out. It is simply an extension of the existing relationship between OMB and the field's national certifying body. If NCCAOM has determined that Route 4 is a legitimate and structured path to competence—and if that determination applies to practitioners across multiple other states—then allowing its use in Oregon is not inconsistent with OMB standards. On the contrary, it shows that the OMB is listening to professional consensus and honoring the field's own regulatory processes. Oregon would not be acting unilaterally or lowering its standards. It would be aligning with other jurisdictions and continuing to defer, as it already does, to the expertise of NCCAOM.

On the question of robust training standards in Route 4

While much of the June committee discussion raised concerns about the quality and oversight of the Route 4 pathway, a closer look at the actual program design reveals a robust, clearly defined, and nationally administered framework that reflects the same professional standards Oregon already relies upon through ACAHM-accredited education. The idea that this pathway is inherently inferior or under-regulated does not stand up to scrutiny. Route 4 requires at least one full academic year of formal training at an ACAHM-accredited institution and supplements that with a 2,000 hours of supervised clinical apprenticeship. Alternatively, students can choose to do two years at a school with 1000 hours of apprenticeship. The program allows flexibility for both student needs and educational design limitations. Preceptors must be licensed acupuncturists with at least 5 years of experience and 100 patients under their belts with a minimum of 500 acupuncture treatments and must also be active NCCAOM diplomates in good standing. Detailed logs, case tracking forms, and curriculum documentation are required throughout the training process, and the entire package must be reviewed and approved by NCCAOM before a candidate can sit for board exams. I've included a chart below to compare these requirements to the ACAHM requirements for schools.

	NCCAOM Route 4*	ACAHM- Accredited School**
Total Instruction Hours for Acupuncture Certification	**2635** (1 year school, 2 years apprenticeship) or **2270** (2 years school, 1 year apprenticeship)	1905
Total Hours for Acu + Herbs	+1000 hours (3635 or 3270)	2625
Clinical Experience for Acu	2000 or 1000	660
Didactic Training for Acu	635 or 1270	1245
Mentor/Instructor Credentials	5 years of practice immediately preceding preceptorship, 100 individual patients, 500 minimum acu treatments	"Have relevant credentials and experience"

* Please see attachment for NCCAOM Apprenticeship Workbook
**ACAHM Standard 7 and Standard 8

This structure is not casual or improvised—it is intentional, documented, and explicitly built to mirror, or exceed, the rigor of ACAHM standards through a different delivery model. Apprenticeship in this context is not something tacked on after school; it is a carefully guided and deeply supervised part of the candidate's core clinical formation. And just as ACAHM-accredited schools must track clinical competencies, ensure supervised treatment hours, and meet instructional benchmarks, Route 4 candidates must fulfill those same outcomes—just through a model that emphasizes one-on-one clinical mentorship and flexibility in educational delivery. To suggest that this model lacks oversight is to overlook the fact that Route 4 documentation requirements often exceed what students are required to produce in conventional program structures.

What this pathway offers is not a shortcut, but an alternative route to the same destination: board-eligible, nationally certified, safe, and competent acupuncturists. The standards remain high; the structure is already built. If anything, Route 4 demands more initiative, documentation, and individualized accountability than traditional schooling. This is not an erosion of professionalism—it is a different mode of cultivating it, one that may be especially suited to a field with deep roots in mentorship, diversity of practice, and adaptation across cultural and educational contexts.

This question's relevance to the larger acupuncture field

Lastly, I want to speak directly to the question of whether licensure policy has any meaningful connection to the national education crisis in acupuncture. While one speaker mentioned efforts by NUNM to make their program more accessible through online coursework—a commendable step—I would note that these efforts address physical access, not financial access. In my role as the board chair of OCOM in its final years, I had insight into the budgets and financial structures of several leading Chinese medicine and alternative medicine programs in our region as we looked for partnerships and efficiencies to stem the tide of declining enrollment and ballooning costs. I can say unequivocally from those reviews: tuition is not becoming more affordable. The regulatory environment makes it structurally impossible for most programs to cut hours or streamline delivery without risking their accreditation. The result is that schools cannot meaningfully reduce tuition costs, even when they want to. Even schools trying to innovate are trapped within a system that no longer fits the economic realities facing new students.

And here is the key concern: educational reform is inherently slow. Developing new curricula, gaining accreditation, and building new training models takes years. Even with OMB's approval of this pathway, apprenticeship leaders will need to build out relationships with schools like NUNM and Bastyr to create the educational certificate necessary for apprenticeship and the preceptors will need to be recruited and the course material will need to be created and implemented.

If we wait until the crisis has further deepened to act, it will already be too late to pivot. Schools will continue to close and at a faster rate. The next generation of practitioners will dwindle, and our profession will eventually be absorbed into larger medical groups like MDs and PTs until we are a small, diminished version of what we once were and certainly compared to what we could

have been. Innovation will be stifled by the simple fact that we failed to act when there was still time.

I know that these predictions are gloomy but I have been on the inside of this problem for nearly a decade, and I have watched as the people who are supposed to be safeguarding and supporting our profession have failed to grasp the scale of the problem. Students applying for diplomates from NCCAOM have declined by nearly half over the last 20 years, and I have been in the room as schools like OCOM and AOMA had to figure out how to survive, efforts which ultimately failed. It is not an exaggeration to say that without change, even small ones like allowing this pathway toward licensure to work in Oregon, the acupuncture profession will look much worse in the next generation than at any other time in our history in the US. We are all part of an acupuncture ecosystem that cannot afford to say that any other part of the system is not our problem. As practitioners yourselves, you know that there is nothing more deeply Chinese medicine than to understand that all the parts of a body are connected and cannot be treated as isolates except at risk of disease and harm.

NCCAOM has already built the infrastructure for a parallel, robust, apprenticeship-informed model of education. But because most states don't allow licensure through Route 4, no institution has incentive to implement that model. By allowing Route 4 licensure in Oregon, the OMB would not be lowering standards—it would be enabling new standards to emerge. That small but meaningful policy change would give schools and prospective students a signal that thoughtful, competency-based alternatives to the traditional model are welcome here.

The Route 4 pathway is not a threat to professional standards. It is an opportunity to safely expand access, reflect our field's diversity of learning, and reduce the bottlenecks of an unsustainable educational monopoly. As the board continues its important work of protecting the public and upholding the integrity of our field, I hope you will take a closer and more open look at Route 4—not as a compromise, but as a thoughtful, structured evolution already endorsed by the national body you rely on.

I would welcome any opportunity to continue this conversation and would be glad to appear before the committee or speak directly with board members to clarify any point made here.

Thank you again for your time and dedication.

Warmly,
Travis Kern, MAcOM, DiplOM, LAc

Owner, Root and Branch Chinese Medicine
Former Chair of the Board
Oregon College of Oriental Medicine
[redacted]

NCCAOM

NCCAOM

NATIONAL CERTIFICATION COMMISSION
FOR ACUPUNCTURE AND ORIENTAL MEDICINE

NCCAOM Certification for Route 4 Applicants

Combination of Formal Education
and
Apprenticeship
U.S. and International Applicants
And
Conversion to Oriental Medicine

Workbook

National Standards of Competence in Acupuncture and Oriental Medicine

June 1, 2023

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NCCAOM® Mission

To assure the safety and well-being of the public and to advance and advocate for the professional practice of NCCAOM Board-Certified Acupuncturists™ by promoting established national standards focused on competence and credentialing.

NCCAOM® Vision

NCCAOM Board-Certified Acupuncturists™ will be globally recognized and integral to person-centered healthcare and accessible to all members of the public. NCCAOM Board Certification will be nationally recognized by all employers and government entities as the standard for acupuncturists.

NCCAOM® Core Values

Through its commitment to lifelong learning and the highest quality of credentialing standards for public safety, the NCCAOM upholds the values of integrity, community, service, inclusiveness, advocacy, and accountability in all of its interactions and relationships.

The NCCAOM programs in Oriental Medicine, Acupuncture, and Chinese Herbology are accredited by the National Commission for Certifying Agencies (NCCA) and carry the NCCA seal.

Non-Discrimination Policy

The NCCAOM does not discriminate on the basis of race, color, age, gender, sexual orientation, political or religious beliefs, handicap, marital status, national origin, or ancestry.

NCCAOM® Formal Education and Apprenticeship Workbook

Table of Contents

Introduction

Achieving NCCAOM certification does not guarantee a license to practice. **Many states do not accept apprenticeship training**, it is the applicant's responsibility to contact the state in which they wish to practice verifying licensure requirements. NCCAOM strives to help applicants achieve a rigorous and valuable experience, yet the use of this workbook does not guarantee eligibility or success on exams. This should be used as a guidebook for the experience.

About the NCCAOM®

Founded in 1982 as a non-profit certification organization, the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM®) is widely accepted as the most influential leader in the field of certification for acupuncture and herbal medicine. There are currently over 20,000 active NCCAOM Diplomates (NCCAOM certificate holders) practicing with a current NCCAOM certification. The NCCAOM is responsible for the development and administration of the Acupuncture, Chinese Herbology, and Oriental Medicine Certification Programs. The NCCAOM evaluates and attests to the competency of its nationally board-certified Diplomates through rigorous eligibility standards and demonstration and assessment of the core knowledge, skills and abilities expected for an entry level practitioner of acupuncture and herbal medicine. The Acupuncture, Chinese Herbology and Oriental Medicine NCCAOM certification programs are accredited by the National Commission for Certifying Agencies (NCCA) and carry the NCCA seal.

In order for the NCCAOM certification programs in Acupuncture, Chinese Herbology, and Oriental Medicine to remain accredited by the NCCA, the NCCAOM must adhere to strict national accreditation standards for administration of the certification programs and examination development. All Diplomate level certification examinations must meet content validity standards set forth by NCCA. As a requirement of accreditation for the NCCAOM certification programs, the NCCAOM must submit annual reports to NCCA, and the certification programs must undergo a full NCCA reaccreditation every five years. Additional information is available at the Institute for Credentialing Excellence website. All practitioners certified by the NCCAOM are committed to responsible and ethical practice, to the growth of the profession within the broad spectrum of American

healthcare, and to their own professional growth. All Diplomates, applicants and candidates for certification are bound by the *NCCAOM® Code of Ethics* and the *NCCAOM® Grounds for Professional Discipline*. The NCCAOM addressed issues of Diversity, Equity, and Inclusion (DEI) within the acupuncture and herbal profession and formed the *NCCAOM® Diversity, Equity and Inclusion Statement (PDF)*.

About Apprenticeship Training

An Apprenticeship is defined as clinical and didactic training completed under a **qualified** preceptor who assumes responsibility for the theoretical and practical education of the apprentice. The curriculum is designed by the preceptor and should include *ACAHM Standard 7: Program of Study, 7.04 Professional Competencies* and the competencies identified in the *NCCAOM® Expanded Exam Content Outlines*. Once your apprenticeship is completed, organize the apprenticeship documents in the order identified in the attached NCCAOM Apprenticeship Workbook, create a PDF (one or two as needed depending on size) portfolio. Bookmarked and page number the files and upload at the time of application submission. If the documentation is not in a PDF format and bookmarked per each document submitted (ex: Quiz 1, Test 2, Quiz 3, etc., Case study 1, Case study 2, etc.), the file will be rejected and returned.

A preceptor is a licensed practicing acupuncturist that takes on the additional role of educator of an apprentice. The job of a preceptor is to work one-on-one with an apprentice to help them develop clinical competencies and gain practical experience by working directly with patients in a clinical setting. In order to train apprentices effectively, a preceptor needs to understand the learning outcomes and competencies required in a preceptor-apprentice clinical training. Preceptors should design a clinical experience based on learning outcomes and clinical skills required of an acupuncturist in practice. They should also design appropriate methods of assessment and evaluation that measure how an apprentice is performing in a clinical setting. The main goal of the learning component of this type of program should be how to integrate the knowledge, skills and abilities into practice. These clinical opportunities are a unique and rich way to educate an apprentice.

See the detailed preceptor, education, and documentation requirements in this workbook. For additional information concerning apprenticeship training please contact NCCAOM by email at info@thenccaom.org.

Apprenticeship Training for Conversion From Acupuncture Certification to Oriental Medicine Certification

Chinese Herbology program for conversion to Oriental Medicine: minimum one (1) year.

A year is defined as 1,000 contact hours. Contact hours are defined as clock hours that the apprentice spends under the direct supervision of the preceptor. Off-site supervision is not included. All apprenticeship training requirements can be found in this handbook below Route 4.

The Route 5: Conversion from Acupuncture Certification to Oriental Medicine Certification Handbook containing all eligibility requirements is located on the NCCAOM website. Click Here The NCCAOM also provides, on its website, instructions for *How to Submit Application for Conversion*.

Route 4 Combination of Formal Education and Apprenticeship for United States and International Applicants

Applicants using Route 4 to reach eligibility to sit for NCCAOM examinations require Formal Education and Apprenticeship training. Route 4 is a three (3) year program and may only be used for initial NCCAOM Certification in Acupuncture.

One (1) apprenticeship year is equal to a minimum of 1,000 **contact hours** over a 12-month period. If more than 1,000 contact hours are completed over the 12-month period, it is still equal to one (1) year of apprenticeship. Contact hours are defined as clock hours that the apprentice spends under the direct supervision of the preceptor. Off-site supervision is not included. The apprenticeship preceptor and documentation requirements are described in this workbook.

One (1) formal education year is equal to 635 hours completed in an accredited acupuncture degree program and submitted on an official transcript. Hours are not prorated (635 = 1, year; minimum 1,270 = 2 years).

Apprenticeship Training

1. Acupuncture program: maximum two (2) years or no less than one (1) year.

Formal Education

1. Acupuncture program: a minimum of one (1) full year and no more than two (2) full years of a formal education from an accredited acupuncture degree program.

   A formal academic program must meet the criteria described in *Route #1: Formal Education: Graduate from United States or Route #2: Formal Education: International Applicants*.

Apprenticeship Preceptor Pre-Registration

The NCCAOM does not approve or accredit educational programs, but rather, verifies that the educational program documentation requirements are met. First, create an NCCAOM online account to obtain your NCCAOM ID number. DO NOT complete the NCCAOM online application at this time. Applicants are asked to email NCCAOM info@thenccaom.org to state their intent to apply for NCCAOM Certification via Route 4. Please include your NCCAOM ID number in your email.

The *NCCAOM® Formal Education and Apprenticeship Workbook* is available to the applicant and preceptor to plan and document the combination of formal education and apprenticeship training.

Apprenticeship Preceptor Qualifications

United States:
Must be an active NCCAOM Diplomate or a licensed acupuncturist in good standing and free from disciplinary action by the NCCAOM and their state acupuncture regulatory board.

International:
Must be registered or licensed by, and in good standing with, a government, oversight agency or association to practice acupuncture, as applicable in the country of his or her practice.

Minimum Preceptor's Clinical Practice Requirements – U.S. and International

A. During each of the five (5) consecutive years immediately prior to becoming the applicant's preceptor, the preceptor must have practiced on a minimum of 100 different patients:
   Acupuncture Certification: performed a minimum 500 acupuncture treatments
   Conversion to Oriental Medicine Certification: performed a minimum 500

Chinese herbology consultations/prescriptions.

OR

During his or her career to-date, the preceptor must have practiced on a minimum of 250 different patients:
Acupuncture Certification: a minimum of 5,000 acupuncture treatments.
Conversion to Oriental Medicine Certification: a minimum of 5,000 Chinese herbology consultations/prescriptions.

AND

B. The preceptor may be in a solo practice, a group practice, a hospital or community clinic, or an integrative healthcare setting. During each year of the apprenticeship training program, the preceptor must practice on a minimum of 100 different patients:
Acupuncture Certification: perform a minimum of 500 acupuncture treatments
Conversion to Oriental Medicine Certification: perform a minimum of 500 Chinese herbology consultations/prescriptions.

NOTE: Specialized practice (e.g., treatment for addiction or smoking withdrawal) may be included in the preceptor's practice; however, such specialized limited treatments do not count toward the required 500 acupuncture or 500 Chinese herbology patient visits per year.

Apprenticeship Program Requirements

Apprentice's Increasing Responsibilities

The apprentice's patient contact responsibilities must increase over the course of the program. By completion of the program, the apprentice shall have demonstrated the ability to perform comprehensive patient interviews, diagnoses and treatments under the preceptor's supervision.

Preceptor's Responsibilities:

Preceptor responsibilities include the creation of a curriculum (competencies to be taught), orientation, supervision, teaching, evaluation, and tracking of the apprentice's performance in the clinical setting.

A notarized *NCCAOM® Preceptor Registration Form* is required to be completed by the preceptor and submitted with the following documents:

A. At least a paragraph that describes the preceptor's practice and work

environment for the prior five (5) consecutive years, including the type of practice and the number of patient visits per year (enter on page 2 of the form).

B. Copy of the preceptor's current state license discipline free or license to practice in their country.
C. Notarized affidavits from two healthcare professionals. The affidavits must include written testimony based on personal knowledge of dates, volume, scope and type of practice of the preceptor.
D. Curriculum Vitae (CV) or Resume
E. Copy of the preceptor's current business license (private practice) **or**
F. Employment verification letter on the employer's letterhead to include position, dates employed and signed by the employer.

Orientation

1. The preceptor should meet with the apprentice for orientation prior to the start of the apprenticeship and clinical experience.
2. During orientation, the preceptor should:
   A. Discuss and agree on the overall apprenticeship experience (Complete the *NCCAOM Apprenticeship Experience Outline form*)
   B. Discuss guidelines for review and feedback of the apprentice's performance.
   C. Review policies, procedures, and practice expectations specific to the preceptor's clinical practice.
   D. Review expectations for documentation.
   E. Review apprentice's assignment plan.
   F. Review apprentice's previous education or clinical experiences.
   G. Review learning outcomes expected of apprentice.
   H. Perform an initial assessment of the apprentice's current level of proficiency through observation of performance and through directed, guided questioning.
   I. Involve the apprentice in assessment/validation/decisions about learning strategies employed by the preceptor.
   J. Review the clinical site's educational and state licensure requirements, parking, dress code, etc.
   K. Develop a clinical schedule with the apprentice.

Curriculum Design Program Requirements:

1. The Apprenticeship training program must include a **minimum** of 1,000 contact hours per year (no less or the year will be denied).
2. The training curriculum must incorporate:
   A. NCCAOM's exam extended content outlines (located on the NCCAOM website) to include the core competencies and

B. ACAHM Standard 7.04 *Professional Competencies*.

3. Enter on the *NCCAOM Curriculum Design and Tracking Form,* the competencies to be taught and their objectives. Add competencies and objectives as needed throughout the apprenticeship training.
4. In addition to the apprenticeship training, the Preceptor should encourage the apprentice to complete educational coursework in pharmacology, pathology, diagnostics, immunology, genetics, pathophysiology, counseling, and nutrition
5. Record and submit a bibliography of all textbooks used during the apprenticeship training.
6. Create the assessments (multiple choice, essay, clinical demonstration) for the apprentice to demonstrate that each competency has been understood/assimilated (theory) and/or acquired (clinical practice).

Clinical Supervision and Teaching

The preceptor should:

1. Provide input to the apprentice regarding their ability to meet learning outcomes throughout the clinical experience (Complete the *NCCAOM Apprenticeship Daily Attendance and Training Tracking Log)*.
2. Assess the competence of the apprentice in providing care to clinic patients.
3. Ensure that the apprentice's performance is consistent with standards set regarding policies, procedures, and practice expectations for patient care, education, and any other responsibilities they may have in the clinic.
4. Direct the progression of student assignments based on both the preceptor's and co-worker's evaluation of readiness, knowledge, and skill competencies (Complete for each 6-month period the *NCCAOM Apprentice Evaluation Form*).
5. Mentor the apprentice in the performance of their roles and responsibilities.
6. Provide feedback on the accuracy and completeness of the apprentice's documentation of all assignments and clinical experiences (Complete the *NCCAOM Curriculum Design and Tracking Form* and *NCCAOM Clinical Internship Form*).
7. Assist the apprentice in identifying 5 unique patients per each training year and obtain written approval from these patients to participate anonymously in the new patient record interviews, diagnosis, treatment, record keeping and follow-up visit (Complete the *NCCAOM New Patient Record Form* with *NCCAOM Follow-Up Patient Visit Form*). Identify the apprentice's level of participation in each step performed to demonstrate increased level of responsibility over time.
8. Assist the apprentice in identifying 3 unique patients per each training year and obtain written approval from patients to participate anonymously in the required Case Studies (Complete the *NCCAOM Apprenticeship Case History Form*). Identify the

apprentice's level of participation in each step performed to demonstrate increased level of responsibility over time.

9. Meet regularly with the apprentice to discuss specific learning outcomes and experiences, such as:
   A. The ability to accurately document clinical findings.
   B. The ability to demonstrate clinical skills and abilities.
   C. The ability to understand biomedical theory and how it relates to the treatment of patients.
   D. The ability to develop patient-centered treatment strategies, including the ability to use critical thinking for decision-making.
   E. The ability to communicate and collaborate effectively with preceptors, patients, staff, and other health care professionals
   F. The ability to understand professional issues related to acupuncture practice.
   G. The development of plans for ongoing lifelong learning for continued professional growth.

Evaluation of Apprentice's Performance

1. Assess the apprentice's progress through formative and summative assessment methods as determined by the preceptor that directly reflect the demonstration of the learning outcomes set in the apprenticeship.
   A. Documentation required: Five (5) actual scored assessments per each year of apprenticeship training that show correct and incorrect (corrected) answers/information. Each assessment/test/exam must reflect knowledge of a different competency, and increased level of knowledge.

2. Submit a final formal, written evaluation at the completion of the apprenticeship and summarize the information on the: *NCCAOM Apprentice Evaluation Form.*

Apprentice's Responsibilities:

The apprentice is responsible for being self-directed in meeting all outlined learning outcomes. They will actively seek learning opportunities to meet these outcomes. The apprentice is accountable for their behavior and performance in the clinical setting.

The apprentice will:

1. Discuss clinical learning outcomes and negotiate an agreeable schedule with the preceptor prior to the start of training.
2. Demonstrate professional behavior at all times.

3. Take notes as able during training, which can be used for review and study purposes (**submit a sample of these typewritten notes as required documentation**).
4. Demonstrate accountability for thoroughness and timeliness in completing assigned responsibilities.
5. Maintain and submit the ***NCCAOM Apprenticeship Daily Attendance and Training Tracking Log,*** of clinical skills, activities, and educational experiences attended throughout the duration of the apprenticeship.
6. Demonstrate progressive independence and competency during the apprenticeship.
7. Work with the Preceptor to complete five (5) unique ***NCCAOM New Patient Record Forms*** **with** ***NCCAOM Follow-up Patient Visit Forms*** for each 1,000 contact hours (**Submit 5 for each year that reflect increasing level of knowledge, skills and independence**).
8. Work with the Preceptor to complete three (3) unique ***NCCAOM Apprenticeship Case History Forms*** (**must use templates and process provided**) for each 1,000 contact hours (**Submit 3 for each year that reflect increasing level of knowledge, skills and independence**). The patients used for the Case Histories must be different from the patients included in the *NCCAOM New Patient* with *NCCAOM Follow-up Visit* documentation as described above.
9. Actively seek input into the evaluation process and participate in self-evaluation of strengths and identified areas for professional growth with preceptor.
10. Provide feedback to the preceptor concerning teaching methods and clinical training.
11. **Complete and request** proof of completion of the Clean Needle Technique (CNT) course offered by the Council of Colleges for Acupuncture and Herbal Medicine (CCAHM) www.ccaom.org. The certificate of completion must be sent directly from the CCAHM to NCCAOM after the online *NCCAOM Application for Certification* has been completed and submitted.
12. **U.S. Applicants - Complete and request** a copy of your official transcript from your school. The official transcript must be sent directly from the school to the NCCAOM.
13. **International Applicants - Complete a credential evaluation** with ICD for any formal education completed and earned outside the U.S. See requirements under Route 2 in the NCCAOM® Certification Handbook.

NCCAOM REQUIRED FORMS TO BE USED BY PRECEPTOR AND APPLICANT

Please request a Microsoft Word copy of each form template by emailing: info@thenccaom.org

NCCAOM Curriculum Design and Tracking Form

NCCAOM Apprenticeship Daily Attendance and Training Tracking Log

NCCAOM Apprenticeship Preceptor Registration Form

NCCAOM Apprenticeship Experience Outline Form

NCCAOM New Patient Record Form

NCCAOM Follow-Up Patient Visit Form

NCCAOM Apprenticeship Case History Form

NCCAOM Apprentice Evaluation Form

Apprenticeship Documentation Checklist

NCCAOM Curriculum Design and Tracking Form (Overall Program)

Taught During the Period (Date Range)	Approx. # of Hours	Core Concept / Competency	Objectives / KSAs to be Achieved	Exam or Quiz Dates & Scores	Clinical demonstration (yes/no) Observed or Treating
		Chinese Medical Terminology/ Language	This course introduces the traditional Chinese medical terminology.		
		History of Acupuncture and Oriental Medicine	Covers the historical development of Traditional Chinese Medicine and introduces major texts and treatises.		
		Basic Theory and Philosophy of Oriental Medicine	This course examines the conceptual roots of TCM with special attention to the development of the following philosophies: Yin/Yang, Five Element and their specific relationships to human health.		

Attestation: I understand the above competencies must be assessed and achieved by the apprentice for a successful completion of this apprenticeship.

Company Name:

_____ _____

_____ _____

Preceptor Name, Title Notary Signature, Title

_____ _____

Date Date

Seal:

NCCAOM Apprenticeship Daily Attendance and Training Tracking Log

Date	# of Hrs	Description of Core Concept/Competency Taught	Lecture Yes/ No	Clinic Yes/ No	Observation	Who is Treating	# of Patients Seen	Preceptor Initials
Date Range on this page:			**Total Hours On this Page:**					

NCCAOM Clinical Internship Form	CLINICAL WORK (# OF HOURS) Apprentice's Name: NCCAOM ID #:		Passed/ Failed
Clinical Observation I **(Date - Date)**	Students observe all aspects of history taking, examination, diagnosis, and treatment under the supervision of a licensed acupuncture physician.	**# Hrs**	**Status**
Clinical Observation II **(Date - Date)**	With an emphasis on medical record keeping, students continue to observe and discuss all aspects of clinical practice, including point location, needling and palpation techniques, moxibustion, and Tui-Na massage under the supervision of a licensed acupuncture physician.		
Clinical Internship III **(Date - Date)**	Again, with an emphasis on medical record keeping, students participate in advanced application of clinical procedures and patient treatment under the direction of the supervising acupuncture physician.		
Clinical Internship IV **(Date - Date)**	Students will continue assisting with all aspects of patient care, including conducting patient interviews and forming diagnosis and treatment plans that are approved or modified by the supervising acupuncture physician.		
Clinical Internship V **(Date - Date)**	Students focus on patient interview, diagnosis and prescription of appropriate herbal formulas (repeat of herbal study on previous page): raw herbs, patents and powders; dosing		
Clinical Internship VI **(Date - Date)**	This is the final phase of clinical practice in which the student practices as a senior intern. Interns are responsible for complete patient care with near total independence of practice. Competency is expected with regard to diagnosis, treatment, acupuncture prescription, selection of appropriate herbal formulas, and social interaction with the patient. Senior interns are expected to follow-up and monitor the patient's progress.		
Post Internship	The Apprentices should continue to see patients at the level of Clinical Internship VI until licensure is achieved at least 2 days/week for clinic		

NCCAOM Apprenticeship Preceptor Registration Form

Applicant Name:	
Preceptor Name:	NCCAOM ID #:
Preceptor Practice Address:	Preceptor Email Address:
State License #:	Business License #:
Type of Practice (Circle): Clinic Hospital Private Practice Other Integrative Setting Herbal Dispensary	Years in Practice: # of Employees:
Five (5) Consecutive Years Prior to Start of Apprenticeship	
1. ____# of Unique Patients Treated ____# Treatments Administered (Client Visits)	Year _____ Or, Check if Over Lifetime _____
2. ____# of Unique Patients Treated ____# Treatments Administered (Client Visits)	Year _____ Or, Check if Over Lifetime _____
3. ____# of Unique Patients Treated ____# Treatments Administered (Client Visits)	Year _____ Or, Check if Over Lifetime _____
4. ____# of Unique Patients Treated ____# Treatments Administered (Client Visits)	Year _____ Or, Check if Over Lifetime _____
5. ____# of Unique Patients Treated ____# Treatments Administered (Client Visits)	Year _____ Or, Check if Over Lifetime _____
During Years of Apprenticeship Training	
1. ____# of Unique Patients Treated ____# Treatments Administered (Client Visits)	Year _____ Or, Check if Over Lifetime _____
2. ____# of Unique Patients Treated ____# Treatments Administered (Client Visits)	Year _____ Or, Check if Over Lifetime _____
# Apprentices Currently Training Under the Preceptor	
Brief Description of the Scope of Practice:	

Each patient will be informed that their case may be anonymously documented as part of the applicant's case studies for Certification with the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) in:
Attestation: By submitting this *NCCAOM Apprenticeship Preceptor Registration Form* I hereby acknowledge and certify that the information provided therein, as well as any information submitted in support of this form is accurate, true and correct to the best of my knowledge and belief. I hereby authorize representatives of the NCCAOM® to verify the accuracy of any information provided or submitted in support of this Apprenticeship Preceptor Requirements Form by any person, persons or entities having knowledge of such information without prior notice that such verifications are being performed. I acknowledge that approval as a Preceptor for the above-named applicant, who has applied to NCCAOM for certification, is based on the accuracy and veracity of the information provided or submitted in support of this document.
Company Name:
Preceptor Name & Title:
Date:
Notary Signature, Title
Date:
Seal:

NCCAOM Apprenticeship Experience Outline Form

Applicant's Name:	NCCAOM ID #:
Preceptor Name:	NCCAOM ID #:

Type of Apprenticeship:		
Acupuncture Certification	Full Time:	Part Time:
Herbs (Conversion to OM)	Full Time:	Part Time:
Start Date:	End Date:	

Training: Days of the Week and Hours						
Mon:	Tues:	Wed:	Thurs:	Fri:	Sat:	Sun:
Hrs:	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:	Hrs:
Holidays:						
List Breaks from Instruction. A break longer than one month requires further explanation (may use a separate sheet of paper).						
Total Program Expected Hours:			# of Total Program Years:			
Is the apprentice also a paid employee?		Yes:		No:		

Attestation:

I hereby acknowledge and certify that the information provided in this *NCCAOM Apprenticeship Experience Outline Form*, as well as any information submitted in support of this form is accurate, true and correct to the best of my knowledge and belief. I hereby authorize representatives of the NCCAOM® to verify the accuracy of any information provided or submitted in support of this Form by any person, persons or entities having knowledge of such information without prior notice that such verifications are being performed.

The application submitted for approval of NCCAOM certification is based on the accuracy and veracity of the information provided or submitted in support of this document.

Applicant Name (Printed):	NCCAOM ID:
Applicant Signature:	Date:
Preceptor Company Name:	
Preceptor Name (Printed):	
Preceptor Signature:	Date:
Preceptor Title:	

NCCAOM New Patient Record Form

Patient #:	Age:	Gender:
Chief Complaint:		
Duration:		
History of Present Illness:		
Personal Health History:		
Family Medical History:		
Summary of the main symptoms and signs:		
Diagnosis of the TCM disease:		
Differentiation of the syndromes:		
Analysis of the symptoms and signs:		
Treatment principles:		
Acupuncture points:		
Use for Conversion to Oriental Medicine Certification Only:		
Herbs used/recommended:		
Patents:		
Formulas:		

Supporting modalities to reinforce the treatment plan (i.e., electrical acupuncture, moxibustion, cupping, etc.):

NCCAOM Follow-Up Patient Visit Form

Patient #:	Age:	Gender:
Original Complaint:		
Duration:		
Improvement(s) and/or changes after the previous treatment(s):		
Differentiation of the syndromes for the current condition (if changed):		
Treatment principles (if changed):		
Acupuncture Treatment:		
Use for Conversion to Oriental Medicine Certification Only:		
Herbal Prescriptions:		
Patents:		
Formulas:		

Overview of a Case History Format (Global Advances Model)

General Format

A case history is a narrative that tells a good story. Authors are encouraged to include a timeline with precise dates and times. The narrative of a case history usually includes (1) presenting concerns, history, timeline and diagnosis, (2) intervention(s) (3) intervention tolerability and unanticipated events, and (4) reasons for any potential causal links. Case histories usually have references and are at least 1500 words.

Criteria for Submitting a Case History

Practitioners should seek case histories that are Valid, Original, Important, Credible, and Educational (VOICE). Consider these questions when submitting your case history:

- **V**alid: Is the content of your case history meaningful and presented in a systematic format?
- **O**riginal: Does your case history offer an original perspective on a topic?
- **I**mportant: Does your case history provide information that could help improve patient care?
- **C**redible: Does your case history adhere to ethical guidelines?
- **E**ducational: Is your case history educational?

Potential Topics for Case Histories

1. Diagnosis:

- New or rare diseases or unusual presentation of common diseases
- Novel diagnostic procedures
- Discussion of differential diagnoses

2. Treatment:

- New treatments or established treatments in new situations
- Treatment of rare diseases
- Unique technical procedures
- Unexpected outcomes or effects
- Adverse events or unanticipated events

3. Special: Circumstances:

- Highly individualized treatments
- Complex situations
- Integration of multiple therapies
- Convergence of global healthcare systems and practices
- Unusual care settings
- Humanitarian work
- Ethical challenges
- Learning from errors

Guidelines for the Format of a Case Report

Title and Key Words: The title should include the words "case history" as well as a description of the reported phenomenon (e.g., diagnosis, symptom, treatment, diagnostic test). Three to five key words should be provided.

Abstract: The abstract should contain the following information (where relevant):

- Rationale for this case history (what is new, different or unique)
- Presenting concern(s) (e.g., chief complaints, diagnosis)
- Intervention(s) (e.g., diagnostic, therapeutic, preventive)
- Outcomes
- Interpretation or implications

NCCAOM Apprenticeship Case History Form		
Case #: _____	Gender: _____	Age: _____
Introduction		
Briefly (in one paragraph) introduce the rationale for writing this case history including supporting information.		
Patient Chief Complaint & Your Initial Impressions		
A. PATIENT COMPLAINT State the patient's experience of their chief complaint / condition / illness in their own words.		
B. INITIAL ENCOUNTER Describe, the patient. This must include: age, gender, and ethnicity, apparent physical and emotional status, and <u>your own personal</u> initial response to the patient. You may also report any other variables that impacted your first impressions: the patient's stature, weight, clothing, etc. Obtain an informed consent signed by the patient. Must be produced if requested.		

Patient History, Objective, Assessment, Working Diagnosis, Treatment Plan, Description of Clinic Treatments

Patient History
A. DESCRIPTION OF MAIN COMPLAINTS Comprehensive description of main complaints, including: ❑ Impact on activities of daily living (ADLs)

- ❑ Past and concurrent medical care, includingrelevant diagnosis/es, selfcare, other therapies to include timeline with precise dates and times
- ❑ Smells: Body Odor, Breath, Discharges andExcretions

B. HEALTH HISTORY

History of complaints include:

- ❑ Description of medical history (personal & family), genetic information
- ❑ All relevant physical, social, lifestyle and psychological factors.
- ❑ Comment on past History with acupuncture treatments included.
- ❑ If applicable, report medications/supplements, including associated conditions/purpose.

C. 10 QUESTIONS

- ❑ Temperature – hot, cold, fever, chills
- ❑ Sweat
- ❑ Head & Face – headache, dizziness, eyes, ears
- ❑ Pain
- ❑ Urine & Stool
- ❑ Thirst, Appetite, Taste
- ❑ Sleep
- ❑ Thorax, Abdomen
- ❑ Gynecological
- ❑ Health History

Objective – Patient Exam

A. OBSERVATION

- ❑ Appearance / Facial Expression and Demeanor
- ❑ Shen / Spirit Clarity / Vitality
- ❑ Complexion / Luster to the Skin
- ❑ Body Type and Bearing
- ❑ Tongue
- ❑ Speech
- ❑ Breathing
- ❑ Types of Cough
- ❑ Smells: Body Odor, Breath, Discharges and Excretions

B. PALPATION

- ❑ Meridians
- ❑ Acupoints
- ❑ Abdomen
- ❑ Trigger Points
- ❑ Pulse
- ❑ Other (i.e Physical Tests)

Diagnostic Focus and Assessment. The diagnostic focus and assessment section should describe:

- The reasoning that led to the diagnosis including differential diagnoses
- Diagnostic techniques used

Initial Assessment / Working Diagnosis

A. Clinical Signs & Symptoms

Bulleted list of signs & symptoms (based on the initial intake) with clearly stated corresponding TCM Diagnostic and Treatment Principles.

B. Differentiation of Patterns (Signs And Symptoms)

- ❑ ZangFu
- ❑ Constitution
- ❑ 8 Principles
- ❑ Jingluo

C. Etiology – How it came about

In this section discuss all the factors in the case that lead to or caused the health issues reported. This may include, but is not limited to:

- Six EPFs/Seven Emotions/ Miscellaneous (Life Events and Lifestyle Issues)
- Irregular Food and Drink
- Over-exertion
- Repetitive Strain
- Lack of Exercise
- Poor stress coping mechanisms
- Trauma or Injury

D. Pathology

Discuss the specific patho-mechanisms relating to the patient's primary and secondary complaints. Be specific with regard to the language used within the style of treatment you are discussing. For example, if you are using a TCM filter, use TCM terminology and the mechanisms that lead to the symptoms; i.e. Fatigue caused by Spleen Qi deficiency and Liver Blood deficiency, the spleen is unable to transform and transport the essence properly and this was further seen in the inability for the liver to nourish the blood, etc.

This section is the place you explain your thinking from gathering symptoms to diagnosis, why did this patient present with these symptoms, what is the mechanism for the specific pattern you have identified.

E. Biomedicine

Use appropriate biomedical references and write 1-2 brief paragraphs about the patient's main complaint as it is understood in terms of biomedicine. Be sure to include any potential red flags and patient management considerations associated with this condition and/or complaint. This should include a review of all medications the patient is taking, including side effects.

Treatment Plan and Clinic Treatment History Grade

A. Initial Treatment Plan

Describe the Acupuncture or Herbal Treatment Plan, as appropriate, including treatment style(s): Point Selection and Rationale; Needle Technique; Other Treatment Methods (tui na, cupping, guasha, moxibustion)

B. Description of 4-5 Acupuncture or Herbal Treatments

Describe the clinic treatments provided for this patient. Was the initial plan accurate? Was it modified? If so why? Was it interrupted? If so why?

C. Responses to Treatments / Follow-up

Describe the patient's reactions (tolerability) and responses during treatments and since the last treatment including unanticipated events and/or adverse events. Test results? Will the plan be maintained? How was this assessed?

D. Patient Education

Describe any reframing, education, lifestyle counseling or other recommendations given to the patient for self-care.

The Conclusion

Include in the Conclusion:

- Was the initial assessment accurate?
- How did your working diagnosis change?
- What where the key issues raised by this case for you as the practitioner?
- Did your initial impression and personal subjective reactions change throughout the clinical encounter?
- When possible include the patient's perspective on the case.
- Are there related reading materials that can put these findings in context.

NCCAOM Apprentice Evaluation Form

Applicant Name:						NCCAOM ID #:
Preceptor Name:						
Rating: 5 = Excellent; 4 = Very Good; 3 = Good; 2 = Fair; 1 = Poor						
General Work Ethic	5	4	3	2	1	Comments
Attendance						
Follows Instructions						
Attitude to Learn						
Focus on Task						
Hygiene						
Communication Skills						
Quality of Work						
Keeps Accurate Records						
Interaction with Patients						
Safety Habits						
Total Score /50						

Theoretical Instruction/Observation (repeat as needed)

Material Covered:

Demonstrated Knowledge:

Demonstrated Understanding:

Demonstrated Ability:

Applicant Name and ID #: Pg. 2
Theoretical Instruction/Observation (repeat as needed)
Material Covered: Demonstrated Knowledge: Demonstrated Understanding: Demonstrated Ability:
Theoretical Instruction/Observation (repeat as needed)
Material Covered: Demonstrated Knowledge: Demonstrated Understanding: Demonstrated Ability:
General Comments:
Preceptor Name & Title:
Preceptor Signature:
Date:

Apprenticeship Documentation Checklist

Completed	Date	Apprenticeship Documents Required
		1. Create your NCCAOM online account to obtain your NCCAOM ID #. DO NOT complete the online NCCAOM Application for Certification until the apprenticeship documents are ready to submit to the NCCAOM.
		2. *NCCAOM Preceptor Registration Form*
		3. Copy of: a. the preceptor's current business license (private practice) OR b. Employment verification letter on the employer's letterhead and signed by the employer.
		4. Copy of current State license or Country license to practice, discipline free
		5. Copy of Curriculum Vitae (CV) or Resume
1.		6. Two (2) Notarized affidavits from healthcare professionals: a. Each affidavit must include written testimony based on the healthcare professional's personal knowledge of dates, volume, scope and type of practice of the preceptor.
2.		
		7. *NCCAOM Apprenticeship Experience Outline Form*
		8. *NCCAOM Curriculum Design and Tracking Form*
		9. *NCCAOM Clinical Internship Tracking Form*
1.		10. *NCCAOM® Apprenticeship Daily Attendance and Training Tracking Log* Submit completed forms to NCCAOM in 6-month intervals
2.		
3.		
4.		
1.		11. *NCCAOM Apprentice Evaluation Form.* Submit one (1) completed form for each 6-months of training. And, submit a final *NCCAOM Apprentice Evaluation Form* for the overall apprenticeship experience.
2.		
3.		
4.		
Final		
		12. A minimum of five (5) assessments for each 1,000 contact hours. The assessments must be corrected, and scored (e.g. exams – multiple choice or essay; quizzes or written research assignments) passed by the apprentice, which demonstrate the apprentice's achievement of course objectives.
		13. Representative sample of the apprentice's notes (typewritten) demonstrating core concepts learned over the term of the apprenticeship training program.

Completed	Date	Apprenticeship Documents Required
		14. Five (5) each: *NCCAOM New Patient Record Forms* , and at least one (1) *NCCAOM Follow-up Patient Visit Form*, for every year (1,000 contact hours).
		15. Three (3) unique case histories for each 1,000 contact hours. The case histories must be of patients OTHER than the new patients already reported. **NOTE:** (Use layout of: *NCCAOM Apprenticeship Case History Template*).
		16. Bibliography of all textbooks used during the apprenticeship training.
		17. Proof of completion of the Clean Needle Technique (CNT) program offered by the Council of Colleges for Acupuncture and Herbal Medicine (CCAHM). Go to www.ccaom.org to register for the program. After the program is completed and passed fill out the form to request CCAHM submit the CNT certificate of completion directly to the NCCAOM.
		18. Complete the online NCCAOM Application for Certification when the apprenticeship documents are ready to submit to NCCAOM.

MEMORANDUM

TO:	Acupuncture Advisory Committee, Oregon Medical Board
SUBJECT:	NCCAOM Route 4, Apprenticeship Training
DATE:	May 20, 2025

The Oregon Medical Board received two requests to review the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) Route 4 pathway, see attached request forms.

Route 4 Background

NCCAOM introduced the Route 4 pathway in 2007 as part of a broader effort to ensure inclusivity and recognize qualified practitioners who obtained their education and training outside of ACAHM-accredited institutions. This pathway was specifically designed for individuals who received their training through a combination of formal instruction and supervised clinical apprenticeship, especially those practicing acupuncture prior to widespread accreditation standards in the United States.

The intent behind Route 4 was to provide a viable path to national certification for experienced practitioners who might not meet the eligibility criteria under more traditional academic routes, while still upholding the rigor and competency standards required for safe and effective practice.

Route 4 allows eligibility to sit for NCCAOM examinations through a three-year formal education and apprenticeship training acupuncture program:

- **Apprenticeship Training:** maximum two years or no less than one year. One apprenticeship year is a minimum of 1,000 contact hours over a 12-month period, defined as clock hours that the apprentice spends under the direct supervision of the preceptor. Off-site supervision is not included.
- **Formal Education:** a minimum of one full year (635 hours) and no more than two full years (1,270 hours) of formal education from an accredited acupuncture degree program.

Since 2020, NCCAOM reports 21 applicants have sat for their exams using the Route 4 pathway, making up less than 1 percent of all NCCAOM exam applicants.

An excerpt from NCCAOM's Certification Handbook outlining routes to certification is provided below along with NCCAOM specifications/workbook for Route 4.

Other State Licensure Requirements

State acupuncture licensure requirements vary, but NCCAOM staff report that at least ten states recognize NCCAOM Route 4 for acupuncture licensure purposes.

Idaho, Utah, and Missouri only require NCCAOM certification for licensure. They do not require specific education and accept all NCCAOM routes for licensure, see Idaho law 54-4706, Utah laws 58-72-302 and R156-72-302a and Missouri law 20 CSR 2015-2.010. Idaho also requires completing an acupuncture internship or pre-professional practice program, coordinated program, or such other equivalent experience as may be approved by the board.

New Hampshire allows an application to be reviewed by the Board to approve a combination of education and apprenticeship training to qualify for licensure, see New Hampshire law Acp 302.05.

Specific information was not collected from New Jersey, Rhode Island, Illinois, Tennessee, Georgia, and Vermont which, according to NCCAOM staff, also recognize NCCAOM Route 4 for acupuncture licensure purposes in some capacity.

Additionally, California allows approved educational and training programs to satisfy the licensure requirements and specifies detailed requirements for the training program (not linked to NCCAOM Route 4), see CA Bus & Prof Code §4938 and §4940.

OMB Qualifications Rule

The Oregon Medical Board's acupuncture qualification rule, OAR 847-070-0016 attached below, requires a person to graduate from an acupuncture program that satisfies the standards of the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM). Although NCCAOM Route 4 would allow one to sit for the required NCCAOM exams for Oregon licensure, they would not have met the OMB rule requirement to have graduated from an accredited program.

ORS 677.759 gives the OMB authority to examine the qualifications of an applicant and determine who shall be authorized to practice acupuncture. The OMB must also adopt rules governing the issuance of a license to practice acupuncture.

Does the Acupuncture Advisory Committee recommend exploring apprenticeship training options?

If so, does the Committee recommend:

- **A particular pathway for including apprenticeship training options in lieu of graduating from an ACAHM accredited acupuncture program.**
- **A work group to review and discuss apprenticeship training options and form recommendations.**
- **Something else?**

OAR 847-070-0016 Qualifications (Acupuncture)

(1) An applicant for licensure as an acupuncturist must have:

(a) **Graduated from an acupuncture program that satisfies the standards of the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM)**, or its successor organization, or an equivalent accreditation body that are in effect at the time of the applicant's graduation. An acupuncture program may be established as having satisfied those standards by demonstration of one of the following:

(A) Accreditation, or candidacy for accreditation by ACAHM at the time of graduation from the acupuncture program; or

(B) Approval by a foreign government's Ministry of Education, or Ministry of Health, or equivalent foreign government agency at the time of graduation from the acupuncture program. Each applicant must submit their documents to a foreign credential equivalency service, which is approved by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) for the purpose of establishing equivalency to the ACAHM accreditation standard. Acupuncture programs that wish to be considered equivalent to an ACAHM accredited program must also meet the curricular requirements of ACAHM in effect at the time of graduation.

(b) **Current certification in acupuncture by the NCCAOM**. An applicant will be deemed certified by the NCCAOM in Acupuncture if the applicant has passed the NCCAOM Acupuncture Certification Examinations or has been certified through the NCCAOM Credentials Documentation Examination.

(A) The applicant must pass three (3) NCCAOM Certification exam components: Biomedicine, Foundations of Oriental Medicine, and Acupuncture with Point Location.

(B) The applicant has no more than four attempts to pass each component of the NCCAOM Certification Exam listed in subsection (A) of this section. If the applicant does not pass each component of the NCCAOM Certification Exam within four attempts, the applicant is not eligible for licensure.

(C) An applicant who has passed each component of the NCCAOM Certification Exam but not within the four attempts required by this rule may request a waiver of this requirement if the applicant passed each component of the exam within five attempts and:

(i) Has obtained a Doctor of Acupuncture and Oriental Medicine degree; or

(ii) Experienced extenuating circumstances that do not indicate an inability to safely practice acupuncture as determined by the Board.

(2) **An applicant who does not meet the criteria in OAR 847-070-0016(1)** must have the following qualifications:

(a) **Five years of licensed clinical acupuncture practice in the United States.** This practice must include a minimum of 500 acupuncture patient visits per year. Documentation must include:

(A) Two affidavits from office partners, clinic supervisors, accountants, or others approved by the Board, who have personal knowledge of the years of practice and number of patient visits per year; and

(B) Notarized copies of samples of appointment books, patient charts and financial records, or other documentation as required by the Board; and

(b) **Practice as a licensed acupuncturist in the U.S. during five of the last seven years prior to application for Oregon licensure**. Licensed practice includes clinical practice, clinical supervision, teaching, research, and other work as approved by the Board within the field of acupuncture and oriental medicine. Documentation of this practice will be required and is subject to Board approval; and

(c) **Successful completion of the ACAHM western medicine requirements in effect at the time of graduation from the acupuncture program**, unless the applicant graduated from a non-accredited acupuncture program prior to 1989; and

(d) **Current certification in acupuncture by the NCCAOM.** An applicant will be deemed certified in Acupuncture by the NCCAOM if the applicant has passed the NCCAOM Acupuncture Certification Examinations or has been certified through the NCCAOM Credentials Documentation Examination.

(A) The applicant must pass three (3) NCCAOM Certification exam components: Biomedicine, Foundations of Oriental Medicine, and Acupuncture with Point Location.
(B) The applicant has no more than four attempts to pass each component of the NCCAOM Certification Exam listed in subsection (A) of this section. If the applicant does not pass each component of the NCCAOM Certification Exam within four attempts, the applicant is not eligible for licensure.
(C) An applicant who has passed each component of the NCCAOM Certification Exam but not within the four attempts required by this rule may request a waiver of this requirement if the applicant passed each component of the exam within five attempts and:

(i) Has obtained a Doctor of Acupuncture and Oriental Medicine degree; or
(ii) Experienced extenuating circumstances that do not indicate an inability to safely practice acupuncture as determined by the Board.

ORS 677.759 License required; qualifications; effect of using certain terms; rules.

(1) No person shall practice acupuncture without first obtaining a license to practice medicine and surgery or a license to practice acupuncture from the Oregon Medical Board except as provided in subsection (2) of this section.

(2) Notwithstanding subsection (1) of this section, the board may issue a license to practice acupuncture to an individual licensed to practice acupuncture in another state or territory of the United States if the individual is licensed to practice medicine and surgery or acupuncture in the other state or territory. The board shall not issue such a license unless the requirements of the other state or territory are similar to the requirements of this state.

(3) **The board shall examine the qualifications of an applicant and determine who shall be authorized to practice acupuncture.**

(4) Using the term “acupuncture,” “acupuncturist,” “Oriental medicine” or any other term, title, name or abbreviation indicating that an individual is qualified or licensed to practice acupuncture is prima facie evidence of practicing acupuncture.

(5) In addition to the powers and duties of the board described in this chapter, **the board shall adopt rules consistent with ORS 677.757 to 677.770 governing the issuance of a license to practice acupuncture.**

MEMORANDUM

TO:	Acupuncture Advisory Committee, Oregon Medical Board
SUBJECT:	Clinical Training Program Supervisor to Student Ratio
DATE:	April 30, 2026

The Oregon Medical Board received a request to amend OAR 847-070-0017 to increase the number of acupuncture students a board-approved clinical supervisor may oversee in private clinical settings from two (2) to four (4). The Acupuncture Advisory Committee reviewed the request on December 5, 2025, and asked for background on the intent of the current rule and available options for meaningful post-graduate education.

OAR 847-070-0017 was first adopted in 1984, and the 1:2 supervisor-to-student ratio for informal private clinical settings has been in place since that time. No documentation exists in the rulemaking history explaining the reasoning behind this ratio.

Upon further review, OMB staff determined that the requestor thought the 1:2 ratio for supervising acupuncture students also applied to those supervising an acupuncturist holding a Limited License, Pending Examination under OAR 847-070-0037. OMB staff clarified the 1:2 supervisor-to-student ratio does not apply to limited licensees.

No further action is needed for this request.

MEMORANDUM

TO:	Acupuncture Advisory Committee, Oregon Medical Board
SUBJECT:	Clinical Training Program Supervisor Practice Requirements
DATE:	May 20, 2026

The Oregon Medical Board received the attached request to amend OAR 847-070-0017(1) to expand the potential pool of clinical supervisors.

847-070-0017 Clinical Training

(1) A clinical supervisor must meet the following requirements:

(a) Be an actively licensed Oregon acupuncturist who has practiced as an acupuncturist for a period of at least five years, and is in good standing with the Board; or

(b) Be an actively licensed Oregon physician who is in good standing with the Board, who has been practicing acupuncture for a period of at least five years, and has passed the examination for acupuncture; or

(c) Be an acupuncturist or physician licensed, registered, or certified by another jurisdiction, who is in good standing with such jurisdiction, who has been practicing acupuncture for a period of a least five years and has passed a qualifying examination for acupuncture, or been certified in acupuncture by the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) through its Credentials Documentation Examination. If a portion of those five or more years was prior to licensing, registration, or certification, then prior practice must be documented to the Board's satisfaction. The NCBAHM Certification Standards for Documentation will be used. All clinical supervisors under this section are subject to Board approval.

Does the Acupuncture Advisory Committee recommend:

- **Gathering additional information on the proposal?** ***If so, please provide direction to Boad staff regarding additional research.***
- **Initiating rulemaking to add a qualification for clinical trainers based on number of treatments in addition to the current year-based requirement?**
- **Taking no further action on this topic at this time?**
- **Other recommendations?**

Acupuncture Advisory Review Request Form

Revised 12/2023

Please complete the following form to request review of an acupuncture practice topic for the Oregon Medical Board's Acupuncture Advisory Committee. Your proposal will be reviewed by OMB staff with assistance by the Committee's chair. If we have questions concerning the requested review, we will follow up with you for additional information.

You will receive confirmation of your request and whether the request will be reviewed by the Acupuncture Advisory Committee. Please note the Acupuncture Advisory Committee meets the first week in June and December. Requests should be submitted at least one month prior to a meeting for consideration.

Please provide as much information as you can to inform the review process, you may leave questions blank if not applicable or you do not know the answer.

1. What topic would you like the Acupuncture Advisory Committee to review? Please note any acupuncture rules that you are proposing be reviewed.

   847-070-0017 Clinical Training, the requirements for an L.Ac to be a supervisor of acupuncture students. Currently the requirements for an L.Ac. to be a supervisor of acupuncture students is to have 5 years' experience, be in good standing with the OMB, and submit a letter asking to supervise. There is no minimum number of treatments required. I would like to request on behalf of ORCCA to change that requirement to 5 years' experience OR a minimum of 5,000 treatments with a minimum of 250 different patients (plus be in good standing, submit a letter, etc)

2. Why is this review needed?

   It's always been difficult for our school to find enough clinical supervisors with appropriate experience and expertise. We've always had a catch-22; there aren't enough community acupuncturists, so we started a school to train more, but to train community acupuncturists, we need supervisors with 5 years' experience. There isn't a lack of acupuncturists with 5 years' experience in Portland, but there IS a lack of acupuncturists with 5 years' experience in community acupuncture who are available to supervise our students (and not, say, running their own clinics)

3. What are the advantages or benefits? Is there a patient benefit?

   The 5 years' experience for clinical supervisors is not a requirement from ACAHM (the accrediting body for acupuncture schools) or from NCBAHM (the certifying body for acupuncturists). In fact, NCBAHM changed their requirement for clinical preceptorship from 5 years' experience to the following:

   Minimum Preceptor's Clinical Practice Requirements – U.S. and International

4. What are the disadvantages or risks? Is there potential for harm?

   I can't think of any disadvantages or potential for harm. Allowing clinical supervisors to be approved according to this request ensures that clinical supervisors have real-world experience in clinical settings, while the current requirement in theory could allow someone to become a supervisor who has seen very few patients while maintaining their licensure. It also aligns Oregon's requirements with NCBAHM's.

5. Who else might be affected by the review? How will they be affected?

   The other acupuncture school in Oregon, NUNM, would be affected in the same way as ORCCA: they would have an opportunity to recruit clinical supervisors with fewer calendar years' experience but documented patient contacts.

6. Who might oppose the topic being reviewed? Why might they oppose it?

   I can't think of anyone who would oppose this because it seems like common sense.

Acupuncture Advisory Review Request Form

Revised 12/2023

7. Is this area currently being taught in acupuncture curriculum? Would an acupuncturist need additional training?

N/A

8. What are the financial impacts?

None

9. How do other state licensing boards view this topic?

I haven't conducted a review, but according to our contact at ACAHM (our accreditor), other state licensing boards have a variety of requirements for clinical supervisors in acupuncture schools. 5 years' experience is not an across-the-board requirement and some states do not have it.

10. What research or evidence is there on this topic? Include links or copies to research.

None that I know of.

Request for review made by:

Lisa Rohleder, L.Ac. [redacted] [redacted]

Full Name E-mail Phone

Oregon College of Community Acupuncture (formerly POCA Tech)

Organization (if applicable)

[redacted]

Street Address, City, State, Zip Code

E-mail request form to: shayne.nylund@omb.oregon.gov and elizabeth.ross@omb.oregon.gov

MEMORANDUM

TO:	Acupuncture Advisory Committee, Oregon Medical Board
SUBJECT:	Point Injection Therapy Review Request
DATE:	May 20, 2026

The Oregon Medical Board received the attached request to include point injection therapy within the scope of practice for acupuncture.

The acupuncture scope of practice is defined in ORS 677.757:

(1) "Acupuncture" means:

(a) Traditional Eastern medicine used to promote health and treat neurological, organic or functional disorders through the insertion of needles into specific points on the body at varying depths, including insertion into the skin, subcutaneous tissue, muscle layers and fascia, and into or near joint spaces based on anatomical location and the practitioner's clinical assessment. The type of needle inserted, and the depth, angle and technique of insertion, **are informed by specialized training in acupuncture theory, biomedical anatomy and diagnostic evaluation to safely stimulate biological and physiological responses** and support the body's healing process.

(b) **The treatment method of moxibustion and the use of electrical, thermal, mechanical or magnetic devices, with or without needles, to stimulate acupuncture points and acupuncture meridians and to induce acupuncture anesthesia or analgesia.**

(c) The following modalities, as authorized by the Oregon Medical Board:

(A) Traditional Eastern medicine and acupuncture techniques of diagnosis and evaluation;

(B) Traditional Eastern medicine manual therapy, exercise and related therapeutic methods; and

(C) The use of Traditional Eastern medicine pharmacopoeia, vitamins, minerals and dietary advice.

(2) "Traditional Eastern medicine pharmacopoeia" means a list of herbs described in Traditional Eastern medicine texts commonly used in accredited schools of Traditional Eastern medicine if the texts are approved by the Oregon Medical Board.

Does the Acupuncture Advisory Committee recommend:

- **Gathering additional information on the proposal?** ***If so, please provide direction to Boad staff regarding additional research.***
- **Finding that Point Injection Therapy is within the acupuncturist scope of practice in Oregon?** ***If so, are there additional qualifications, requirements, or guidance that should be included by rule?***
- **Finding Point Injection Therapy is not within the acupuncturist scope of practice in Oregon?** ***If so, no further action is required at this time.***
- **Other recommendations?**

Acupuncture Advisory Review Request Form

Revised 12/2023

Please complete the following form to request review of an acupuncture practice topic for the Oregon Medical Board's Acupuncture Advisory Committee. Your proposal will be reviewed by OMB staff with assistance by the Committee's chair. If we have questions concerning the requested review, we will follow up with you for additional information.

You will receive confirmation of your request and whether the request will be reviewed by the Acupuncture Advisory Committee. Please note the Acupuncture Advisory Committee meets the first week in June and December. Requests should be submitted at least one month prior to a meeting for consideration.

Please provide as much information as you can to inform the review process, you may leave questions blank if not applicable or you do not know the answer.

1. What topic would you like the Acupuncture Advisory Committee to review? Please note any acupuncture rules that you are proposing be reviewed.

   We would like to visit the topic of Point Injection Therapy (PIT) being included in the interpretation of point stimulation. What PIT Is: A localized, non-intravenous injection of limited, sterile substances into acupuncture or trigger points, performed by licensed acupuncturists with additional education and training.

2. Why is this review needed?

   The National Certification Board for Acupuncture and Herbal Medicine has created a national certification for PIT. Several U.S. states regulate PIT through statute and/or board rule. Oregon currently does not. Clarifying regulatory treatment would improve safety, compliance, and enforcement.

3. What are the advantages or benefits? Is there a patient benefit?

   Faster therapeutic effect (pain relief), prolonged therapeutic effect, increase circulation and tissue healing, euromuscular reset, increased intigrative flexibility with combining benefits of Eastern and Western medicine.

4. What are the disadvantages or risks? Is there potential for harm?

   When performed by a properly trained and licensed provider:

   Side effects are usually mild (temporary soreness, bruising)

   Serious complications are rare

5. Who else might be affected by the review? How will they be affected?

   This will affect Licensed Acupuncturists in Oregon only and the patients they treat.

6. Who might oppose the topic being reviewed? Why might they oppose it?

   In other states there has not been much opposition to this. There have been questions that the pharmaceutical boards have brought up about procurment of substances (like Procane and Lidocane) that we are not able to prescribe federally (we do not hold DEA licnese) but can use in treatment. Procurment of substances is part of the national training around this.

Acupuncture Advisory Review Request Form

Revised 12/2023

7. Is this area currently being taught in acupuncture curriculum? Would an acupuncturist need additional training?

Training standards in school around this topic varies a lot. There is now a national training and certification for PIT that would need to be completed in order to guarantee patient safety around this.

8. What are the financial impacts?

Financial impacts to the OMB should be minimal if any- nationally we are not aware of any patient harm that has occured from individuals with proper training.

9. How do other state licensing boards view this topic?

This varies a lot from state to state- we have a spreadsheet with every state who have PIT in their scope stating if this is in statute or adminstrative rulemaking. We will happily provide this.

10. What research or evidence is there on this topic? Include links or copies to research.

States that authorize PIT have not reported disproportionate increases in disciplinary actions related to the modality. Their regulatory focus remains on training, boundaries, and enforceability.

Request for review made by:

Amber Reding-Gazzini	[redacted]	
Full Name	E-mail	Phone

Oregon Association of Acupuncturists

Organization (if applicable)

[redacted]

Street Address, City, State, Zip Code

E-mail request form to: shayne.nylund@omb.oregon.gov and elizabeth.ross@omb.oregon.gov

State	Legal Mechanism	Primary Authority (Statute/Rule)	Primary Citation	Official / Reliable Source URL	High-Level Allowed Substances / Description	Key Limitations / Safeguards (High-Level)	Safety: Training / Certification / Education Requirements	Policy Notes (Oregon Relevance)
Washington	Statute Reference + Detailed Rule (WAC)	Rule defines point injection therapy and limits substances; companion rule sets education/training	WAC 246-803-030; WAC 246-803-040	https://app.leg.wa.gov/wac/default.aspx?cite=246-803-030 ; https://www.law.cornell.edu/regulations/washington/WAC-246-803-040	Limited substances (e.g., saline, sterile water, vitamins/minerals in liquid form, homeopathic/nutritional substances)	No controlled substances or steroids; training required; IV excluded; allows local anesthetics with training	Explicit minimum education/training in rule: WAC 246-803-040 sets PIT education and training requirements and documentation standards; WAC 246-803-030 limits substances and excludes IV/controlled substances.	Best model for Oregon rulemaking: explicit list + education standards + exclusions
Colorado	Statute + Rule	Statute includes injection therapy within acupuncture; rule defines injection therapy and lists substances	C.R.S. § 12-200-103(1)(I) (or prior recodification § 12-29.5-102); 4 CCR 738-1.10	https://law.justia.com/codes/colorado/title-12/health-care-professions-and-occupations/article-200/section-12-200-103/ ; https://www.law.cornell.edu/regulations/colorado/4-CCR-738-1.10	Rule-recognized injection therapy (e.g., saline, sterile herbs/vitamins/minerals/homeopathics, etc.)	No IV injection; training/competency; emergency plan requirements	Rule-based requirements: injection therapy permitted only under 4 CCR 738-1.10 (training/competency standards; documentation; IV injection prohibited).	Demonstrates statutory inclusion + detailed rule-based safeguards
Florida	Board Rule	Rule defines acupoint injection therapy as adjunctive therapy	Fla. Admin. Code R. 64B1-4.012	https://www.law.cornell.edu/regulations/florida/Fla-Admin-Code-Ann-R-64B1-4-012	Injection of herbs, homeopathics, and other nutritional supplements (sterile) into acupuncture points	IV therapy excluded	Board-rule modality with education requirement: practice contingent on documented injection-therapy education consistent with Rule 64B1-4.012 and board standards (commonly satisfied via formal coursework).	Clean model for Oregon: authorize by statute then define modality + exclusions in OMB rule
Maryland	Regulation (Registration Pathway)	Regulations establish registration to practice acupoint injection therapy	COMAR 10.26.02.08 (Acupoint Injection Therapy – Registration)	https://health.maryland.gov/regs/Documents/10.26.02%20and%2010.26.06.pdf	Board-approved specialty training program; registration required	Registration required; board maintains lists and standards	Registration pathway: practitioner must complete an approved acupoint injection therapy specialty training program and hold the applicable registration (COMAR).	Endorsement/registration pathway reduces ambiguity and supports auditing
Nevada	Statute (Endorsement)	Statute provides endorsement to practice acupuncture point injection therapy	NRS 634A.142	https://law.justia.com/codes/nevada/chapter-634a/statute-634a-142/	Endorsed practice of acupuncture point injection therapy	Endorsement + proof requirements; liability insurance referenced in related materials	Endorsement pathway: practitioner must obtain an acupuncture point injection therapy endorsement and meet board-specified education/training requirements (NRS 634A.142).	Good model for a defined endorsement within Oregon licensure
New Mexico	Statute + Rules (Expanded Practice)	Statute requires board to issue expanded practice certifications including injection therapy	NMSA 1978 § 61-14A-8.1; NMAC 16.2.19 (expanded practice certification provisions)	https://law.justia.com/codes/new-mexico/chapter-61/article-14a/section-61-14a-8-1/ ; https://www.law.cornell.edu/regulations/new-mexico/N-M-Admin-Code-SS-16.2.19.8	Expanded practice tiers include basic injection therapy/injection therapy (and separately IV therapy)	Advanced certification required; prescriptive authority framework	Expanded practice model: requires expanded practice certification(s) (e.g., basic injection therapy / injection therapy) with additional education and clinical training as defined by NMAC.	Broadest authority; higher policy/regulatory burden than FL/WA-style PIT
Utah	Statute	Statute defines injection therapy for licensed acupuncturists and lists permissible substances and anatomical limits	Utah Code § 58-72-102 (definition of injection therapy)	https://le.utah.gov/xcode/Title58/Chapter72/58-72-S102.html	Sterile substances in liquid form into acupuncture points (subcutaneous/intramuscular)	Explicit anatomic exclusions; requires clean needle technique certificate	Statutory prerequisites and limits: injection therapy defined in statute with anatomical limitations; requires Clean Needle Technique certification and practice within statutory substance/anatomy limits.	Strong safety-forward statutory drafting template

Proposed Oregon Administrative Rule

Acupuncture Injection Therapy (AIT) / Point Injection Therapy (PIT)

847-070-XXXX

Definitions

For purposes of this rule:

1. "Acupuncture Injection Therapy" or "AIT" means the stimulation of acupuncture points, trigger points, motor points, myofascial points, or other anatomically appropriate treatment sites through the administration of injectable substances using hypodermic needles consistent with acupuncture and East Asian medicine principles.
2. "Point Injection Therapy" or "PIT" means a form of Acupuncture Injection Therapy.
3. "Qualified Licensee" means an Oregon licensed acupuncturist who has met the education, training, and competency requirements established in this rule.
4. "Approved AIT Training Program" means an educational program that:
   a. Meets the standards established by the National Acupuncture Injection Therapy Taskforce (NAITT); or
   b. Is approved by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) or National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) for the Acupuncture Injection Therapy Certificate of Qualification (AIT COQ); or
   c. Is otherwise approved by the Board.
5. "Injectable Substances" means substances authorized under this rule that are within the training and competency of the licensee and permitted under Oregon law.

847-070-XXXX

Scope of Practice

1. Acupuncture Injection Therapy constitutes a form of acupuncture point stimulation within the practice of acupuncture in Oregon when performed by a Qualified Licensee.
2. A Qualified Licensee may perform Acupuncture Injection Therapy for therapeutic purposes consistent with acupuncture and East Asian medicine theory and training.

3. Acupuncture Injection Therapy may include:
   a. Intradermal injections;
   b. Subcutaneous injections;
   c. Intramuscular injections;
   d. Trigger point injections; and
   e. Other injection techniques authorized through approved training.

4. Acupuncture Injection Therapy shall not authorize:
   a. Intravenous therapy;
   b. Epidural injections;
   c. Joint injections into synovial spaces;
   d. Administration of controlled substances; or
   e. Any practice otherwise prohibited by Oregon law.

847-070-XXXX

Qualification Requirements

1. Prior to performing Acupuncture Injection Therapy, a licensee shall:
   a. Hold an active Oregon acupuncture license in good standing;
   b. Maintain current CPR/BLS certification; and
   c. Successfully complete an Approved AIT Training Program.

2. An Approved AIT Training Program must include:
   a. A minimum of 40 hours of education;
   b. At least 16 hours of supervised practical clinical application; and
   c. Training in:
   i. Injection safety and aseptic technique;
   ii. OSHA bloodborne pathogen standards;
   iii. Clean needle and injection procedures;
   iv. Anatomy and contraindications;
   v. Emergency response procedures;
   vi. Adverse event recognition and management;
   vii. Informed consent procedures;
   viii. Pharmacology and injectable substance safety;
   ix. Proper storage and handling of injectable substances;
   x. Documentation standards; and
   xi. Oregon laws and rules governing acupuncture practice.

3. The Board may recognize the successful completion of the NCCAOM or NCBAHM Acupuncture Injection Therapy Certificate of Qualification (AIT COQ) as evidence of competency.

847-070-XXXX

Authorized Injectable Substances

1. A Qualified Licensee may administer injectable substances that are:
   a. Within the licensee's education and training;
   b. Obtained lawfully; and
   c. Appropriate for acupuncture injection therapy.
2. Authorized substances may include:
   a. Saline;
   b. Sterile water;
   c. Vitamins;
   d. Minerals;
   e. Homeopathic substances;
   f. Botanical extracts; and
   g. Other non-controlled substances approved by the Board.
3. A licensee shall not administer:
   a. Controlled substances;
   b. Prescription anesthetics unless specifically authorized by Oregon law; or
   c. Any substance for cosmetic purposes unless separately authorized.

847-070-XXXX

Professional Standards

1. A Qualified Licensee performing Acupuncture Injection Therapy shall:
   a. Utilize universal precautions and aseptic technique;
   b. Maintain compliance with OSHA bloodborne pathogen standards;
   c. Maintain accurate treatment records;
   d. Obtain informed consent specific to injection therapy;
   e. Maintain professional liability insurance covering injection therapy procedures; and
   f. Ensure appropriate emergency supplies are available onsite.

2. Documentation shall include:
   a. Substance administered;
   b. Dosage and amount;
   c. Injection site;
   d. Lot number and expiration date when applicable;
   e. Patient response; and
   f. Any adverse event or complication.

847-070-XXXX

Continuing Education

1. A Qualified Licensee shall complete at least eight hours of continuing education in Acupuncture Injection Therapy every two years.
2. Continuing education must include:
   a. Safety and infection control;
   b. Emergency procedures; or
   c. Clinical application and competency.
3. Continuing education approved by NCCAOM, NCBAHM, or the Board satisfies this requirement.

847-070-XXXX

Unprofessional Conduct

Failure to comply with the requirements of this rule constitutes unprofessional conduct and may subject the licensee to disciplinary action.

Grounds for discipline include:

1. Performing AIT without required training;
2. Failure to maintain aseptic technique;
3. Administration of unauthorized substances;
4. Failure to obtain informed consent;
5. Failure to maintain required records; or
6. Practicing beyond the scope authorized under this rule.

https://www.ncbahm.org/education/professional-development/certificate-programs/ait-coq-general/

ACUPUNCTURE INJECTION THERAPY CERTIFICATE OF QUALIFICATION

GENERAL INFORMATION

Introducing the NEW NCBAHM Acupuncture Injection Therapy (AIT) Certificate of Qualification (COQ)!

- State-recognized, competency-based program
- Comprehensive, assessment-based Certificate of Qualification
- Designed to meet industry standards for Acupuncture Injection Therapy

The COQ program has been meticulously crafted by the ***National Acupuncture Injection Therapy Taskforce (NAITT)***, which is composed of numerous subject matter experts from all of the country, each boasting over two decades of experience in the Acupuncture Injection Therapy.

The NAITT has diligently developed the Course Learning Objectives (CLOs) for the AIT COQ Program to ensure it meets the highest standards of excellence. In order to enhance the rigor and validity of the assessment section, NAITT has sought the expertise of the National Certification Commission for Acupuncture and Herbal Medicine (NCBAHM). By partnering with NAITT, we are confident that this collaborative effort will significantly elevate the quality and recognition of the AIT COQ program.

This program is available to **licensed acupuncturists who have completed an NAITT-approved Acupuncture Injection Therapy (AIT) course after January 1, 2020** and wish to integrate injection therapy into their practice. Acupuncturists can find a list of NAITT-approved AIT courses under the 'Helpful Links' section.

Practitioners may proceed via the button below to purchase the assessment upon completion of an NAITT-approved AIT course. Upon successful passing of the assessment, practitioners will

Receive 40 PDA points, including Ethics and Safety requirements, as well as the NCBAHM AIT Certificate of Qualification (COQ) Digital Badge.

Topics Covered

- Acupuncture Injection Therapy
- Effective techniques, application, and aseptic procedures
- OSHA safety standards and precautions
- Treatment strategy and planning
- Injectable substances and best practices for storage
- Adverse reactions and emergency procedures
- Rules and regulations related to Injection Therapy

Please note: The Acupuncture Injection Therapy Certificate of Qualification (AIT COQ) is available to licensed acupuncturists who have completed an NAITT-approved AIT course after January 1, 2020.

NCBAHM Acupuncture Injection Therapy Certificate of Qualification (AIT COQ) Frequently Asked Questions

Table of Contents

General Information

Q1: What is the NCBAHM Acupuncture Injection Therapy Certificate of Qualification (AIT COQ)?

A1: The NCBAHM Acupuncture Injection Therapy Certificate of Qualification (AIT COQ) is a specialized certificate that validates a practitioner's competence and expertise in performing acupuncture injection therapy (AIT) once they have passed the final assessment.

Q2: What is the National Acupuncture Injection Therapy Taskforce (NAITT)?

A2: The National Acupuncture Injection Therapy Taskforce (NAITT) comprises of subject matter experts (SMEs) from all over the country with each boasting over two decades of experience in AIT.
NAITT has diligently developed the Course Learning Objectives (CLOs) for the AIT COQ Program to ensure it meets the highest standards of excellence.
In order to enhance the rigor and validity of the assessment section, NAITT has sought the expertise of the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM). By partnering with NAITT, we are confident that this collaborative effort will significantly elevate the quality and recognition of the AIT COQ program.

Q3: Why should I obtain the AIT COQ?

A3: Obtaining the AIT COQ demonstrates your commitment to advanced practice standards, increases your credibility, and may expand your scope of practice. It also assures patients and employers of your proficiency in acupuncture injection therapy.

Q4: Is a Certificate awarded?

A4: Yes, Candidates who pass the exam will be awarded:

- An electronic 8.5" x 11" wall certificate, which can be printed and framed by the candidate
- Digital badge: which can be used in digital marketing, including website, social media, and email communications

Q5: Can I complete the AIT COQ Program even though AIT is not in my state's scope of practice?

A5: You may complete the program and still earn the AIT COQ Certificate along with the Badge. However, practitioners may only practice modalities within your state's scope of practice. Be sure to verify with your local state regulatory board to see if your state includes AIT prior to registering for the program.

Q6: What is the scope of practice for AIT COQ holders?

A6: The scope of practice for AIT COQ holders includes performing acupuncture injection therapy with sterile substances approved for use. The specific substances and techniques permitted may vary by state or jurisdiction, so it is essential to check the regulations in your area.

Q7: Are there any legal considerations I should be aware of?

A7: Yes, it is important to be aware of the legal regulations governing acupuncture injection therapy in your state or jurisdiction. This may include obtaining additional permits or adhering to specific protocols. Always ensure you are in compliance with local laws and regulations. Check with your malpractice insurance carrier about coverage and liability.

Q8: What is the difference between a Certificate and Certification?

A8: Unlike the board exams, which lead to certification, the **AIT COQ is a *certificate*** program.

Certification Vs Certificate	
Certification	Certificate
• Board Certified	• Certificate holder
• Includes credentials (e.g.: Dipl.Ac.) placed after your name	• No credentials after your name
• Used to assess the baseline knowledge, skills, and/or competencies previously acquired (i.e. in school) to obtain licensure	• Provides training through a specific program of study in a specialized area
• Assessment is broad in scope	• Assessment is narrow in scope

Candidates who complete the AIT COQ:

Should	**Should Not**
✅ Refer to themselves as Acupuncture Injection Therapy Certificate Holders	❌ Refer to themselves as “certified”
✅ Display the AIT COQ badge and certificate	❌ List additional credentials

Eligibility, Education, and Application

Q9: Who is eligible for the AIT COQ?

A9: To be eligible for the AIT COQ, you must:

- have an acupuncture license that is in good standing
  AND
- meet the specific training and education requirements set by NAITT

A list of approved courses can be found under the Quick Links section of the *NCBAHM AIT COQ website*.

Q10: What training is required for the AIT COQ?

A10: The required training includes a NAITT-approved course with a minimum of 40 hours in acupuncture injection therapy coursework, including at least 16 hours of supervised practice. The list of approved courses can be found on the *NCBAHM AIT COQ website*.

Q11: How do I apply for the AIT COQ?

A11: You can apply for the AIT COQ through the *NCBAHM website*. The application process involves:

1. Completing the required course work (a NAITT-approved course)
2. Purchasing the AIT COQ
3. Submitting your educational documentation, license, proof license is in good standing
4. Passing the AIT COQ examination

Examination

Q12: What does the AIT COQ examination entail?

A12: The AIT COQ examination assesses your knowledge and skills in acupuncture injection therapy. There is one-hour and forty-five minutes (1.75 hr.) allotted for seventy (70) multiple choice questions that must be completed at a PearsonVue testing center.
It is administered in a secure, computer-based format at Pearson VUE testing centers, which operate over 200 locations throughout the United States. The exam evaluates your understanding of theoretical principles as well as your ability to apply safe and effective injection techniques in clinical practice. The examination is offered year-round, allowing for flexible scheduling to accommodate candidates' needs.

Q13: How can I prepare for the AIT COQ examination?

A13: To prepare for the examination, you should complete the required training from an approved program and review the *AIT COQ examination Content Outline* provided by the NCBAHM.

Q14: How much is the AIT COQ examination?

A14: Please visit the *NCBAHM website* for breakdown of fees:

- Administrative fee to the NCBAHM for the purchase order
- New exam authorization to PearsonVue

Q15: What if I do not pass the AIT COQ examination?

A15: Passing score is 70%; scores less than 70% in either domain require the applicant to retake the assessment. *Click Here for the AIT COQ Final Assessment Content Outline*. There is a 45-day waiting period between exam attempts and exam fee for each attempt to pass the Final Assessment.

Conclusion

Q16: Where can I find more information about the AIT COQ?

A16: More information about the AIT COQ, including detailed eligibility criteria, application procedures, and examination content, can be found on the *NCBAHM website*. You can also contact NCBAHM directly for specific inquiries. Email: CertificatePrograms@theNCBAHM.org

The NCBAHM AIT COQ is a valuable certificate for acupuncturists seeking to expand their skills and enhance their practice. By meeting the eligibility requirements, completing the necessary training, and passing the examination, you can achieve this certificate of qualification and provide a higher level of care to your patients. For more information, be sure to visit the *NCBAHM website* and stay updated on the latest guidelines and resources.

MEMORANDUM

TO:	Acupuncture Advisory Committee, Oregon Medical Board
SUBJECT:	Alternative Pathways and Competency Standards
DATE:	May 20, 2026

The Oregon Medical Board received the attached request to amend OAR 847-070-0016 and adopt a new rule to allow alternative pathways to licensure through multiple educational and examination pathways based on defined competency standards.

Does the Acupuncture Advisory Committee recommend:

- **Gathering additional information on the proposal?** ***If so, please provide direction to Boad staff regarding additional research.***
- **Forming a workgroup to explore this topic and develop recommendations for the Committee's review?** ***If so, please provide direction to Board staff regarding the scope of the workgroup and requested outcomes.***
- **Initiating rulemaking to add minimum competency standards?**
- **Initiating rulemaking to amend acupuncture licensure qualifications to add a parallel education pathway?**
- **Taking no further action on this topic at this time?**
- **Other recommendations?**

Acupuncture Advisory Review Request Form
Winter-Spring 2026

1. **What topic would you like the Acupuncture Advisory Committee to review? Please note any acupuncture rules that you are proposing be reviewed.**

Review of OAR 847-070-0016: ACAHM education and NCBAHM examination as sole pathways to acupuncture licensure in Oregon. We propose that OMB change the rule to approve multiple educational and examination pathways that meet OMB-defined competency standards for safe and competent entry-level acupuncture education.

2. **Why is this review needed?**

Without alternative pathways, no new practitioners will enter the field, the profession disappears through attrition, retirement, and relocation within decades. The ACAHM-only pathway creates non-transferable credits and limits affordable program development. We propose OMB-approved pathways and competency standards allowing for program design that maintains patient safety.

3. **What are the advantages or benefits? Is there a patient benefit**?

Benefits: transferable credits, reduced tuition, dual-degree options (MPH/MSW), employer-driven competencies, and preserved workforce pipeline. Patient benefits: more Medicaid practitioners, rural access, non-pharmacological pain management options, healthcare integration, and a workforce ready for Oregon's 2030 universal healthcare timeline.

4. **What are the disadvantages or risks? Is there potential for harm?**

Primary risk: reduced portability across states that require ACAHM/NCBAHM credentials, requiring reciprocity negotiations. Rulemaking requires OMB time to define competency benchmarks, evaluate alternative programs, and provide professional oversight. No anticipated patient safety risk, as OMB-approval process ensures programs meet safety and entry-level competency standards.

5. **Who else might be affected by the review? How will they be affected?**

Affected parties: acupuncture students (affordable options), patients (↑access), ORCCA/NUNM (restructuring opportunities), ACAHM/NCBAHM (reduced monopoly), Oregon Health Authority (workforce planning), FQHCs (new pipeline), neighboring states (portability/reciprocity implications), and national acupuncture profession (ORmodel for alternative pathways).

6. **Who might oppose the topic being reviewed? Why might they oppose it?**

Opposition: AHM Coalition (ACAHM, NCBAHM, CCAHM) face reduced monopoly and revenue loss. Traditional acupuncture schools fear lower-cost competition. Some OR acupuncturists may perceive 'reduced standards' despite OMB competency requirements to maintain equivalent safety. Opposition primarily protectionist rather than patient safety based.

7. **Is this area currently being taught in acupuncture curriculum? Would an acupuncturist need additional training?**

Proposed competency domains are already taught in existing programs. This rule change affects educational and examination pathways to licensure, not educational content or scope of practice. No additional training required for currently licensed acupuncturists. New pathway graduates would meet equivalent competency standards approved by OMB.

8. **What are the financial impacts?**

Students benefit from reduced tuition, sustainable debt-to-income. Oregon gains Medicaid practitioners, supporting 2030 universal healthcare. OHA partnership could offset OMB administrative costs; OMB-developed exam could generate revenue. FQHCs and rural communities gain affordable acupuncture workforce. ACAHM/NCBAHM face potential revenue loss.

9. **How do other state licensing boards view this topic?**

California uses its own exam (CALE) as an alternative to NCBAHM, demonstrating state-developed examination viability. Oregon allows multiple pathways for massage therapy licensure. Allied health professions nationally use regional accreditation with transferable credits. Most states have not yet addressed this crisis, positioning Oregon to lead.

10. **What research or evidence is there on this topic? Include links or copies to research.**

Federal HEA data, OHA workforce data, legal precedent, and direct regulatory engagement. HEA documents ACAHM schools have worst national debt-to-earnings. 2025 ACAHM written response to formal complaint identified state regulatory bodies as responsible for consumer protection. Full documentation addendum available.

Acupuncture Advisory Review Request Form — Second Petition *(New Rule: OAR 847-070-[XXXX] Acupuncture Program Competency Standards)*

What topic would you like the Acupuncture Advisory Committee to review?

Adoption of new OAR 847-070-[XXXX] establishing minimum competency standards for OMB-approved acupuncture programs. ORS 677.785 charges the Acupuncture Advisory Council with recommending standards for didactic and clinical education; no such standards currently exist in Oregon rule.

Why is this review needed?

OAR 847-070-0016 (proposed revision, companion petition) authorizes OMB-approved programs as an alternative pathway, but provides no curriculum floor. Without defined standards, OMB cannot evaluate or approve programs. This rule fills that gap and operationalizes the companion petition's alternative pathway.

What are the advantages or benefits? Is there a patient benefit?

Defined standards ensure program consistency, patient safety, and OMB administrative efficiency. The proposed floor—450 hrs modern medical sciences, 750 hrs acupuncture sciences, 600 hrs supervised clinical—aligns with WHO Benchmarks for Training in Acupuncture, meets average state minimums, keeps us within portability with Washington and Idaho and is similar to the current ACAHM standards floor.

What are the disadvantages or risks? Is there potential for harm?

These standards have been researched and written with the goal of educating safe and competent entry-level acupuncturists and ensuring public safety. Disadvantages include OMB staff time required to approve programs, but these written standards help to simplify the review and save time. Standards may need to be maintained over time as medicine evolves. Risk is administrative, not patient safety.

Who else might be affected by the review? How will they be affected?

New acupuncture programs seeking OMB approval must meet these standards. Existing ACAHM-accredited programs are not affected; they remain approved under OAR 847-070-0016(1)(a)(A). Oregon Health Authority, hospitals, FQHCs, the VA, IHS and other entities benefit from a workforce pipeline with transparent, reviewable competency standards.

Who might oppose the topic being reviewed? Why might they oppose it?

Opposition is likely to be framed as patient safety concerns, though the proposed hour floors meet or exceed WHO benchmarks and comparable state-defined floors in Washington, Idaho, Arizona, Missouri, New York and many other states.

Is this area currently being taught in acupuncture curriculum? Would an acupuncturist need additional training?

All proposed subject areas are currently taught in ACAHM-accredited programs. This rule defines a minimum floor, not a ceiling. No additional training would be required for current licensees. Currently licensed acupuncturists are not subject to this rule; it applies only to new program applicants.

What are the financial impacts?

OMB cost recovery is possible through program application and review fees. New programs meeting these standards may access alternative funding models and institutional partnerships unavailable to ACAHM-only programs, reducing student debt. No cost to currently licensed practitioners or existing programs.

How do other state licensing boards view this topic?

28 of 48 U.S. jurisdictions have independently codified curriculum floors in statute or rule, without delegating standards entirely to ACAHM. Oregon currently has no such floor. Arizona (1,850 hrs), Missouri (1,905 hrs), and Washington define subject-area minimums Oregon's proposed rule closely mirrors. Excluding outliers (CA/NV at 3,000 hrs; MT at 1,000 hrs), the median floor across 25 states is 1,850 hrs. Oregon's proposed 1,800-hr floor is consistent with the lower end of that national range.

What research or evidence is there on this topic?

WHO Benchmarks for Training in Acupuncture (2020); state-by-state licensure comparison (Groebner, 2025–26, 48 jurisdictions); IPEDS graduation data; ORS 677.785(3). State floor documentation includes Arizona R4-8-404, Missouri 20 CSR 2015-4.020, WAC 246-803-210/220, and NY Subpart 79-2.

Oregon Acupuncture Workforce Sustainability Proposal

Supporting Documentation for OAA Acupuncture Advisory Committee Review Request

May 1, 2026

Prepared by the Oregon Association of Acupuncturists (OAA) Education Task Force and the Acupuncture Workforce Alliance (AWA)

Written by Dr. Rebecca Groebner, DAc, LAc with Dr. Danielle Reghi, DSOM, LAc, Kelly Ilseman, LAc and Dr. Ryan Hofer, ND

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Introduction and Request Summary

The Oregon Association of Acupuncturists Education Task Force and the Acupuncture Workforce Alliance submit this package in support of our petition to the Oregon Medical Board Acupuncture Advisory Committee.

Petition 1 requests amendment of OAR 847-070-0016 to allow a parallel, Board-approved educational and examination pathway to acupuncture licensure in Oregon, while preserving the existing ACAHM accreditation and NCBAHM examination pathway in its entirety.

Petition 2 requests adoption of new OAR 847-070-[XXXX] establishing minimum competency standards for Board-approved acupuncture programs. These standards have never been independently defined in Oregon rule. This companion rule operationalizes Petition 1 by providing the curriculum floor against which the Board can evaluate and approve programs. The two petitions work together as one: the rule revision creates the pathway; the companion rule makes it functional.

Oregon acupuncture education currently relies entirely on a single national accreditor — ACAHM — whose financial stability was already fragile before recent federal policy changes. The One Big Beautiful Bill Act's graduate loan limits and the AHEAD Framework's earnings benchmark are projected to trigger multiple simultaneous program closures. This proposal is an insurance policy: ensuring Oregon has a functional licensure infrastructure if the existing one fails.

This proposal affects several groups. Acupuncture students benefit from reduced debt burden and more accessible training pathways. Oregon patients — particularly those on OHP and in rural communities — benefit from a preserved workforce pipeline. Oregon's two existing ACAHM-accredited programs, NUNM and ORCCA, can continue operating under the existing pathway, which this proposal leaves entirely intact. The Oregon Medical Board takes on a new program approval function, addressed in the Fiscal and Administrative Impact section. Employers, hospitals, FQHCs, and integrated health systems benefit from a workforce trained to competency standards grounded in Oregon's scope of practice, employer input, and Joint Commission evaluation criteria.

This package addresses why this change is needed, what other states are doing, who will be affected, and what the proposed solution looks like in regulatory and operational terms.

We look forward to the June 5, 2026 AAC meeting and will have a short presentation detailing any updates to these materials.

OAR 847-070-0016 – Revision Proposal

The following is the proposed revision text of Oregon Administrative Rule 847-070-0016 to allow for a parallel, OMB-approved educational pathway to licensure that ensures a safe and competent acupuncture workforce in the state.

OAR 847-070-0016 Qualifications

Defined Terms

For purposes of this rule:

(a) "Board-approved acupuncture examination" means an acupuncture licensing examination administered by a credentialing organization accredited by the National Commission for Certifying Agencies (NCCA), or an equivalent organization nationally recognized for testing acupuncturists. The Board may recognize specific Board-approved acupuncture examinations by order without further rulemaking, provided the administering credentialing organization holds current NCCA accreditation at the time of recognition. The National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) is a recognized Board-approved acupuncture examination body.

(b) "Board competency standards" means the curricular and clinical hours standards established in OAR 847-070-[XXXX].

(1) Standard Pathway

An applicant for licensure as an acupuncturist must have:

(a) Graduated from a Board-approved acupuncture program. A program is Board-approved if it satisfies any one of the following:

(A) The program holds accreditation or candidacy for accreditation by the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM), its successor organization, or an equivalent accreditation body recognized by the Board under standards in effect at the time of the applicant's graduation; or

(B) The program has received Board approval as meeting the Board competency standards established in OAR 847-070-[XXXX], including programs holding institutional or programmatic accreditation from a United States accrediting body recognized by the U.S. Department of Education; or

(C) The program was approved by a foreign government's Ministry of Education, Ministry of Health, or equivalent foreign government agency at the time of the applicant's graduation. An applicant seeking approval under this subsection must submit credentials to a foreign credential equivalency service approved by the Board or by NCBAHM for the purpose of establishing that

the program meets the ACAHM accreditation standard or the Board competency standards established in OAR 847-070-[XXXX].

(b) Passed a Board-approved acupuncture examination, as defined in this rule.

(A) An applicant who sits for the NCBAHM Acupuncture Certification Examinations must pass three components: Biomedicine, Foundations of Oriental Medicine, and Acupuncture with Point Location, or must have been certified through the NCBAHM Credentials Documentation Examination.

(B) An applicant has no more than four attempts to pass each component of the NCBAHM Certification Exam. If an applicant does not pass each component within four attempts, the applicant is not eligible for licensure, except as provided in subsection (C) of this section.

(C) An applicant who passed each NCBAHM component but not within four attempts may request a Board waiver if the applicant passed each component within five attempts and:

(i) Has obtained a Doctor of Acupuncture and Oriental Medicine degree; or

(ii) Experienced extenuating circumstances that do not indicate an inability to safely practice acupuncture, as determined by the Board.

(2) Experienced Practitioner Pathway

An applicant who does not meet the criteria in OAR 847-070-0016(1) must have the following qualifications:

(a) Five years of licensed clinical acupuncture practice in the United States, including a minimum of 500 acupuncture patient visits per year. Documentation must include:

(A) Two affidavits from office partners, clinic supervisors, accountants, or others approved by the Board who have personal knowledge of the years of practice and number of patient visits per year; and

(B) Notarized copies of samples of appointment books, patient charts and financial records, or other documentation as required by the Board; and

(b) Practice as a licensed acupuncturist in the United States during five of the last seven years prior to application for Oregon licensure. Licensed practice includes clinical practice, clinical supervision, teaching, research, and other work as approved by the Board within the field of acupuncture and Traditional Eastern medicine. Documentation of this practice is required and subject to Board approval; and

(c) Successful completion of clinical and biomedical science requirements meeting the ACAHM western medicine standard or the Board competency standards established in OAR 847-070-[XXXX], unless the applicant graduated from a non-accredited acupuncture program prior to 1989; and

(d) Passage of a Board-approved acupuncture examination, as defined in this rule. The examination requirements and attempt limits in OAR 847-070-0016(1)(b)(A)-(C) apply to applicants under this subsection.

(3) Foreign-Trained Applicants Without Available Documentation

An individual whose acupuncture training and diploma were obtained in a foreign country and who cannot document the requirements of subsections (1) or (2) of this rule because the required documentation is now unobtainable may be considered eligible for licensure if it is established to the satisfaction of the Board that the applicant has equivalent skills and training and can document one year of training or supervised practice under a licensed acupuncturist in the United States.

(4) Universal Requirements

In addition to meeting the requirements in (1), (2), or (3) of this rule, all applicants for licensure must have:

(a) Licensure in good standing from the state or states of all prior and current health-related licensure; and

(b) Good moral character as those traits would relate to the applicant's ability to properly engage in the practice of acupuncture; and

(c) Have the ability to communicate in the English language well enough to be understood by patients and physicians. This requirement is met if the applicant passes the Board-approved acupuncture examination in English. An applicant whose Board-approved examination was administered in a foreign language must also demonstrate English proficiency by satisfying one of the following:

(A) A Test of English as a Foreign Language (TOEFL) score of 500 or more for the written TOEFL exam, 173 or more for the computer-based TOEFL exam, or 65 or more for the internet-based TOEFL exam;

(B) A Test of Spoken English (TSE) score of 200 or more prior to July 1995, and a score of 50 or more after July 1995; or

(C) An Occupational English Test score of at least 350 for speaking and at least 300 for reading, writing, and listening on any OET health-related profession.

Statutory/Other Authority: ORS 677.265 & ORS 677.759 Statutes/Other Implemented: ORS 677.265, ORS 677.759 & ORS 677.780

OAR 847-070-[XXXX] Acupuncture Program Competency Standards

ORS 677.785 gives the Acupuncture Advisory Council the duty to recommend standards of didactic and clinical education for training acupuncture license applicants. The following is a proposal for Oregon standards.

OAR 847-070-[XXXX]-0010 Clinical and Biomedical Sciences

To receive Board approval under OAR 847-070-0016(1)(a)(B), an acupuncture program must include training in modern medical sciences consisting of a minimum of **450 clock hours.**

These hours must include, but are not limited to, the following subjects:
(1) Anatomy and physiology;
(2) Pathology;
(3) Infectious and non-communicable disease recognition;
(4) Medical literacy (medications, laboratory results, imaging and research appraisal);
(5) Pain science and pain management, including musculoskeletal literacy;
(6) Behavioral health and substance use disorders;
(7) Evidence-informed nutrition;
(8) Clinical documentation, interprofessional communication, electronic health record use;
(9) Culturally responsive and trauma-informed practice

OAR 847-070-[XXXX]-0020 Acupuncture and Eastern Medicine Sciences

To receive Board approval under OAR 847-070-0016(1)(a)(B), an acupuncture program must include training in acupuncture and Eastern medicine sciences consisting of a minimum of **750 clock hours.**

These hours must include, but are not limited to, the following subjects:
(1) Basic theory;
(2) Meridians and acupoints;
(3) Skills and techniques; including moxibustion, auricular acupuncture, electroacupuncture and orthopedic acupuncture techniques;
(4) Clinical reasoning, differential diagnosis, and referral decision-making within scope of practice;
(5) Therapeutics, including manual therapy, exercise and related therapeutic methods;
(6) Traditional Eastern medicine pharmacopoeia, vitamins, minerals, and dietary advice;
(7) Clean needle technique;
(8) Laws, regulations, and ethics;
(9) History of acupuncture medicine (US and world)

OAR 847-070-[XXXX]-0030 Supervised Clinical Training

To receive Board approval under OAR 847-070-0016(1)(a)(B), an acupuncture program must include a minimum of 600 clock hours of supervised clinical training, of which no more than 100 hours may be the observation of the instructor by the student. At least 500 hours must be direct patient treatment supervised by a qualified instructor.

(1) Qualified instructors must observe and provide guidance to students as appropriate. Instructors must demonstrate qualifications in their areas of specialization through:

(a) Broad and comprehensive training in acupuncture or Eastern medicine; and

(b) Five years of relevant clinical practice, teaching experience, or both.

(2) Qualified instructors must be available within the clinical facility to provide consultation and assistance for patient treatments. Prior to initiation of each treatment, instructors must have knowledge of and approve the diagnosis and treatment plan.

(3) "Direct patient treatment" includes:

(a) Conducting a patient intake interview concerning the patient's past and present medical history;

(b) Performing acupuncture or Eastern medicine examination and diagnosis;

(c) Discussion between the instructor and student concerning the proposed diagnosis and treatment plan;

(d) Applying acupuncture or Eastern medicine treatment principles and techniques; and

(e) Charting of patient conditions, evaluative findings, and concluding remarks.

(4) Post-Graduation Supervised Practice Option

Up to 500 hours of the direct patient treatment requirement in section (3) of this rule may be completed in a Board-approved post-graduation supervised practice setting, subject to the following conditions:

(a) The applicant has passed a Board-approved acupuncture examination prior to beginning post-graduation supervised practice;

(b) Post-graduation supervised practice must be completed within 18 months of graduation from a Board-approved acupuncture program, unless a special waiver is granted by the Board;

(c) The supervising acupuncturist meets the qualifications established in subsection (1) of this rule;

(d) The applicant documents hours through a report submitted to the Board on forms approved by the Board;

(e) During the post-graduation supervised practice period, the applicant may practice acupuncture only under the direct supervision of a qualified supervising acupuncturist in a Board-approved setting.

OAR 847-070-[XXXX]-0040 Minimum Total Hours and Program Requirements

(1) An acupuncture program seeking Board approval must provide a minimum of 1,800 clock hours of combined didactic and clinical training, consistent with the subject area requirements in OAR 847-070-[XXXX]-0010, -0020, and -0030.

(2) Programs must include instruction in professional ethics, Oregon acupuncture law and rules, and practice management.

(3) The Board may conduct program reviews, including site visits, to verify compliance with these standards. Board approval may be withdrawn for noncompliance.
Statutory/Other Authority: ORS 677.265, ORS 677.759, ORS 677.785(3) Statutes/Other Implemented: ORS 677.265, ORS 677.759, ORS 677.780

Rule Change Rationale

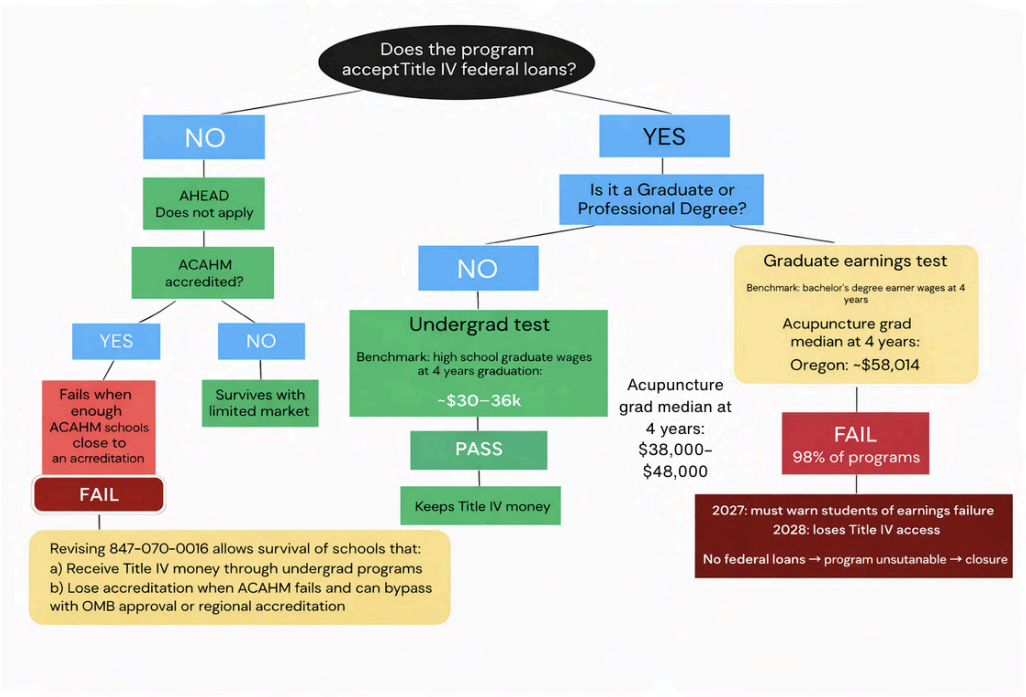
A Rapidly Moving Timeline

The One Big Beautiful Bill Act[1] establishes a July 1, 2026 effective date for new graduate loan limits and the elimination of Grad PLUS loans through the RISE Rule.[2] The AHEAD Framework earnings premium test begins in summer 2027, with Title IV loan eligibility loss projected by 2028.[3] NUNM enrollment is already declining.[4] The window to establish an alternative pathway before the pipeline fails is narrow, and rulemaking takes time.

Potential for Acupuncture Workforce Collapse Under New Federal Policy

The RISE rule eliminates Graduate PLUS loans and caps federal graduate borrowing at $20,500 per year with a $100,000 lifetime limit.[2] Acupuncturists are additionally and uniquely affected by the AHEAD framework[3], which conditions Title IV access on an earnings benchmark: graduate degree holders must demonstrate median earnings exceeding those of a working bachelor's degree holder in the same state and field at the fourth year out. Most healthcare professions meet this threshold. Acupuncturists do not — not because the profession fails its communities, but because most acupuncturists are in independent practice where building a thriving practice by year four is structurally difficult. The U.S. Department of Education projects that 98% of students in acupuncture programs will fail this benchmark[5]. Programs failing two of three consecutive years lose Direct Loan eligibility entirely, likely by 2028.

The Ahead Framework Algorithm



A Financially Vulnerable Workforce With No Margin for Error

Oregon's acupuncture workforce was already under strain before these federal changes. ACAHM-accredited programs held six of the ten worst-performing spots nationally in U.S. Department of Education HEA data.[6] Oregon currently has two ACAHM-accredited programs remaining after OCOM closed in 2024. This financial unsustainability was not caused by low demand. Acupuncture is a covered OHP benefit under the HERC Prioritized List and is essential to meeting Oregon's Universal Health Plan mandate for comprehensive, equitable care by 2030.

Reliance on a Single, Fragile Accreditor Creates High Risk

Oregon's current rule requires ACAHM accreditation through two mechanisms: naming it directly in OAR 847-070-0016(1)(a)(A), and requiring the NCBAHM examination, which itself requires ACAHM graduation for eligibility. OAA supports retaining this pathway. The proposal does not eliminate it.

Relying on ACAHM as the sole pathway carries institutional risk. IRS Form 990 data shows ACAHM posted operating deficits in 6 of the last 10 years, with net assets down 11% since 2015 (See Appendix C) — establishing financial fragility that predates the current federal policy environment. Each school closure costs ACAHM significant annualized revenue, and the AHEAD framework is projected to trigger multiple closures simultaneously.[5,7]

The Council on Naturopathic Medical Education (CNME), the naturopathic accreditor, received a 12-0 denial recommendation from NACIQI on March 25, 2026, under conditions that directly parallel ACAHM's. In its motion, NACIQI found that CNME had "fundamentally compromised its integrity as a reliable authority on education quality by officially citing student demographics as justification for substandard program outcomes."[8] NACIQI recommendations are not self-executing and ED retains final authority, but a 12-0 vote is not a close call. ACAHM's own NACIQI recognition renewal review is scheduled for July 22–23, 2026, six weeks after the AAC's June 5th meeting. The AAC will be making its recommendation before the NACIQI review concludes. Oregon's proposed parallel pathway is the contingency that makes that timing manageable rather than precarious.

Removing Structural Constraints Gives Oregon an Insurance Policy

ORS 677.785(3) gives the AAC authority to recommend standards of didactic and clinical education — authority it has never independently exercised. ORS 677.785(4) requires an National Commission for Certifying Agencies (NCCA)-accredited examination, not NCBAHM specifically. The proposed revision to OAR 847-070-0016 uses both statutory authorities to create a parallel, Board-approved pathway that preserves the existing ACAHM → NCBAHM → licensure route entirely while enabling innovation. Thirty-six of 48 jurisdictions reviewed maintain full or partial non-ACAHM education pathways; thirty-three maintain full or partial non-NCCAOM exam pathways. Oregon's proposed rule brings it into alignment with the substantial majority of states (*See Appendix B*).

The U.S. Department of Education's draft AIM regulations further support this approach, explicitly prohibiting accrediting agencies from categorically restricting programs that achieve comparable outcomes regardless of traditional hour or credential requirements.[9] A Board-approved competency standard does precisely what federal policy now contemplates. Acupuncture is a Medicaid-covered, evidence-supported primary care tool Oregon will need more of as it moves toward universal coverage.

NCBAHM Exam Eligibility Memo

Statutory Anchor

ORS 677.785(4) charges the AAC with recommending "a licensing examination that meets the standards of the National Commission for Certifying Agencies (NCCA) or an equivalent organization." The proposed revision to OAR 847-070-0016 addresses this directly: "Board-approved acupuncture examination" means any examination administered by an NCCA-accredited credentialing organization. NCBAHM is named as a currently recognized body, not the exclusive one.

NCBAHM Needs to Allow Candidates from A State-Approved Pathway

NCBAHM's current eligibility rules require graduation from an ACAHM-accredited program,[10] creating a circular dependency for graduates of a Board-approved alternative pathway. OAA and AWA are actively working to resolve this through direct engagement with both NCBAHM and NCCA.

NCBAHM's Certification Handbook (January 2024) shows its eligibility framework already accommodates government-approved pathways: Route Two accepts candidates from programs approved by a foreign Ministry of Education or equivalent government agency without ACAHM accreditation, subject to comparability review.[10] The Oregon Medical Board can be seen to hold equivalent domestic authority. In early April, OAA and AWA met with NCBAHM and submitted a formal proposal requesting a state-approved route to exam eligibility; NCBAHM confirmed it will be presented to its board and forwarded to NCCA.

Fallback Process

The proposed rule's "Board-approved acupuncture examination" definition fulfills ORS 677.785(4), which requires National Commission for Certifying Agencies (NCCA) accreditation, not NCBAHM specifically. OAA and AWA wrote an April 21 letter to NCCA asking what accreditation of an alternative examination would require, should NCBAHM be unable to extend eligibility to OMB-approved pathway graduates. If a new NCCA-accredited examination is ultimately required, OAA and AWA are committed to that work and have already initiated the necessary relationship with NCCA.

The NCBAHM eligibility question does not need to be resolved before Oregon acts. The proposed rule revision is fully operative under ORS 677.785(4) regardless of NCBAHM's response. OAA and AWA are pursuing NCBAHM eligibility expansion as a parallel workstream, and Oregon's rule change strengthens that case with NCBAHM by demonstrating that a state has formally recognized an alternative pathway.

Standards & Competency Framework

Twenty-eight of the forty-eight states that license acupuncturists have established their own standards through statute or administrative rule. This proposal brings Oregon into alignment with that majority while grounding Oregon's standards in Oregon's own statutory scope of practice.

I. Scope of Practice as the Governing Standard

Oregon's acupuncture scope of practice, established in ORS 677.757, defines what a licensed acupuncturist must be competent to perform at entry level. That scope requires understanding of "acupuncture theory, biomedical anatomy and diagnostic evaluation" to treat "neurological, organic and functional disorders through the insertion of needles" (ORS 677.757(1)(a)), training in moxibustion and adjunctive devices (ORS 677.757(1)(b)), and competency in TEM diagnosis, manual therapy, exercise, pharmacopoeia, vitamins, minerals, and dietary advice (ORS 677.757(1)(c)(A)-(C)).

The appropriate starting point for any competency standard is the scope of practice itself. As the Little Hoover Commission concluded: "The standard for professional licensing is to ensure that incoming licensees can perform the legally authorized scope of practice as entry-level practitioners."[11]

II. State Comparison Evidence

Analysis of training hour requirements across 28 states with independently stated clock-hour floors reveals a clear pattern (*see Appendix A*). A substantial cluster, including Rhode Island, Massachusetts, North Dakota, Missouri, Connecticut, and Virginia, require exactly 1,905 hours. This figure was not independently derived: it reflects wholesale adoption of the ACAHM accreditation minimum, a floor not established through any state's independently defined scope of practice and for which no documented employer, workforce, or competency-based evidentiary record has been identified.

Setting aside ACAHM-deferring states, outliers appear at both extremes with California and Nevada at 3,000 hours and Maine and Montana at 1,300 and 1,000 hours respectively. The remaining independently-derived floors cluster between 1,700 and 1,800 hours: Washington at approximately 1,700, Idaho and Nebraska at 1,725, Texas, West Virginia, and Maryland at 1,800. When states reason from scope of practice and public safety rather than accreditation alignment, 1,700 to 1,800 contact hours is where they seem to cluster. Oregon's proposed 1,800-hour floor sits at the upper bound of this cluster and is consistent with neighboring state standards.

III. WHO Benchmark and ACAHM Standard Alignment

The WHO Benchmarks for the Training of Acupuncture (2020) establish a Basic Level standard of 1,568 contact hours across four domains: acupuncture and East Asian

medicine sciences (672 hours), biomedical sciences (416 hours), supervised clinical practice (400 hours), and laws, ethics, and professional practice (80 hours).[12]

The current ACAHM minimum for entry-level master's programs is 1,905 clock hours requiring 60 semester credits of post-secondary education as a condition of admission. The prerequisite credits come with no subject matter requirements and may be completed in any field of study.[12,13] This prerequisite functions primarily as a graduate-level admissions filter, restricting program delivery to graduate-degree-granting institutions and student financing to Grad PLUS loan structures.

Oregon's proposed 1,800-hour floor exceeds the WHO Basic Level, meets or exceeds WHO domain allocations in every subject area, and is structured consistently with ACAHM's subject area framework while enabling the possibility for delivery through undergraduate and post-baccalaureate pathways eligible for Pell Grants, state need-based aid, and subsidized federal loan structures. Oregon's proposed clinical training floor of 600 hours — with a minimum of 500 hours of direct patient treatment — substantially exceeds the WHO Basic Level and aligns with ACAHM minimums on the dimension most directly relevant to patient safety.

Domain	WHO Basic	ACAHM MAc	Washington State†	Idaho	Proposed Oregon
Acu & East Asian medicine sciences	672 hrs	705 hrs	~750 hrs		750 hrs
Biomedical / modern medical sciences	416 hrs	450 hrs	~450 hrs		450 hrs
Supervised clinical training	400 hrs	660 hrs	500 hrs	500 hrs	600 hrs (min. 500 direct treatment)
Laws, ethics, professional practice	80 hrs	90 hrs	not enumerated	225 hrs flexible	included in program requirements
Total	**1,568 hrs**	**1,905 hrs**	**~1,700 hrs**	**1,725 hrs**	**1,800 hrs**
Admission prerequisite	Secondary ed.	60 sem. credits (any subject)	None in WAC	None specified	None
Degree required	None	Graduate degree	None	None	None

† Washington State hours converted from quarter and semester credits at state school rates of 10 hrs = 1 credit.

IV. Supervised Practice Options

Many acupuncturists have asked us about the potential of offering an apprenticeship route. NCBAHM eliminated Route 3 as an option because "from 2012 to 2016, apprenticeship applicants performed poorly on the NCCAOM exams, especially Biomedicine (28% pass rate; n=29) and Chinese Herbology (a zero percent pass rate; n=11)."[14] (See Appendix D). We believe the benefits of apprenticeship-style training can be accomplished safely when supervised practice follows completion of training standards and passage of a Board-approved examination.

Our proposed competency standards include a post-graduation supervised practice option under OAR 847-070-[XXXX]-0030(4), permitting up to 500 of the required direct patient treatment hours to be completed in a Board-approved clinical setting following completion of required didactic training and passage of a Board-approved examination. Programs may continue to deliver all hours within institution-based facilities, as the post-graduation option is an alternative pathway, not a replacement. This model draws on supervised practice frameworks used in Oregon licensure pathways for professional counselors (OAR 833-030-0021) and psychologists (OAR 858-010-0036).

The model offers three advantages. First, hours may be completed across multiple Board-approved settings — including FQHCs, tribal health programs, and independent practices — allowing candidates to train where Oregon's access gaps are most acute. Second, candidates are not geographically tethered to their training institution, creating a direct pipeline to rural and underserved communities. Third, candidates may be compensated by supervising practices rather than paying tuition, materially reducing graduate debt load and improving access to lower-reimbursement populations.

Subject Area Justification

The proposed standards organize required training into three domains corresponding directly to Oregon's authorized scope. The following summarizes the evidentiary basis for subject area selection, drawing on both scope matching and employer interview findings.

OAR 847-070-[XXXX]-0010: Clinical and Biomedical Sciences

Anatomy and physiology; Pathology — Required by ORS 677.757(1)(a), which conditions needle insertion on biomedical anatomy and diagnostic evaluation. Multiple employers identified these as foundational to orthopedic evaluation and safe patient intake..

Infectious and non-communicable disease recognition — Entry-level practitioners must screen for active contraindications, recognize presentations outside scope, and refer appropriately. NCDs including cardiovascular disease and diabetes are the primary disease burden in Oregon's OHP-covered population. Employers in integrated health and hospital settings identified referral recognition as a baseline competency.

Medical literacy (medications, laboratory results, imaging, and research appraisal) — Required by ORS 677.757(1)(a)'s diagnostic evaluation standard. Identified by four of six employers as undertaught, specifically the ability to write anatomically grounded notes and communicate across clinical vocabularies. Research appraisal is additionally justified by the Joint Commission's Practice-Based Learning and Improvement competency, one of six core competencies used to evaluate all licensed independent practitioners in accredited hospitals.[15]

Pain science and pain management, including musculoskeletal literacy — Named by all six employer sources. The Joint Commission's PC.01.02.07 mandate already requires accredited hospitals to offer nonpharmacologic pain treatment with acupuncture explicitly named and practitioner competency in pain management is what makes that obligation fulfillable.[16]

Behavioral health and substance use disorders — Identified by employers as high-volume presenting conditions across community and tribal health settings. One employer serving tribal recovery populations described trauma-informed screening as a non-negotiable baseline competency. Consistent with OHP behavioral health integration priorities.

Evidence-informed nutrition — Directly authorized under ORS 677.757(1)(c)(C) for scope of an acupuncturist. In Oregon, cancer and heart disease account for nearly half of all deaths; diet is one of the most significant modifiable risk factors for both.[17] Evidence-based nutritional guidance is a required competency for any practitioner authorized to provide dietary advice.

Clinical documentation, interprofessional communication, and electronic health record use — Identified by four of six employers as undertaught, with multiple employers describing significant onboarding time for documentation habits that should be established before hire. The ability to document in structured clinical formats and communicate across professional vocabularies determines whether a practitioner can function in integrated care settings and serve OHP-covered patients.

Culturally responsive and trauma-informed practice — Identified by five of six employers as a clinical quality factor affecting patient access and retention. Oregon's acupuncture workforce serves tribal communities, LGBTQ+ and gender-variant patients, recovery populations, and diverse urban and rural demographics. Culturally responsive and trauma-informed practice at entry level reduces care barriers and improves patient retention across these populations.

OAR 847-070-[XXXX]-0020: Acupuncture and Eastern Medicine Sciences

Basic theory; Meridians and acupoints — The framework that makes acupuncture diagnosis coherent and distinguishes a trained acupuncturist from a dry needling practitioner. Identified by employers as non-negotiable foundational knowledge.

Skills and techniques — All named modalities authorized under ORS 677.757(1)(b) and (1)(c).

Clinical reasoning, differential diagnosis, and referral decision-making — The most foundational entry-level competency, named by all six employer sources as the competency most consistently underdeveloped in new graduates. Safe practice of the authorized scope requires the ability to reason clinically, make the correct diagnosis and know when and how a case needs to be referred.

Therapeutics including manual therapy, exercise and related therapeutic methods — Authorized under ORS 677.757(1)(c)(B). Identified by employers as important for providing competent care and directly linked to CPT 97140 billing and the financial sustainability of OHP-serving practices.

Traditional Eastern medicine pharmacopoeia, vitamins, minerals, and dietary advice — Authorized under ORS 677.757(1)(c)(C). Identified by multiple employers as essential to clinical depth; absence described by one employer as a disqualifying gap due to safety.

Clean needle technique — Patient safety baseline.

Laws, regulations, and ethics — Oregon-specific law is essential to professional identity and safe independent practice.

History of acupuncture medicine — The profession has raised consistent concerns that expanding training pathways risks severing practitioners from the cultural and historical roots of the medicine. This subject area is an explicit response to those concerns.

Understanding the history of acupuncture in both its countries of origin and in the United States provides professional identity context, supports regulatory literacy, and ensures that practitioners entering through any approved pathway understand the medicine they are practicing as a living tradition — not merely a set of techniques.

OAR 847-070-[XXXX]-0030: Supervised Clinical Training

The 600-hour clinical floor — with a minimum of 500 hours of direct patient treatment — exceeds the WHO Basic Level standard of 400 hours and aligns with ACAHM minimums on the dimension most directly relevant to patient safety. The post-graduation supervised practice option is addressed in Section IV.

Employer Interview Findings: Competency Evidence for OAR 847-070-[XXXX]

I. Overview

Between March and April 2026, the OAA Education Task Force and Acupuncture Workforce Alliance began conducting employer interviews. We are early in this process and have only collected interviews from six employers, but they range practice contexts: community health and tribal billing, integrated university health, classical rural private practice, sports medicine and orthopedic private practice and hospital-based pain research. Findings are reported in aggregate. Additional interviews are ongoing and will be presented at the June 5th meeting.

II. Key Findings

Competency Domain	Sources (of 6)
Pain management and orthopedic skill	6/6
Clinical reasoning, differential diagnosis, referral decision-making	6/6
Interpersonal skill and rapport as primary hire criterion	5/6
Cultural competency and accessibility	5/6
Code-switching and interdisciplinary communication	4/6
EHR and billing literacy as undertaught	4/6
Time to productivity: 6–24 months before full integration	4/6
Safety: needle counting, adverse event protocols	3/6
Chinese medicine theory as differentiating from dry needling	3/6
Research and evidence-informed practice	1/6

Several findings stand out. Clinical reasoning and referral decision-making and pain management were named by all six sources. Interpersonal skill, cultural competency, and rapport were identified by five of six, a consistent signal that patient accessibility is understood by employers as a clinical quality factor, not a soft skill. Code-switching and interdisciplinary communication as well as EHR and billing literacy were reported as undertaught. The productivity finding especially points to a pre-licensure training gap in preparing graduates, as reports from employers say it requires 6 months to two years before they reach full clinical integration.

Additional employer interviews are underway. A supplementary findings memo will be submitted prior to the close of the public comment period.

Oregon Program Stakeholder Engagement

Oregon currently has two ACAHM-accredited acupuncture programs: the National University of Natural Medicine (NUNM) and the Oregon College of Community Acupuncture (ORCCA). Both programs would continue to operate under their existing ACAHM accreditation pathway under this proposal. The parallel pathway is an addition, not a replacement.

NUNM President and CEO Dr. Melanie Henriksen, ND, LAc, CNM, has provided a letter of support for this proposal, writing that any pathway meeting clearly defined competency standards and ensuring public safety has NUNM's support. NUNM has itself already begun reducing program hours to align with ACAHM minimums in anticipation of federal regulatory changes, and is supportive of undergraduate prerequisites counting toward program requirements. Dr. Henriksen's full letter is included as Appendix E.

The OAA Education Task Force has been in conversation with ORCCA through OAA Treasurer Maddie Foley. ORCCA's primary concern is contingency planning, specifically, what pathway exists for their program if ACAHM's accreditation status becomes untenable. That is a legitimate question and one we are committed to working through with the Board before the close of the public comment period. Our curriculum mapping shows that ORCCA already exceeds the proposed 1,800-hour floor and meets the large majority of required content domains. We have worked to ensure that the gaps are narrow and addressable without structural redesign, and that analysis is available for ORCCA's review (see Appendix F). We look forward to continuing this conversation in good faith.

Fiscal and Administrative Impact

We are acupuncturists, not regulators, and we recognize that the administrative details of program approval are the Board's domain. We believe the proposed pathway can be administered within existing OMB staff capacity and cost-recovered through program application fees, but we are learning as we go. The Oregon Association of Acupuncturists and Acupuncture Workforce Alliance commit to partnering with the AAC however we can, to work through the operational details for Oregon's specific context, and to ensure that Oregonians can continue to access acupuncture medicine.

I. Two Tiers of Administrative Work

Tier 1 — USDE-Accredited Programs: Staff verify accreditation status and confirm curriculum meets the subject area floors in OAR 847-070-[XXXX]. No site visit required unless Board determines otherwise.

Tier 2 — Direct Board Approval: A non-accredited program submits a complete curriculum application demonstrating compliance with OAR 847-070-[XXXX]. Staff review, AAC recommendation, Board vote at a scheduled meeting. Site visits are authorized under OAR 847-070-[XXXX]-0040(3) at Board discretion, with costs borne and pre-paid by the applicant program.

II. Precedent

The New Mexico Board of Acupuncture and Oriental Medicine conducts independent program approval with site visits and charges all site visit costs, including administrative costs, directly to the program under review, making the function fiscally neutral to the Board. Their rules state explicitly: "If a visit is necessary to evaluate the educational program, the cost of the visit, including any administrative costs, shall be paid in advance by the educational program."[18]

We are also aware that Oregon's own 2025 five-needle protocol technician rulemaking established a new practitioner category with Board-approved training requirements administered by existing OMB staff. That rulemaking may serve as both a useful precedent and a reminder that new administrative functions have real costs in staff time and capacity. We do not take that lightly. We would like to continue this conversation with the AAC and Board to determine together how a program approval process can work practically for Oregon and we commit to doing whatever work we can to make it as manageable as possible.

III. Fee Structure and Workload

Our understanding is that the OMB is 100% funded through licensee fees. We believe program approval fees should cover the Board's actual administrative costs, and we defer entirely to the Board on what fee level is appropriate under ORS 677.265. We are not in a position to know what staff review time, AAC consideration, and ongoing compliance

monitoring actually cost, and we do not want to propose a number that underestimates the Board's real burden.

Near-term volume is expected to be low, realistically one initial applicant in the first one to two years. In practice, that means a single curriculum review against the standards in OAR 847-070-[XXXX], a single AAC recommendation, and a single Board vote at a scheduled meeting. This is not a new administrative infrastructure problem; it is a bounded, fee-recoverable function the Board can scale into gradually as volume warrants. The five-needle protocol technician rulemaking established a comparable precedent: a new practitioner category with Board-approved training requirements, administered by existing OMB staff.

For context on fee calibration, ACAHM's Schedule of Fees and Dues (effective January 1, 2026)[19] shows that a program pays $7,700 in annual sustaining dues plus $49 per enrolled student, meaning a small program with 40 students pays approximately $9,660 per year before any site visit costs. In a re-accreditation year, a Self-Study Report review adds $4,250 and a comprehensive site visit adds $8,000 plus all travel, lodging, and meal expenses for site visitors. ORCCA publicly documented paying $35,600 in a single re-accreditation year.[19,20] Oregon's program approval fee structure need not replicate ACAHM's, but this context suggests that a fee sufficient to cover the Board's actual costs would not be unreasonable for an applicant program to absorb, and would likely represent a significant reduction from what ACAHM charges.

We remain committed to working through the operational details with the AAC and welcome that conversation at the June 5th meeting.

Appendix A: State Training Hours Comparison

Prepared by Rebecca Groebner. Sources: State statutes and administrative rules as cited. Only states with independently stated hour/credit minimums are shown.

State / Standard	Total hours	Clinical	Admission prereq	Credential req.	Notes
WHO Basic level Full training standard	**1,568**	400	Secondary education (Grade 12)	Competency cert (flexible)	Minimum contact-hour floor for full acupuncture training. No degree requirement.
WHO Advanced level Standalone specialist	**2,468**	500	Secondary education (Grade 12)	Competency cert (flexible)	Standalone specialist per WHO Glossary. No degree requirement.
ACAHM MAc US current standard (3 yr)	**1,905**	660	60 semester credits undergrad (required)	Master's degree required; Grad PLUS loans only	Graduate-level entry only. Acupuncture only (no herbal). ACAHM-accredited schools only.
Oregon proposed pathway (AWA/OAA proposal — OAR 847-070-0016)					
Oregon proposed Post-baccalaureate pathway	**1800**	600	None specified in rule (state-approved program)	State licensure; no graduate degree required	Proposed floor meets or exceeds WHO Basic. Eliminates graduate-degree barrier. Medicaid billing via state licensure (OHP).
Comparison states — floors above ACAHM MAc floor					
California 16 CCR §1399.434	**3,000**	950	60 semester / 90 quarter units (2 years of college) — embedded in board curriculum standards, not BPC §4938 directly.	Triple school approval required: CAB curriculum (§4927.5(a)(1)), BPPE institutional (§4927.5(a)(2)), ACAHM accreditation (§4927.5(a)(3)). Individual:	Own state exam (CALE); no NCCAOM required. Highest U.S. floor.

			No bachelor's degree required.	must pass CALE. No degree requirement in statute.	
Nevada NAC 634A.080	**3,000**	Not sep. specified	Bachelor's degree required in statute (NRS 634A.140(1)(a)(2), added 2019)	4-year ACAHM-accredited program	Highest admin rule floor, California matches at 3,000 hrs but in statute. Bachelor's degree req.
Florida §457.105; Rule 64B1-4.001	**2,700**	Not sep. specified	60 college credits (approx. 2 years) — in statute, applies to applicants from Aug. 1, 2001 onward. No bachelor's degree required.	4-year program; curriculum comparable to ACAOM master's level — comparability standard, not institutional accreditation. Diploma sufficient; no degree required.	Supervised instruction defined in detail (Rule 64B1-4.0015). 2nd highest U.S. floor.
New Jersey N.J.A.C. 13:35-9.4	**2,500**	Not sep. specified	Baccalaureate degree from a U.S. school required in statute (N.J.S.A. 45:2C-9(c)(1)). No waiver mechanism.	No independent degree required, but ACAHM-accredited program is required.	ACAHM-accredited program required (N.J.A.C. 13:35-9.4). Three NCCAOM modules required.Herbology requires separate additional license.
Hawaii HAR §16-72-14	**2,175**	660	None specified	Certificate/diploma sufficient; no degree req.	Any USDE-recognized acupuncture/OM accrediting body accepted (§436E-5(d)) — ACAHM not named exclusively. Certificate or diploma sufficient. No degree requirement. Board retains exam discretion ('or such other written examination as the board may determine,' HAR §16-72-33). Physicians must hold LAc to practice acupuncture — unique patient protection provision.
States that have written in ACAHM floor standards					
Illinois	3-yr: **1,905** 4-yr: **2,625**	660	None specified	None specified. ACAHM-accredited program OR	No ongoing NCCAOM certification for renewal — CE-hours-based only.

225 ILCS §2; §1140.40				Division-approved program with independent curriculum floor (§1140.30(1)).	
Rhode Island §5-37.2-12.1	**1,905** ACAHM matching	Not broken out	None specified	No degree requirement.	ACAHM/ACAOM-accredited program OR any accrediting body approved by department (§5-37.2-12.1(5)). NCCAOM OR any credentialing body approved by department (§5-37.2-12.1(a)). Two-tier license: Doctor of Acupuncture (acupuncture only) vs. Doctor of Acupuncture and Chinese Medicine (adds herbal certification).
Massachusetts Mass. Licensing Reqs.	**1,905** ACAHM matching	100 hrs min.	60 semester/90 quarter hours at accredited college or university PLUS three science courses (general biology, human physiology, human anatomy — at least one with lab for post-June 2009 applicants).	No degree requirement.	100-hr supervised Dx/Tx minimum is the only clinical specification. ACAHM-accredited or USDE-recognized accreditor (functionally ACAHM-exclusive — no other USDE-recognized acupuncture accreditor exists).
Missouri 20 CSR 2015-4.020	**1,905** ACAHM matching	660	None in rules	No degree requirement.	Credit-or-hour equivalent alternative.
Connecticut §20-206bb	**1,905** ACAHM matching	Not broken out	60 semester hours or equivalent postsecondary study required IN STATUTE (§20-206bb(b)(1))	No degree requirement.	1,905-hr floor stated directly in statute.
States with Independently written floors (tend to be in the 1700-1800 hr range)					

Wyoming* (Ch.4 Tutorial Program)	**1,850***	800	None in statute; ACAOM program enrollment required for tutorial pathway	Tutorial pathway: ACAOM-program-enrolled applicants only. NCCAOM or CALE accepted (Ch.2(a)(iv)(C)). No degree requirement.	*Tutorial pathway only — primary pathway defers to ACAHM with no independent hour floor. 1,850-hr floor applies only to tutorial applicants.
Texas §205.206; Rule §183.4	**1,800**	Not sep. specified	60 semester hours of general academic college-level courses IN STATUTE (§205.203(b)(2))	No degree requirement.	+450 hrs herbal in rules = 2,250 if combined. 6 terms × 4 months residence req. (§205.053(e)) — explicitly bars persons with financial interest in acupuncture schools from board service
West Virginia (§30-36-10)	**1,800**	300	None specified	No degree requirement.	
Maryland §1A-302; COMAR 10.26.02	**1,800**	300	None specified	Master's level program or its equivalent	Confirmed in both statute and admin rule.
Kentucky (KRS 311.674)	**1,800**	300	None specified	ACAOM-accredited program required IN STATUTE (KRS 311.674(1)(d)) — no equivalency language of any kind. No degree requirement.	
Delaware (Admin Rule §5.0)	**1,800**	300	None specified	Individual waiver provision (§1798(c)): Council may waive any requirement by 3-member vote. No degree requirement.	
Nebraska §38-2060; 172 NAC 89	**1,725**	500	None specified	No degree requirement.	Independent of ACAHM. Floor in both statute and rules. 27-month min. attendance.

Idaho IDAPA 24.17.01, §100.01	**1,725**	500	None specified	No degree requirement, graduation from approved program meeting 1,725-hour floor — genuinely disjunctive (IDAPA 100.01(a))	One of two pathways. Other pathway: NCCAOM certification. Individual qualification review process (IDAPA 102.02)
Washington State RCW 18.06.050; WAC 246-803	**~1,700** (converted as 1 credit = 10 hr)	500	None in WAC (no floor)	No degree requirement.	Hours converted: 10 contact hrs/QC, 15 contact hrs/SC. No total clock-hour floor in WAC text. Apple Health Medicaid coverage eff. Jan. 2025.
New York‡ (NYSED Subpart 79-2)	**~1,450 - –1,700 contact hrs‡** (4,050 blended academic hrs per NYSED rule)	650	60 semester hours including 9 in biosciences at accredited college or university.	NCBAHM two modules only (Acupuncture with Point Location + Foundations of OM). No degree requirement.	‡ 4,050 is blended academic hours including out-of-class study time (2:1 ratio for classroom; 0.5:1 ratio for clinical) — NOT comparable to contact-hour floors used by all other states in this table. Actual contact hour floor through calculation comes out to around depending on the math used ~1,450–1,700 hrs. Fewest NCBAHM modules required of any NCCAOM-primary state reviewed.
States with floors below the WHO basic					
Maine 32 M.R.S. §12512	**1,300** Below WHO Basic	300	Baccalaureate degree OR RN license OR physician associate training — IN STATUTE (32 M.R.S. §12512(1)(B)(1), updated per RR 2025).	No degree requirement for acupuncture program itself.	Undergraduate prerequisite — baccalaureate/RN/PA in statute with no waiver; Shared board structure (acupuncturists, naturopathic doctors, midwives)
Montana MCA §37-13-302	**1,000** Below WHO Basic	Not specified	None specified	No degree requirement.	1,000 hours minimum in statute (MCA §37-13-302) — lowest explicit statutory floor reviewed. No clinical hour floor specified separately. No subject area breakdown. Floor been in statute since 1987.

Appendix B: State Alternative Pathways

Prepared by Rebecca Groebner Sources: State statutes and admin rules as cited in state notes. Y = clear alternative pathway exists in statute/rules. P = partial: board equivalency discretion exists on paper but not confirmed as exercised in practice. N = no independent alternative; pathway exclusively through ACAHM/NCCAOM.

State	Non-ACAHM Education Pathway?	Non-NCCAOM Exam Pathway?	Key Provision
Alaska	P	N	"Consistent with" ACAHM guidelines (not "accredited by") — but equivalency delegated to NCCAOM [NCBAHM], not board-controlled.
Arizona	Y	Y	Independent state board approval with defined curriculum standards (R4-8-404). CALE explicitly named as accepted exam alternative.
Arkansas	Y	P	"Other criteria as found reasonable by the Board" in statute and rules. Board-approved exam language exists but NCCAOM [NCBAHM] named exclusively in proposed 2025 draft.
California	N	Y	CAB has independent curriculum standards but school approval still requires ACAHM status. CALE is the only accepted exam — entirely independent of NCCAOM since 1978.
Colorado	Y	Y	Director-approved non-ACAHM programs (Rule 1.1.A.2). CALE explicitly named as accepted alternative exam.
Connecticut	Y	P	Any USDE-recognized accrediting agency accepted (§20-206bb(b)(2)). Department retains exam discretion — not exercised in practice.
DC	Y	N	Board-approved alternative programs in statute. NCCAOM modules named exclusively in rules — no confirmed alternative.

Delaware	P	P	ACAHM equivalency in rules; individual waiver provision in statute (§1798(c)). Organizational exam equivalency in statute.
Florida	Y	P	"Comparable to ACAOM" curriculum standard — comparability, not accreditation. State exam authority preserved in statute since 1980.
Georgia	Y	Y	Board-approved program equivalency in statute. Any NOCA-accredited examination organization qualifies — not NCCAOM-exclusive by name.
Hawaii	Y	Y	Any USDE-recognized acupuncture/OM accrediting body (§436E-5(d)). Board discretion to approve alternative exam — exercised once in 2004.
Idaho	Y	Y	Three-layer open equivalency in statute and rules (§54-4706). Board-approved demonstration of proficiency as statutory alternative to exam.
Illinois	Y	Y	"Similar accrediting body approved by Division" (§1140.30(1)(A)). "Substantial equivalent approved by the Division" in operative rules for exam.
Indiana	P	P	"Meets the standards of" ACAHM qualifies without accreditation. "Substantially equivalent examination" in statute for endorsement pathway.
Iowa	N	N	"Meets the standards of" ACAOM is the only open language — ACAOM-benchmarked. Explicit anti-waiver provision eliminates any flexibility.
Kansas	Y	Y	Equivalency built into statutory definitions of both ACAOM and NCCAOM (K.S.A. 65-7602). Board-determined equivalent exam operative in both statute and rule.
Kentucky	N	N	ACAOM named exclusively in statute with no equivalency language of any kind.
Louisiana	N	N	Admin rule equivalency for physician pathway only — dormant since 1993. No LAc alternative.
Maine	Y	P	Board independently approves institutions. "NCCAOM or its successor or other organization approved by the board" in primary statute.
Maryland	P	P	Board-found equivalency in both statute and rules on education and exam prongs. Cost-recovery mechanism may create practical barrier; neither provision confirmed as exercised.

Massachusetts	N	N	Apprenticeship formally closed December 31, 2010.
Michigan	N	N	Non-NCCAOM transitional pathway expired March 31, 2024. No current alternative on either prong.
Minnesota	P	P	Reciprocity pathway bypasses NCCAOM for initial licensure if other state's standards meet or exceed Minnesota's.
Mississippi	N	N	ACAHM exclusive with successor clause only. NCCAOM Diplomate required — no alternative.
Missouri	Y	P	Operative non-ACAOM program approval with defined curriculum breakdown (20 CSR 2015-4.020(4)). Committee-determined NCCAOM equivalency for reciprocity pathway.
Montana	P	N	"Equivalent curriculum approved by the board" in statute. No exam alternative.
Nebraska	Y	P	Any USDE-recognized accrediting body embedded in "board approved school" definition (172 NAC 89-002.02) — self-executing. Statute permits board to designate alternative exam by rule without legislative action.
Nevada	N	N	Illusory equivalency only — secondary pathway requires 4 years prior licensed practice. No true alternative for new applicants.
New Hampshire	Y	Y	Board-approved alternative program and "equivalent certification approved by the board" both in statute. Credentials Documentation Review pathway preserved as approved alternative method.
New Jersey	N	N	"Board-approved" language in statute but operationalized as ACAHM-exclusive in rules. No exam alternative.
New Mexico	Y	P	Independent board program approval with site visits. Expedited pathway bypasses exam for qualifying out-of-state practitioners — California explicitly excluded.
New York	Y	Y	NYSED-registered programs, non-ACAHM accreditors, and equivalency standard all accepted. Department exam equivalency authority preserved in Subpart 79-2.
North Carolina	N	N	Successor clause only — no independent equivalency. Four NCCAOM modules required with no alternative.

North Dakota	Y	P	Board may approve equivalent programs (§43-61-01(3)(b)). "Such as the NCCAOM" language in statute makes NCCAOM illustrative rather than exclusive.
Ohio	N	N	Pure NCCAOM delegation — no independent equivalency provision in statute. No exam alternative.
Oregon (current)	P	N	Foreign ministry pathway exists but ACAHM-benchmarked. ORS 677.785(4) NCCA standard permits alternative exam in theory — not yet operationalized in rule.
Pennsylvania	P	P	"Education or demonstrated experience" language never operationalized. "Other equivalent Board-approved examination" explicit in rules.
Rhode Island	Y	Y	"Any accrediting body approved by the department" and "credentialing body approved by the department" both in primary statute on education and exam prongs.
South Carolina	N	N	No education standard beyond NCCAOM active certification. No exam alternative.
Tennessee	P	P	"Meets ACAOM's standards" pathway. Out-of-state licensure bypasses NCCAOM exam — CALE-licensed California practitioner could potentially qualify.
Texas	Y	P	Independent statutory school standards with ACAOM advisory only (§205.206). NCCAOM in rules only — board could designate alternative by rule.
Utah	P	P	Reciprocity pathway bypasses NCCAOM for practitioners licensed 1+ year in any jurisdiction. No independent alternative exam.
Vermont	Y	Y	Director-approved non-ACAHM programs. "Substantially equivalent examination approved by the Director" in operative rules.
Virginia	Y	P	"ACAHM or any other accrediting agency approved by the Board of Medicine" in operative rule. Statute permits experience as standalone alternative to examination.
Washington State	Y	P	Department-approved nonaccredited programs against WAC standards (WAC 246-803-500). Secretary retains independent statutory exam authority (RCW 18.06.080).
West Virginia	Y	Y	Board-approved equivalent programs and exams both in statute (§30-36-10). Standalone 2,700-hour statutory apprenticeship — no ACAHM enrollment required.

Wisconsin	P	P	Education and exam standards entirely delegated to department rulemaking. Department could approve CALE by rule.
Wyoming	Y	Y	Equivalency built into statutory definition of ACAOM. CALE explicitly named in rules. 10-year experience pathway bypasses exam entirely.

Appendix C: ACAHM Financial Risk

ACAHM Financial Stability: IRS Form 990 Summary (2015–2024) Prepared by Rebecca Groebner. Source: IRS Form 990, ACAHM (EIN 52-1353469). All figures USD.

Year	Total Revenue	Total Expenses	Operating Surplus / (Deficit)	Net Assets (Year End)	ED Compensation
2015	$927,486	$849,591	$77,895	$1,346,742	$140,127
2016	$890,783	$973,294	**($ 82,511)**	$1,264,231	$175,371
2017	$971,356	$977,354	**($ 5,998)**	$1,258,233	$173,909
2018	$970,981	$1,036,633	**($ 65,652)**	$1,192,581	$153,300
2019	$971,243	$1,015,498	**($ 44,255)**	$1,148,326	$212,695
2020	$871,814	$862,978	$8,836	$1,157,162	$207,746
2021	$938,363	$884,833	$53,530	$1,210,692	$205,775
2022	$926,032	$930,477	**($ 4,445)**	$1,206,247	$218,519
2023	$1,035,927	$961,375	$74,552	$1,280,799	$228,520
2024	$987,189	$1,051,876	**($ 64,687)**	$1,198,536	$234,180
10-yr total	$9,491,174	$9,543,909	**($ 52,735)**	↓ $148,206 (−11%)	+67% over decade

Key findings: ACAHM operated at a deficit in 6 of 10 years, including the most recent year (2024: −$64,687). Net assets declined 11% over the decade. Executive Director compensation grew 67% (2015–2024) and in 2024 exceeded the operating deficit by a factor of 3.6×. Deficit years are shown in parentheses.

ACAHM-Accredited Schools at DOE Financial Risk

Source: DOE Financial Responsibility Composite Score (FRCS) data; Heightened Cash Monitoring (HCM) records. FRCS below 1.5 = Zone Alternative or worse. FRCS below 1.0 = Not Financially Responsible (triggers HCM2, letter of credit, or Title IV loss).

School	State	FRCS	**HCM Status**	Structure	Notes
Acupuncture & Integrative Medicine College	CA	0.9	**HCM1 active (Dec. 2025)**	Nonprofit	Financial Responsibility
Arizona School of Acupuncture and Oriental Medicine	AZ	0.6	**HCM likely**	For-profit	Financial review by AZ PPSE Board; quarterly monitoring
Dragon Rises College of Oriental Medicine	FL	−0.9	**HCM1 active (Dec. 2025)**	Nonprofit	Compliance audit late or missing
Seattle Institute of East Asian Medicine	WA	0.8	**HCM likely**	Nonprofit	—
South Baylo University	CA	0.6	**HCM1 active (Dec. 2025)**	Nonprofit	Financial Responsibility; missing FY2025 audit
Texas Health and Science University	TX	−0.8	**HCM1 active (Dec. 2025)**	For-profit	Financial Responsibility
University of East-West Medicine	CA	0.2	**HCM1 active (Dec. 2025)**	For-profit	Financial Responsibility

Summary: Of 34 ACAHM-accredited schools with available FRCS data, 7 score below 1.5 and carry active or likely Heightened Cash Monitoring status. Three are in California, one in Washington State. Oregon's remaining ACAHM-accredited program (NUNM) is not on this list — but each closure reduces ACAHM's revenue by tens of thousands of dollars per school, compressing the accreditor's own financial runway at the same time the AHEAD framework is projected to trigger further enrollment declines across all CIP 51.33 programs by 2027–2028.[5]

Appendix D: NCBAHM Pass Rates

Prepared by Kelly Ilseman and Rebecca Groebner. FTTT (First-Time Test Taker) and FTT (First-Time Taker) are used interchangeably across NCCAOM examination statistics reports. RTT (Repeat Test Taker) refers to candidates retaking a given exam component after one or more prior attempts.

NCBAHM (NCCAOM) Test Score Pass Rates compiled by kelly ilseman, L.Ac., and Dr. Bex Groebner, L.Ac., April 2026 // source: NCCAOM (NCBAHM) Examination Statistics Comparison Report and School-Specific Reports																
EXAMS	2025	2024	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	AVG
FOUNDATIONS																
All Test Takers	**87.8**	**89.9**	**90.3**	**91**	**94.3**	**93.6**	**72.1**	**75**	**72.9**	**72.8**	**73.3**	**80**	**89.9**	**90**	**91.7**	83.77857143
ACAOM FTTT	91.4	93.4	93.3	93.3	96.1	95.4	79.2	78.6	79.1	78	78.1	83.8	91.8	92.7	92.8	87.44285714
International FTT	87.1	93.88	93.7	88.6	97	76.7	89.8	81	76.9	77.8	78.7	86.1	--	--	--	85.60666667
Apprenticeship FTT	80	66.7	67.7	70.4	85.7	83.3	80	50	100	50	100	60	82.7	80.5	88.6	75.5
ACAOM RTT	61.5	58.1	66.7	67.4	76.4	88	48.9	59.8	50.2	53.5	50.8	55.5	69	63.2	83	62.07142857
ACU PT LOCATION																
All Test Takers	**71**	**66.3**	**62.9**	**64**	**65.5**	**65.4**	**73.6**	**73.2**	**75.8**	**69.2**	**75.5**	**78**	**82.3**	**81.4**	**83.9**	71.72142857
ACAOM FTTT	80	75.4	71	73.3	70.5	74.2	75.9	77.8	79.4	75.9	79.7	82.5	85.7	85.5	86.5	77.62857143
International FTT	73.5	67.5	55.8	56.8	69.8	68.3	76.5	64.3	77.9	59.5	67.5	69.9	--	--	--	67.275
Apprenticeship FTT	66.7	63.2	40	50	0	25	100	100	100	33.3	100	0	65.8	60	69.7	57.42857143
ACAOM RTT	51	51.9	48.5	46.7	56	44.7	65.5	60.5	61.6	51	58.9	60.1	69.1	69.1	76.1	56.75714286
BIOMED																
All Test Takers	**57.6**	**60.7**	**58.6**	**63.1**	**66.9**	**64.3**	**70.7**	**70.2**	**69.3**	**68.7**	**67.8**	**69**	**87.4**	**82.1**	**72.3**	68.31428571
ACAOM FTTT	64.9	70.1	64.5	69	73.2	72.3	75.8	75.5	74.5	73.5	72.3	74.1	91.9	86.6	79.6	74.15714286
International FTT	65.5	67.1	62.5	60	60.5	46.3	62.5	58.7	62.7	61.5	61.3	57.1	--	--	--	60.475
Apprenticeship FTT	**21.4**	**55.9**	**31.3**	**55.6**	**50**	**50**	**100**	**66.7**	**25**	**33.3**	**100**	**25**	70	54.8	37.9	52.78571429
ACAOM RTT	46.4	47.2	50.9	52.5	56.2	50.8	57.9	57.7	57.8	56.7	55.9	54.3	65.9	52.9	52.3	54.50714286
HERBOLOGY																
All Test Takers	54.8	61.4	63.2	62.9	61.3	59.4	69.8	78.3	82.2	73.5	77.8	75.9	76.6	75.6	79.4	69.47857143

ACAOM FTTT	57.9	66.2	65.6	68.9	69.5	63	72.2	78.4	83.9	78	80.2	80	79.8	78.2	81.2	72.98571429
International FTT	72.7	88	88.2	93.3	85.3	93.5	95.6	95.7	94.5	87.5	90	100	--	--	--	90.35833333
Apprenticeship FTT	99	--	100	100	--	100	100		100			100	93.5	94.1	91.2	98.51111111
ACAOM RTT	39.1	42.7	53.9	45.1	37.9	44.3	48.3	63.2	69	46.1	58.1	47.5	49.5	55.5	56.5	50.01428571
FOUNDATIONS	2025	2024	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	
NUNM	--	--	--	--	96	100	96	87.2	80	77.2	87.5	88.6	95.5	97.3	96.6	91.08181818
ACU PT LOCATION																
NUNM	--	--	--	--	71.4	70.6	75	81.3	75	65.6	85.1	76.7	91.3	88.2	93.9	79.46363636
BIOMED																
NUNM	--	--	--	--	88.9	82.4 // 100	78.3	94.9	86.2	87.1	83.7	92.3	94.7	96.9	93.8	89.68
HERBOLOGY																
NUNM	--	--	--	--	42.9	N/A	77.8	50	33.3	66.7	70	40	66.7	91	75	61.34
CALE		98	95	99	99	99	99	97.5	96	92						97.16666667

"FTTT" (First-Time Test Taker) and "FTT" (First-Time Taker) are used interchangeably across NCCAOM examination statistics reports. Both refer to candidates sitting for a given exam component for the first time. RTT (Repeat Test Taker) refers to candidates retaking a given exam component after one or more prior attempts. RTT figures are reported separately from first-time test takers and are not included in the averages cited in the narrative analysis above. This table preserves the original NCCAOM labeling.Apprenticeship route Herbology pass rates reflect only years in which candidates sat for the exam. Blank cells (--) indicate years with no reported apprenticeship Herbology candidates. NUNM Biomedicine 2020 shows two figures in the source data (82.4 // 100). This appears to reflect a mid-year correction or two separately reported cohorts in the original NCCAOM school-specific report. Both figures are preserved here; the NUNM Biomedicine average excludes this year to avoid skewing the result. CALE pass rate data is available for 2017–2025 only (9 years). The average of 97.2% reflects that window. CALE is administered by the California Acupuncture Board and is independent of NCBAHM. It is not currently NCCA-accredited and we believe it would not qualify as a Board-approved examination under Oregon's proposed rule; it is included here for comparative context only. School-specific pass rate data for ORCCA is not reported in NCBAHM examination statistics due to small cohort size — a maximum of 20 students per cohort.

I. Pass Rates by Eligibility Route

The most significant finding in the route-disaggregated data concerns apprenticeship first-time test takers. Across the 2011–2025 period, apprenticeship candidates show markedly lower and more variable Biomedicine pass rates than ACAHM-route candidates, averaging approximately 52.8% versus 74.2% for ACAHM first-time test takers. This pattern is

consistent with NCBAHM's own findings from 2012–2016, which showed a 28% Biomedicine pass rate for apprenticeship candidates and were cited as the primary basis for eliminating Route 3 in 2021.[14]

Notably, apprenticeship candidates perform well on Chinese Herbology, averaging approximately 98.5% where data is available, suggesting that apprenticeship training produces strong Eastern medicine competency while leaving significant gaps in biomedical preparation. The way we structured the proposed post-graduation supervised practice option requires the completion of all didactic training including the 450-hour clinical and biomedical sciences floor and passage of a Board-approved examination before supervised practice may begin. It attempts to preserve the mentorship and real-world clinical strengths of apprenticeship-style training while closing the biomedical preparation gap that led to Route 3's elimination.

II. Oregon-Relevant Institution Data

NUNM, Oregon's remaining ACAHM-accredited program, shows strong historical Biomedicine pass rates averaging approximately 89.7% across the available data period, consistent with ACAHM-route averages nationally. Herbology pass rates are notably lower, averaging approximately 61.3% — a pattern worth noting in the context of curriculum design for Oregon-based programs.

Appendix E: Dr. Henricksen NUNM Letter

Dear OAA Education Task Force,

Thank you for sharing your materials and for the thoughtful, volunteer-driven work your team is doing on behalf of acupuncture practitioners and students in Oregon. The depth of your 48-state statutory analysis, your early employer survey findings, and your work on a proposed rule change reflects the evidence-informed approach this moment calls for. We appreciate the opportunity to provide input before this proposal moves forward to the OMB.

NUNM agrees with your core assessment: the acupuncture profession is at a pivotal inflection point, and the federal regulatory changes underway, the RISE Act borrowing caps and the AHEAD earnings framework, are not theoretical risks. They are structural threats that will without question, reshape the educational landscape whether the profession responds proactively or not. We believe the same is true across integrative medicine more broadly, and we are committed to being part of the solution rather than waiting to see what others decide.

We previously spoke and I am happy to be on record outlining what NUNM has already been doing in anticipation of these changes. Last summer and fall, in anticipation of pending federal regulatory changes, NUNM set out to redesign our programs to increase flexibility and affordability. For students beginning in fall 2026, both our Master of Acupuncture and Master of Acupuncture with Chinese Herbal Medicine programs have been substantially reduced to align with ACAHM minimums, and our DAcCHM program has been further scaled back to align with CAB minimums. These were not easy decisions, but they reflect our genuine belief that reducing the time and cost of our programs, while maintaining academic rigor and protecting public safety, is both possible and necessary. We also believe that if ACAHM were to revise its regulatory guidelines, there is further room to reduce program hours without compromising the quality of education our students receive or the competency of the practitioners we graduate. Quality of education and public safety remain the foundation of every decision we make, and any pathway forward must be held to that standard. I was pleased to hear in our conversations that we agree on those points.

NUNM is broadly supportive of your effort to establish additional state-approved licensure pathways that protect Oregon's acupuncture workforce and ensure students are not financially harmed in pursuit of their training. We are also particularly interested in the conversation about how basic science coursework completed at the undergraduate level might count toward program requirements, a model that aligns well with how we are already thinking about pre-clinical training in our own programs and

with the direction of competency-based education reform more broadly. I would note that NUNM is actively helping to lead similar conversations within the naturopathic medical profession around scope, competency-based frameworks, and educational redesign, and we see natural alignment between that work and what you are proposing here for acupuncture.

While we are not yet in a position to fully endorse a complete shift to a bachelor's as a standalone entry credential, we think it is likely a viable alternative. We absolutely support increased hours being achieved through a bachelor's degree or undergraduate training, leading to a much shorter and more affordable master's-level program. NUNM recognizes that a move to a bachelor's entry point is already being discussed among ACAHM and other profession-wide stakeholders, and we will support that move as it develops.

Our compass is simple: are competency standards clearly defined, and can we ensure the safety of the public? Any pathway that meets those two conditions, including a bachelor's entry model, has NUNM's support.

Ultimately, we will continue to ask ourselves whether a program achieves its designed outcomes and competencies (ultimately graduating competent providers) and whether we can ensure the safety of the public. As long as those two conditions are met, we will stand behind any pathway that increases the accessibility of integrative medicine for both patients and students.

We are grateful for the collaborative spirit your team has brought to this work and are glad to have had the opportunity to share our perspective.

Respectfully,

Dr. Melanie Henriksen

President/CEO, National University of Natural Medicine

Appendix F: ORCCA Curriculum Mapping

Source: ORCCA Student Catalog 2026–2027[21]. This analysis was conducted independently by the OAA Education Task Force and AWA, using publicly available program information. ORCCA did not partner in the creation of this mapping and has not reviewed or endorsed its findings.

Standard	Domain / Subject Area	ORCCA Course Evidence	Year(s)	Status	Notes for AAC
OAR -0010 · Clinical and Biomedical Sciences (minimum 450 clock hours)					
OAR -0010(1)	Anatomy & physiology	Co-requisite: A&P I & II (external, accredited institution required). Referenced in Red Flags (Mod 11) and Comprehensive Patient Care 1 & 2 (Mod 20).	Co-req	✅ MET	Externally satisfied; ORCCA verifies completion before graduation.
OAR -0010(2)	Pathology	Red Flags: When to Refer Out (Mod 11, 4 hrs); Comprehensive Patient Care 1 & 2 (Mod 20); Pain Management in Western Medicine (Mod 20); Hospice, Palliative & Oncology 101 (Mod 19).	Yr 1–3	✅ MET	Spread across multiple modules; not a standalone pathology course.
OAR -0010(3)	Infectious & non-communicable disease recognition	Red Flags (Mod 11); Hospice/Palliative/Oncology 101 (Mod 19). No standalone infectious disease course identified.	Yr 1–3	⚠️ PARTIAL	Infectious disease not named as a subject; covered only incidentally. NCD recognition requires explicit addition.
OAR -0010(4)	Medical literacy (medications, lab results, imaging, and research appraisal)	Lab Tests, Procedures & Exams (Mod 20, 1 hr); Communicating with Biomedical Providers (Mod 20, 1 hr); Intro to Acupuncture Research (Mod 32, 1 hr); Intro to AERD (Mod 32, 1 hr); Capstone Project (Yr 3).	Yr 2–3	✅ MET	Research appraisal folded into medical literacy domain. Capstone satisfies research literacy component. Coverage thin but explicitly present.
OAR -0010(5)	Pain science & pain management, including	Pain Management in Western Medicine (Mod 20, 2 hrs); Intro to Polyvagal Theory (Mod 32, 2 hrs); case discussions throughout Yr 2–3.	Yr 2–3	✅ MET	Polyvagal framing consistent with trauma-informed community acupuncture

	musculoskeletal literacy				model. Musculoskeletal literacy embedded in clinical case discussions.
OAR -0010(6)	Behavioral health & substance use disorders	Trauma Informed Acupuncture: Foundations (Mod 4); Trauma Informed Public Health (Mod 9); NADA/Public Health Overview (Mod 9). SUD not explicitly named.	Yr 1	⚠️ PARTIAL	Strong trauma-informed framing but SUD not named as a subject. Addressable through minor addition to existing modules.
OAR -0010(7)	Evidence-informed nutrition	Not identified in curriculum schedule or hour totals.	—	❌ NOT EVIDENT	Clear gap. No nutrition course or hours appear anywhere in the catalog. Addressable through a short standalone module or co-requisite.
OAR -0010(8)	Clinical documentation, interprofessional communication & EHR use	Charting embedded in internship requirements (patient charts, clinic journal, case studies); Communicating with Biomedical Providers (Mod 20); Front Desk/Reception (Mod 16).	Yr 2–3	🔵 IMPLICIT	No standalone documentation/EHR course; competency embedded in clinic requirements. Adequate for floor standard under "including but not limited to" language.
OAR -0010(9)	Culturally responsive and trauma-informed practice	Cultural Competence for Practitioners (Mod 9, 1 hr); Liberation Acupuncture framing throughout all 3 years; Community/Liberation Acupuncture (Mod 13); Trauma Informed Acupuncture: Foundations (Mod 4).	Yr 1–3	✅ MET	Arguably ORCCA's deepest curricular commitment. Substantially exceeds what most ACAHM programs offer in this domain.
OAR -0020 · Acupuncture & Eastern Medicine Sciences (minimum 750 clock hours)					
OAR -0020(1)	Basic theory	Tao/Yin-Yang/Qi/Shen/Blood (Mod 1); Five Elements/Twelve Officials (Mod 2); Internal/External/Misc Causes of Disease (Mod 2); Eight Principles & Ten Questions (Mod 22–23); Six Stages/Four Levels/Three	Yr 1–3	✅ MET	Comprehensive coverage across all three years.

		Burners (Mod 24 & 30); Zang Fu series (Mod 25–27).			
OAR -0020(2)	Meridians & acupoints	Point Categories & Location Systems + Chinese Clock (Mod 1); Types & Functions of Channels (Mod 2); Body region series: Hands/Feet, Forearms, Upper Arms, Head/Neck, Chest/Abdomen, Back (Mod 3–9); point location exams end of Yr 1 & Yr 2.	Yr 1–2	✅ MET	Substantial and assessed. Point location exam is a concrete competency gate.
OAR -0020(3)	Skills & techniques incl. moxibustion, auricular acupuncture, electroacupuncture & orthopedic acupuncture	How to Needle pts 1–2 (Mod 1–2); Cupping & Gua Sha (Mod 4, 1 hr); Electroacupuncture (Mod 7, 1 hr); Moxibustion (Mod 7, 1 hr); Safety & Ergonomics (Mod 4); Auricular covered through NADA/Public Health (Mod 9). Orthopedic acupuncture not explicitly named.	Yr 1	⚠️ PARTIAL	Moxa, electro, and auricular explicitly present. Orthopedic acupuncture techniques not named. Standard's "including but not limited to" language provides flexibility.
OAR -0020(4)	Clinical reasoning, differential diagnosis & referral decision-making	Pulse Diagnosis pts 1–2 (Mod 6, Mod 27); Eight Principles (Mod 22–23); TCM Cases: Spleen, Liver, Kidneys, Lungs, Fu (Mod 25–33); Critical Thinking in Clinic (Mod 15); Red Flags: When to Refer Out (Mod 11); case discussions Yr 2–3.	Yr 1–3	✅ MET	Both classical and TCM diagnostic frameworks present. Referral decision-making explicitly addressed. Named by all six employer interview sources as the most critical entry-level competency.
OAR -0020(5)	Therapeutics incl. manual therapy, exercise & related therapeutic methods	10 Approaches labs: Miriam Lee 10, Auricular, Scalp, Balance Method, Richard Tan 12 Magic, Tung, Jingei, Korean 4 Point, Eight Extras, 11th Method (Yr 1–3); How to Construct a TCM Treatment (Mod 27). Manual therapy and exercise not explicitly named.	Yr 1–3	⚠️ PARTIAL	Exceptional acupuncture therapeutics breadth. Manual therapy and exercise absent as named subjects. Addressable through minor addition or explicit labeling of existing content.
OAR -0020(6)	TEM pharmacopoeia, vitamins, minerals & dietary advice	Herbal Medicine for the Clinic (Mod 28, ~8.5 hrs). No vitamins, minerals, or dietary advice curriculum identified.	Yr 3	⚠️ PARTIAL	Single 8.5-hr herbal module. Vitamins/minerals/dietary advice absent. Addressable through a short survey

					module consistent with ORCCA's acupuncture-only scope.
OAR -0020(7)	Clean needle technique	External co-requisite: CCAHM CNT course (~$270, paid by student). Required before clinic internship begins.	Yr 1	✅ MET	Satisfied externally, consistent with CCAHM-administered CNT standard.
OAR -0020(8)	Laws, regulations & ethics	Acupuncture Regulation & Legislation Project pts 1–3 (Mod 20, 3 hrs); Ethics, Risk Management & Liability + Laws & Regulations (Mod 31, 1 hr); ORS 847-070-0005 cited in catalog; Code of Ethics.	Yr 2–3	✅ MET	Oregon law specifically addressed. Ethics woven into disciplinary and clinical policy throughout catalog.
OAR -0020(9)	History of acupuncture medicine (US and world)	Acupuncture in the US (Mod 1 & 13); Community/Liberation Acupuncture history embedded throughout curriculum framing.	Yr 1–2	✅ MET	History of the profession in the US is a curricular emphasis. World history less explicit but present in theory modules.
OAR -0030 · Supervised Clinical Training (minimum 600 hrs; max 100 observation; min 500 direct patient treatment)					
OAR -0030	Total clinical hours	660 hours total (160 observation + 500 direct patient treatment). Weekly 4-hr shifts at WCA student clinics, Yr 2–3.	Yr 2–3	✅ MET	Meets 600-hr minimum. Direct patient treatment (500 hrs) meets minimum.
OAR -0030	Observation hours cap (max 100)	160 hours of Clinical Observation required before internship begins.	Yr 1	✅ MET	ORCCA requires 160 observation hours vs. proposed 100-hr cap. Note: ACAHM also requires 160 — this gap reflects a difference between the

					proposed standard and current ACAHM requirement, not a departure from ORCCA's existing practice.
OAR -0030(1)	Qualified instructor supervision	Prior approval of diagnosis/treatment plan required per Student/School Agreement.	Yr 2–3	✅ MET	Supervising practitioners credentialed. Five-year experience requirement would need individual verification at time of Board approval.
OAR -0030(3)	Direct patient treatment components	Internship requirements: patient intake interview, diagnosis, treatment plan discussion with supervisor, acupuncture treatment, charting, follow-up, case studies, clinic journal. Minimum 250 treatments, at least 20 in each of 10 acupuncture systems.	Yr 2–3	✅ MET	All five components of direct patient treatment under -0030(3)(a)–(e) explicitly present in graduation requirements.
OAR -0040 · Minimum Total Hours & Additional Requirements					
OAR -0040(1)	Minimum 1,800 total clock hours	ORCCA total: 2,149 hours (769.5 acupuncture theory + 458.5 western biomedical + 91 counseling/ethics/PM + 660 clinical + 180 administrative).	Yr 1–3	✅ MET	349 hours above proposed floor. Even excluding administrative hours (180), ORCCA exceeds the 1,800-hr minimum.
OAR -0040(2)	Professional ethics; Oregon law & rules; Practice management	Ethics, Risk Management & Liability (Mod 31); Code of Ethics (catalog); Acupuncture Regulation & Legislation Project pts 1–3 (Mod 20); Social Entrepreneurship (Mod 8); Budgets & Opening a New Clinic (Mod 23 & 25); Next Year series pts 1–4 (Mod 22–33).	Yr 1–3	✅ MET	All three required areas explicitly present. Practice management is an unusually strong curricular emphasis, consistent with cooperative model.

Status key: MET = explicitly covered IMPLICIT = embedded in clinical/other coursework PARTIAL = some coverage, gaps noted NOT EVIDENT = not found in catalog

Summary: ORCCA's 2026–2027 curriculum already exceeds Oregon's proposed 1,800-hour minimum (2,149 hours total) and meets the large majority of required content domains. The gaps identified above are narrow and addressable without structural redesign:

- Clear gaps requiring explicit addition: Evidence-informed nutrition (0010-7); explicit infectious disease content (0010-3).
- Partial gaps addressable through minor curriculum additions or explicit labeling: Substance use disorders (0010-6); manual therapy as named subject (0020-5); pharmacopoeia survey module (0020-6).
- Nothing in the proposed standards requires ORCCA to rebuild its program. The OAA Education Task Force has offered to provide curriculum materials for the nutrition and pharmacopoeia additions and to work with ORCCA directly on program transition planning

Appendix G: Red Line Document for OAR 847-070-0016

OAR 847-070-0016 Qualifications

Defined Terms

For purposes of this rule:

(a) "Board-approved acupuncture examination" means an acupuncture licensing examination administered by a credentialing organization accredited by the National Commission for Certifying Agencies (NCCA), or an equivalent organization nationally recognized for testing acupuncturists. The Board may recognize specific Board-approved acupuncture examinations by order without further rulemaking, provided the administering credentialing organization holds current NCCA accreditation at the time of recognition. The National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) is a recognized Board-approved acupuncture examination body.

(b) "Board competency standards" means the curricular and clinical hours standards established in OAR 847-070-[XXXX].

(1) Standard Pathway

~~(1)~~ An applicant for licensure as an acupuncturist must have:

(a) Graduated from ~~an acupuncture program that satisfies the standards of the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM), or its successor organization, or an equivalent accreditation body that are in effect at the time of the applicant's graduation. An acupuncture program may be established as having satisfied those standards by demonstration of one of the following:~~ **a Board-approved acupuncture program. A program is Board-approved if it satisfies any one of the following:**

(A) ~~Accreditation, or candidacy for accreditation by ACAHM at the time of graduation from the acupuncture program; or~~ **The program holds accreditation or candidacy for accreditation by the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM), its successor organization, or an equivalent accreditation body recognized by the Board under standards in effect at the time of the applicant's graduation; or**

(B) The program has received Board approval as meeting the Board competency standards established in OAR 847-070-[XXXX], including programs holding institutional or programmatic accreditation from a United States accrediting body recognized by the U.S. Department of Education; or

~~(B)~~ **(C)** ~~Approval by~~ **The program was approved by** a foreign government's Ministry of Education, Ministry of Health, or equivalent foreign government agency at the time of ~~graduation from the acupuncture program. Each applicant must submit their documents to a foreign credential equivalency service, which is approved by the National Certification Board for~~

~~Acupuncture and Herbal Medicine (NCBAHM) for the purpose of establishing equivalency to the ACAHM accreditation standard. Acupuncture programs that wish to be considered equivalent to an ACAHM accredited program must also meet the curricular requirements of ACAHM in effect at the time of graduation~~. **the applicant's graduation. An applicant seeking approval under this subsection must submit credentials to a foreign credential equivalency service approved by the Board or by NCBAHM for the purpose of establishing that the program meets the ACAHM accreditation standard or the Board competency standards established in OAR 847-070-[XXXX].**

(b) ~~Current certification in acupuncture by the NCBAHM. An applicant will be deemed certified by the NCBAHM in Acupuncture if the applicant has passed the NCBAHM Acupuncture Certification Examinations or has been certified through the NCBAHM Credentials Documentation Examination.~~ **Passed a Board-approved acupuncture examination, as defined in this rule.**

(A) ~~The applicant must pass three (3) NCBAHM Certification exam components: Biomedicine, Foundations of Oriental Medicine, and Acupuncture with Point Location~~. **An applicant who sits for the NCBAHM Acupuncture Certification Examinations must pass three components: Biomedicine, Foundations of Oriental Medicine, and Acupuncture with Point Location, or must have been certified through the NCBAHM Credentials Documentation Examination.**

(B) The applicant has no more than four attempts to pass each component of the NCBAHM Certification Exam ~~listed in subsection (A) of this section~~. If the applicant does not pass each component ~~of the NCBAHM Certification Exam~~ within four attempts, the applicant is not eligible for licensure~~.~~**, except as provided in subsection (C) of this section.**

(C) An applicant who ~~has passed~~ **passed** each ~~component of the NCBAHM Certification Exam but not within the four attempts required by this rule~~ **NCBAHM component but not within four attempts** may request a ~~waiver of this requirement~~ **Board waiver** if the applicant passed each component ~~of the exam~~ within five attempts and:

(i) Has obtained a Doctor of Acupuncture and Oriental Medicine degree; or

(ii) Experienced extenuating circumstances that do not indicate an inability to safely practice acupuncture, as determined by the Board.

(2) Experienced Practitioner Pathway

[(2)] An applicant who does not meet the criteria in OAR 847-070-0016(1) must have the following qualifications:

(a) Five years of licensed clinical acupuncture practice in the United States~~. This practice must include~~ **, including** a minimum of 500 acupuncture patient visits per year. Documentation must include:

(A) Two affidavits from office partners, clinic supervisors, accountants, or others approved by the Board, who have personal knowledge of the years of practice and number of patient visits per year; and

(B) Notarized copies of samples of appointment books, patient charts and financial records, or other documentation as required by the Board; and

(b) Practice as a licensed acupuncturist in the U.S. during five of the last seven years prior to application for Oregon licensure. Licensed practice includes clinical practice, clinical supervision, teaching, research, and other work as approved by the Board within the field of acupuncture and Traditional Eastern medicine. Documentation of this practice will be required and is subject to Board approval; and

(c) Successful completion of ~~the ACAHM western medicine requirements in effect at the time of graduation from the acupuncture program~~ **clinical and biomedical science requirements meeting the ACAHM western medicine standard or the Board competency standards established in OAR 847-070-[XXXX]**, unless the applicant graduated from a non-accredited acupuncture program prior to 1989; and

(d) ~~Current certification in acupuncture by the NCBAHM. An applicant will be deemed certified in Acupuncture by the NCBAHM if the applicant has passed the NCBAHM Acupuncture Certification Examinations or has been certified through the NCBAHM Credentials Documentation Examination. (A) The applicant must pass three (3) NCBAHM Certification exam components: Biomedicine, Foundations of Oriental Medicine, and Acupuncture with Point Location. (B) The applicant has no more than four attempts to pass each component of the NCBAHM Certification Exam listed in subsection (A) of this section. If the applicant does not pass each component of the NCBAHM Certification Exam within four attempts, the applicant is not eligible for licensure. (C) An applicant who has passed each component of the NCBAHM Certification Exam but not within the four attempts required by this rule may request a waiver of this requirement if the applicant passed each component of the exam within five attempts and: (i) Has obtained a Doctor of Acupuncture and Oriental Medicine degree; or (ii) Experienced extenuating circumstances that do not indicate an inability to safely practice acupuncture as determined by the Board~~. **Passage of a Board-approved acupuncture examination, as defined in this rule. The examination requirements and attempt limits in OAR 847-070-0016(1)(b)(A)-(C) apply to applicants under this subsection.**

(3) Foreign-Trained Applicants Without Available Documentation

[(3)] An individual whose acupuncture training and diploma were obtained in a foreign country and who cannot document the requirements of subsections (1) or (2) of this rule because the required documentation is now unobtainable[,] may be considered eligible for licensure if it is established to the satisfaction of the Board that the applicant has equivalent skills and training and can document one year of training or supervised practice under a licensed acupuncturist in the United States.

(4) Universal Requirements

~~(4) In addition to meeting the requirements in (1), (2) or (3) of this rule, all applicants for licensure must have the following qualifications:~~ **In addition to meeting the requirements in (1), (2), or (3) of this rule, all applicants for licensure must have:**

(a) Licensure in good standing from the state or states of all prior and current health related licensure; and

(b) Have good moral character as those traits would relate to the applicant's ability ~~properly~~ **to properly** engage in the practice of acupuncture; and

(c) ~~Have the~~ **The** ability to communicate in the English language well enough to be understood by patients and physicians. This requirement is met if the applicant passes the ~~NCBAHM written acupuncture examination~~ **Board-approved acupuncture examination** in English~~, or if in a foreign language, must also have passed an English language proficiency examination:~~**. An applicant whose Board-approved examination was administered in a foreign language must also demonstrate English proficiency by satisfying one of the following:**

(A) A Test of English as a Foreign Language (TOEFL) score of 500 or more for the written TOEFL exam, 173 or more for the computer-based TOEFL exam, or 65 or more for the internet-based TO~~FE~~]**EFL** exam;

(B) A Test of Spoken English (TSE) score of 200 or more prior to July 1995, and a score of 50 or more after July 1995; or

(C) ~~A~~ **An** Occupational English Test score of at least 350 for speaking and at least 300 for reading, writing, and listening on any OET health-related profession.

[*(d) An applicant who is certified through the NCBAHM Credentials Documentation Examination must also have passed an English proficiency examination described in subsection (c).*]

Statutory/Other Authority: ORS 677.265 & ORS 677.759 Statutes/Other Implemented: ORS 677.265, ORS 677.759 & ORS 677.780

This package has been prepared by the OAA Education Task Force and Acupuncture Workforce Alliance in support of a formal request to the Acupuncture Advisory Committee to recommend amendments to OAR 847-070-0016 and the adoption of companion rule OAR 847-070-[XXXX]. The proposed amendments create a parallel, Board-approved educational pathway to acupuncture licensure while preserving the existing ACAHM accreditation pathway in its entirety.

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April 22, 2026

Oregon Acupuncture Advisory Committee (AAC)

Oregon Medical Board

1500 SW 1st Ave, Suite 620

Portland Oregon 97201

Elizabeth.Ross@OMB.Oregon.gov

RE: NCBAHM Letter of Concern Related to Certification and Public Safety

Dear Members of the Oregon Acupuncture Advisory Committee (AAC),

We are writing to respectfully express concern regarding any consideration of reducing or weakening third-party certification and examination requirements for the practice of acupuncture in Oregon State. As licensed acupuncturists are recognized healthcare practitioners who perform invasive procedures, maintaining rigorous, independent credentialing standards is essential to protecting patient safety and public trust.

National third-party certification and examination serve as a critical safeguard for the public. The **National Certification Board for Acupuncture and Herbal Medicine (NCBAHM)**, *previously known as the NCCAOM*, is accredited by the **National Commission for Certifying Agencies (NCCA)**, ensuring that its certification programs and examinations meet nationally recognized standards for validity, reliability, and fairness. NCBAHM examinations are developed through robust, psychometrically sound job analyses that reflect the real-world tasks, risks, and competencies currently required in clinical acupuncture practice.

NCBAHM certification and examinations are relied upon by **46 states and the District of Columbia** as a prerequisite for licensure, demonstrating broad national consensus that independent certification is necessary to ensure minimum competence and protect the public from harm. These exams assess not only technical needling skills, but

also biomedical knowledge, safety protocols, contraindications, and ethical decision-making—competencies that are foundational to safe healthcare delivery.

The current eligibility pathways for NCBAHM Certification are:

1. Graduation from an ACAHM-accredited acupuncture program.
2. An international education that is deemed substantially equivalent to an ACAHM-accredited program through third-party credential evaluation by ICD.
3. A combination pathway that requires completion of certain education from an ACAHM-accredited institution.

Beyond examination, NCBAHM plays a vital role in ongoing public protection through its Safety Acupuncture National Disciplinary Database (SANDD), which enables state regulators to identify sanctioned practitioners and prevent those with prior misconduct from relocating across state lines undetected. This system promotes transparency, accountability, and interstate regulatory collaboration. The Professional Ethics and Disciplinary Committee (PEDC) provides a nationally consistent mechanism for investigating ethical violations and enforcing standards of professional conduct. The work of the PEDC reinforces public confidence that certified practitioners remain subject to meaningful oversight throughout their careers, not solely at the point of initial licensure.

Taken together, independent accreditation, psychometrically validated examinations, national disciplinary data sharing, and professional ethics enforcement form an integrated public safety framework. Weakening or eliminating any of these components would diminish patient protection, increase risk, and place Oregon State out of alignment with established national healthcare regulatory norms.

We strongly recommend that Oregon State maintain NCBAHM Examination / Certification requirements, consistent with the approach used in nearly every other state.

This model would:

- Ensure public safety through nationally recognized NCBAHM credentialing requirements
- Support access to complementary healthcare options at a time of heightened need for non-pharmacological pain management
- Allow acupuncturists to bill appropriately and fully integrate into care teams
- Align Oregon with established national regulatory norms for the profession

Thank you for your consideration and your commitment to public health and safety. Please feel free to reach out if we can provide additional information or support as you evaluate any requests to modify regulatory compliance for Acupuncture licensure in Oregon State.

Sincerely,

Mina M. Larson, M.S., MBA, CAE

Chief Executive Officer

CCAHM

Council of Colleges of
Acupuncture and Herbal Medicine

May 1, 2026

Oregon Acupuncture Advisory Committee
c/o Elizabeth Ross
via email: elizabeth.ross@omb.oregon.gov

Re: Letter of Concern Regarding Proposed Changes to Acupuncture Licensure Requirements

Dear Members of the Oregon Acupuncture Advisory Panel,

The Council of Colleges of Acupuncture and Herbal Medicine (CCAHM) is the national membership organization representing accredited colleges and programs of acupuncture and herbal medicine in the United States. CCAHM also administers the Clean Needle Technique® (CNT®) Course, Exam, and Certificate, which is a nationally recognized patient safety curriculum, a licensing requirement in most states, and a required component of national certification through the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM, formerly NCCAOM). We write to respectfully express concern regarding the proposal submitted by the Oregon Acupuncture Association (OAA) to modify the state's acupuncture licensure framework in ways that would reduce or remove reliance on national accreditation through the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM) and national certification through NCBAHM.

While CCAHM supports ongoing dialogue about improving access to the profession, we believe this proposal raises serious concerns that warrant careful consideration.

Public Protection
National accreditation establishes consistent, peer-reviewed standards for clinical training, patient safety, and educational quality. State-level processes do not typically have the infrastructure to replicate this function. For example, NCBAHM requires successful completion of the CNT® program as a condition of certification precisely because safe needling practice is fundamental to patient protection. Alternate licensure pathways that bypass national certification risk eliminating this and other embedded safety standards, exposing Oregon patients to practitioners whose education and competency have not been verified against national benchmarks.

Licensure Portability
Oregon practitioners routinely seek licensure in other states. If Oregon diverges from the national standard, graduates licensed under alternate pathways may face significant barriers to practicing elsewhere, weakening the value of an Oregon license.

CCAHM

Council of Colleges of
Acupuncture and Herbal Medicine

National Precedent

Efforts to create alternate licensure and certification pathways at the state level represent a significant shift that could establish a damaging national precedent, fragmenting the education→accreditation→ certification→licensure structure that has been carefully developed to protect both patients and practitioners across the country.

CCAHM respectfully urges the Panel to decline this proposal and to engage national accreditation, certification, and education stakeholders before making changes that would fundamentally alter how Oregon evaluates the qualifications of acupuncture practitioners. We are available to provide additional information or testimony in support of this position upon request.

Thank you for your time and consideration and your continued dedication to protecting the wellness and safety of the citizens of Oregon.

In health,

Dr. Thomas Kouo, DAOM, L.Ac., Dipl.OM
President

Kristin Richeimer, CAE
Executive Director

On behalf of the Executive Committee of the CCAHM

From: Amy Mager Licensed Acupuncturist [redacted]
Sent: Monday, May 4, 2026 7:46 PM
To: ROSS Elizabeth * OMB
Subject: Re: Impact of Proposed Regulatory Changes

Dear Members of the Oregon Acupuncture Advisory Committee,

I am an acupuncturist who has been practicing for 36 years. I was first licensed in California in 1990 and in Massachusetts in 1991. I hold current licenses in other states including New York, and Pennsylvania. I am able to hold licenses in multiple states and have licensure transportability because I hold NCBAHM Certification.

I am writing to respectfully express my concerns about any consideration of weakening third-party certification and examination requirements for the practice of acupuncture in Oregon. Bypassing ACAHM standards is a significant problem because they exist to maintain national standards for what is covered in Acupuncture educational institutions, and how many clinical hours are required in order to sit for the NCBAHM exams.

I understand that several Oregon supporters of these regulatory changes have stated their goal is not to abandon NCBAHM certification standards, but rather to find "an alternative pathway to sit for the NCBAHM examinations." I want to gently clarify that no such pathway currently exists: there is no option to sit for the NCBAHM exams without graduating from an ACAHM-accredited acupuncture school. The NCBAHM is bound by the rules of the NCCA, the body that authorizes it to grant third-party national certification.

As licensed acupuncturists, we are recognized healthcare practitioners performing invasive needling procedures. Robust, independent credentialing standards are essential to protect patient safety and sustain public trust. Independent academic accreditation, psychometrically validated national examinations, shared disciplinary data, and enforceable professional ethics together form an integrated public safety framework. Patients deserve providers whose competency and capacity to do no harm have been verified against vetted national standards.

I respectfully urge the AAC to maintain current academic and certification requirements, consistent with nearly every other state. This approach would:

- Protect consumers and provide consistent through nationally recognized NCBAHM credentialing
- Preserve license portability for every Oregon-licensed acupuncturist to other states with NCBAHM Certification

Thank you for your time, your careful consideration, and your commitment to public health and safety.

Respectfully,

Dr. Amy E. Mager, DACM, LAc.
Dipl. AHM (NCBAHM), FABORM
[redacted]
Northampton, MA 01060
[redacted]

"For your own success to be real, it must contribute to the success of others."
Eleanor Roosevelt

www.WellnessHouseNorthampton.com
AmyMager.JaneApp.com
Personal pronouns she/her

ACAHM℠
Accreditation Commission for Acupuncture and Herbal Medicine
500 Lake Street, Suite 204, Excelsior, MN 55331 | (952) 212-2434 | https://acahm.org

11 May 2026

Oregon Medical Board
Acupuncture Advisory Committee
1500 SW 1st Ave, Suite 620
Portland, Oregon 97201

Re: Introduction to ACAHM

Members of the Oregon Medical Board,

The Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM) understands that the Oregon Medical Board's Acupuncture Advisory Committee may be in the process of reviewing acupuncture licensure requirements and the role of national accreditation in maintaining educational quality and public protection. We appreciate the Board's attention to these complex issues at a time of rapid change in higher education and healthcare workforce development.

ACAHM, founded in 1982, is a U.S. Department of Education–recognized institutional and programmatic accrediting agency that has continuously maintained recognition since 1988 under 34 CFR 602. ACAHM's scope of recognition includes the accreditation of acupuncture and herbal medicine programs, and its standards are widely accepted by educators, institutions, licensing bodies, state regulatory authorities, practitioners, and employers as the baseline for safe and effective independent clinical practice. Our primary responsibility is to assure that graduates of accredited programs possess the education and training necessary to practice acupuncture and herbal medicine safely and competently as portal-of-entry health care providers, not to direct state licensure policy or substitute for the Board's statutory judgment regarding the qualifications appropriate for Oregon licensees.

We further understand that a white paper and a 1 May 2026 Oregon Acupuncture Workforce Sustainability Proposal by the Oregon Acupuncture Association (OAA) raise important concerns about affordability, sustainability of the current national training model, and the potential impact of recent U.S. Department of Education regulations on Oregon's education pipeline. ACAHM shares many of these concerns at a broad profession-wide level and acknowledges that the changing federal regulatory environment may present significant challenges for some institutions. At the same time, our authority and responsibilities are deliberately limited: federal law does not permit accreditors to regulate tuition or institutional pricing, and both the National Advisory Committee on Institutional Quality and Integrity (NACIQI) and the U.S. Department of Education have explicitly affirmed that accreditors may not engage in price-setting or tuition control.

Consistent with these federal constraints and with our bylaws, ACAHM is also restricted from engaging in lobbying or political advocacy, including efforts to influence state legislation or administrative rulemaking in Oregon or any other jurisdiction. We understand that the OAA has framed its proposals to the Board in terms of state-level regulatory reform, state program approval, and alternative examination pathways. While ACAHM cannot take a position on those proposals or advocate for any particular statutory or regulatory outcome, we respectfully offer the following:

- ACAHM remains committed to maintaining accreditation standards that are aligned with federal regulations, including those related to consumer information, program outcomes, and institutional compliance, and was found by the U.S. Department of Education in May 2024 to be in full compliance with 34 CFR 602.
- Our standards are periodically reviewed through a formal public-comment process that welcomes data-supported proposals from any stakeholder, including state licensing boards, institutions, professional associations, individual practitioners, employers, and the general public.
- When ACAHM identifies non-compliance with its accreditation standards, it takes timely and appropriate actions consistent with federal requirements and its *Commission Actions Policy*.

Within these boundaries, ACAHM is willing and available to serve as a technical resource to the Oregon Medical Board, upon request, on matters squarely within our accrediting role. This can include:

- Providing factual information about ACAHM's current scope of recognition, standards, and accreditation processes.
- Clarifying how ACAHM standards interface with typical state licensure requirements in other jurisdictions.
- Supplying publicly available information about accredited programs, categories of accreditation, and applicable federal recognition criteria.

We emphasize that any such engagement would be informational only and not intended to influence, directly or indirectly, the Board's independent policy or rulemaking decisions. ACAHM respects Oregon's statutory authority under ORS 677.759 and related provisions to determine licensure pathways, define minimum qualifications, and choose whether or how to reference national accreditation or examinations in its rules.

If the Board determines that additional background on ACAHM's standards or processes would be useful as it evaluates the issues raised in the OAA white paper or proposal, or considers any future rulemaking, we would be pleased to respond to specific written questions or to participate in an informational session at the Board's invitation, subject to our non-lobbying obligations.

Thank you for your continued work to protect the public and support high standards for healthcare practice in Oregon. We stand ready to provide accurate, neutral information about accreditation should the Board request it.

Sincerely,

Mark S McKenzie, PhD (China), MSOM, LAc
Executive Director
[redacted]

See ACAHM's website for current versions of all policies.

From: Erin Ward <[redacted]>
Sent: Monday, May 11, 2026 10:09 PM
To: ROSS Elizabeth * OMB
Cc: Bex Groebner
Subject: Oregon Acupuncture Competency Proposal

Dear Members of the Acupuncture Advisory Committee and Oregon Medical Board,

I'm writing as a licensed acupuncturist practicing in Oregon to express my strong support for the Oregon Acupuncture Competency Proposal — the effort to create a parallel licensure pathway for graduates of programs meeting Board-defined competency and clinical training standards under Oregon administrative rule.

I was trained in New York City at what is now Pacific College of Health and Science (PCHS), but I couldn't afford tuition rates in New York after I was laid off from Wall Street risk management in my second year. I moved in with family in Hollis, Queens - the second worst neighborhood in the borough - where I was assaulted twice before a fellow student informed me that I could transfer to the San Diego campus for a 30% discount for the same Masters of Science in Traditional Oriental Medicine in 2012. I had to start over in a state I had never even visited and graduated from the San Diego campus the following year. I joined the cruise ships for seven months to save up money to start a private practice, and I moved to Eugene, Oregon with a fellow PCHS graduate in 2013. After three years, we decided our partnership was not working, so we split the business which sadly left me with no liquid capital. I had to start a second business - Liberated Spirit - using only credit cards and good faith from family, which is where I have been in practice for the past nine years. I worked full time during school, which is why I *only* took out maximum Stafford loans $144,500 (no grad PLUS), and my loans still accumulated an additional $70,000+ in just interest at 6.8% interest rate while I was paying off the startup debt from two businesses that were put together on a shoestring because acupuncturists are not eligible for business loans like medical doctors. It's a miracle I am even in practice with graduate tuition rates and predatory student loan interest rates - and it's about to get worse.

My story is not unique. The financial reality of graduate-level acupuncture training has become a genuine barrier to entering and sustaining a career in this profession. Federal policy shifts currently underway are going to intensify that pressure, and Oregon shouldn't have to wait for those consequences to arrive before taking action.

This proposal gives Oregon a way to define its own standards and protect its training pipeline while the federal landscape shifts in ways outside our control. That matters for practitioners, and it matters for the patients who depend on us.

I specialize in acupuncture for mental health, and work closely with therapists of all kinds. Please consider who goes without care when the practitioner pipeline dries up.

I encourage the Board to move this forward. Thank you for your work on this.

Dr. Erin R. Fussy, DACM, LAc, LMT
Owner

Liberated Spirit, LLC
[redacted]
Eugene, OR 97401
[redacted]
liberatedspirit.com

Bob Quinn, DAOM, L.Ac.

[redacted]

Portland, OR 97215

OR AC 00431

[redacted]

May 11, 2026

RE: Oregon Acupuncture Workforce Sustainability Proposal

Dear OMB Leadership Team,

I have been in acupuncture practice in Oregon since the fall of 1998. I earned my master's and doctoral degrees from OCOM in 1998 and 2008, respectively, and went on to teach at both OCOM and NCNM (later NUNM). Before pursuing my education in Chinese medicine, I was a high school teacher, as well as the son of two teachers, i.e., education is in my blood, and I care deeply about it.

In my three-year journey through the program at OCOM, I borrowed $40,000. That is unimaginable now. I know NUNM and OCOM graduates with many hundreds of thousands of dollars in student loan debt. It is not a sustainable system that we have in place. The coming changes to student loans make our status quo impossible to carry forward, and it seems many of the 44 acupuncture schools will close their doors.

I have pondered the problems facing acupuncture education for many years now and have written about them in my Blue Poppy blog posts (Blue Poppy is a local supply house for TCM supplies). When I read the Oregon Acupuncture Workforce Sustainability proposal, I am in awe. The amount of research and diligent effort in this extensive report is thorough and outlines a way forward.

In Chinese cosmology, wisdom is associated with the kidney organ-network and the Water element. This proposal is a wise one in that way of thinking. It is, in a sense, a kidney-inspired document. It is clear that many hours of deep and probing thought and analysis are represented in it, and I support the recommendations wholeheartedly. It maintains standards that will ensure that, under its plan, students will still be trained to be safe and effective practitioners, and they will do so at a lesser price.

We find ourselves at a key inflection point, and intelligent action is called for. If nothing is done, I fear the worst will occur. To my mind, that will be the closure of many schools in the next 18 months, with no clear path forward for those who want to come into the profession. Action is needed, and this is the best option that I am aware of.

I thank the OMB Leadership Team for their work on behalf of Oregonians and hope they will take my comments to heart.

Kind regards,

Bob Quinn, DAOM, L.Ac.

Jennyfer Lara
[redacted]
Portland, OR 97211
[redacted]

5th May 2026

Acupuncture Advisory Committee
Oregon Medical Board
1500 SW 1st Ave., Suite 620.
Portland, OR 97201-5847
info@omb.oregon.gov

Dear Members of the Acupuncture Advisory Committee,

I am writing as a patient who receives acupuncture care in Oregon, a current acupuncture student, and a front desk administrative assistant working within an acupuncture clinic. I am writing in support of the Oregon Acupuncture Workforce Sustainability Proposal and to urge the Committee to move forward with developing an OMB-approved educational pathway for entry-level acupuncture training in Oregon.

Through my experiences as both a patient and someone working closely within an acupuncture practice, I have seen firsthand how deeply essential this medicine is — not only for individual healing and wellbeing, but also for the long-term sustainability of accessible, integrative healthcare throughout Oregon.

For the past several years, I have received acupuncture more consistently as I struggled with chronic pain throughout my body. Through regular care, I experienced firsthand how deeply supportive acupuncture can be when the body is allowed to remember how to let go, regulate, and heal. Acupuncture has helped me manage migraines, chronic body pain, long-term health concerns, and emotional and mental stress in ways that other treatments have not.

Acupuncture has become one of the most important healing experiences in my life and an essential part of my healthcare team. My acupuncturist has helped me feel truly witnessed, validated, and supported while helping me unwind the many layers of physical, emotional, and mental stress taking place within my body. Every visit is unique, personalized, thoughtful, and deeply supportive. This care continues to give me hope, broaden my perspective on healing, and support me through the ongoing process of living, adapting, and healing within my body.

At the same time, it has been heartbreaking to learn the financial realities many acupuncturists face despite the passion and care they bring to their work. Many graduate with six-figure student debt while earning far less than other licensed healthcare providers due to low insurance

reimbursement rates and systemic barriers within healthcare. That does not seem sustainable for practitioners doing work this important.

Their training is rigorous and demanding. Like many medical professionals, acupuncture students complete undergraduate education and extensive coursework in anatomy, physiology, science, clinical care, and patient safety. Yet the profession often lacks the financial and institutional support necessary for long-term sustainability.

Acupuncture has been the most effective tool I have found for managing my pain without relying on medications that can carry difficult side effects and risks, many of which I have personally experienced in the past.

Now, as an acupuncture student myself, I am walking an unknown but meaningful path. I feel deeply inspired to learn this medicine and eventually offer care to others because of the healing I have witnessed: within myself, my loved ones, and my broader community. I chose this path because acupuncture addresses the multifaceted nature of healing: physical, emotional, mental, and relational. My experiences within the healthcare system have also shown me how urgently we need more compassionate, integrative, and patient-centered forms of care.

In addition to being a student, I also work as a front desk administrative assistant in an acupuncture clinic. My livelihood depends directly on acupuncturists being able to build and sustain viable practices. From this perspective, I see clearly how difficult the financial realities are for practitioners. When comparing educational debt to insurance reimbursement rates, the math is alarming. Oregon needs more practitioners entering this profession, and they need to do so with financially sustainable pathways, not debt burdens that force them out of practice before they have the opportunity to establish themselves.

I also see firsthand what happens when practitioners are not adequately trained in charting, billing, and documentation systems. Incomplete documentation can lead to denied insurance claims, delayed reimbursement, administrative burnout, and countless unpaid hours of labor. Clinical documentation and billing literacy should be integrated into training standards, and Oregon's educational pathways should reflect the actual realities of clinical practice.

I hope the Oregon Medical Board and the Acupuncture Advisory Committee commit to working collaboratively with Oregon stakeholders to ensure affordable and accessible routes to licensure while maintaining strong educational standards that reflect Oregon's scope of practice requirements.

I also believe it is important to preserve nationally recognized credentialing standards, including NCCAOM certification, to protect consumers, support high-quality care, and preserve license portability for Oregon acupuncturists who may later practice in other states.

As both a student and a patient, I continue to be amazed by the diversity of modalities, techniques, and healing systems that influence acupuncture practice across many Asian

traditions. It is both a science and an art form with tremendous power to support people’s wellbeing.

I want there to be enough acupuncturists in Oregon for everyone who needs this kind of care -- including people on the Oregon Health Plan, people living in rural communities, and people who cannot afford to pay entirely out of pocket. If educational pathways become inaccessible, then access to care disappears as well.

I appreciate your time, consideration, and commitment to the future of acupuncture care in Oregon. I look forward to seeing what Oregon can build moving forward.

Thank you for your time and your service to Oregon's public health.

Sincerely,

Jennyfer Lara

Portland, Oregon

From: Amber Reding <[redacted]>
Sent: Wednesday, May 13, 2026 10:32 AM
To: ROSS Elizabeth * OMB
Subject: letter of support for Acupuncture education reform in Oregon
Attachments: Oregon Acupuncture Education reform support.pdf

Hi Elizabeth,

Please see my attached letter of support for the education parallel pathway for acupuncture. I would also like to offer my insight as the previous president of the OAA ,as well as Oregon's primary representative from our national association, ASA. As with most things, people often bring their own political agendas into the organizations they represent. The ASA volunteers are no different. Historically, they maintained that the national association does not engage at the state level; this was their formal stance regarding the PT dry needling bill last year. Their formal position remains that state organizations best know how to navigate their individual state needs when it comes to scope of practice, training, and with dealings with our regulatory bodies. I'd like this to be known as I know there are members of our national association that have vested interest in preventing changes around education that might funnel money outside of our national accreditation body and national certifying body (which have a coalition with the ASA).
I'm happy to discuss this further if needed with any member of the Acupuncture Advisory Committee. I know all information regarding this request is public record and I am OK speaking on the record about it. I also know that our national association has not taken any formal position on this topic so I am not trying to drum up unnecessary drama. I just believe in transparency, and I don't believe everyone who submitted testimony has been transparent.
--
Respectfully,

Dr. Amber Reding-Gazzini LAc
Owner, Acupuncturist

Hillsboro Wellness
[redacted]
Hillsboro, OR 97124

Amber Reding-Gazzini
[redacted]
Hillsboro, OR 97123
[redacted]

May 13, 2026

Dear Members of the Acupuncture Advisory Committee,

I am writing as someone who employs licensed acupuncturists and is a licensed acupuncturist in Oregon. I am also writing as the previous president of the Oregon Association of Acupuncturists. I am writing in support of the Oregon Acupuncture Workforce Sustainability Proposal and to urge the Committee to move forward with developing an OMB-approved educational pathway for entry-level acupuncture training.

Hillsboro Wellness has two high volume clinics in the Hillsboro and western Beaverton area. We service over 4000 patients with an emphasis on accessibility. Our mission, in addition to meeting patient needs, has always been focused around giving acupuncturists a place to thrive.

In my experience hiring and working with acupuncture graduates, the competency areas I most need new practitioners to arrive with are:

The ability to give clinically effective treatments while working within the parameters of the western medical system. This means they need to have the fluency in both Chinese medicine- acupuncture, theory, HERBS, electro-acupuncture and manual therapy- as well as the ability to translate into western medical terms, screen red flags, refer when needed and have enough understanding of billing and coding to be able to fill out charge slips and chart to medical insurance standards. The things that I have to train the most, in addition to medical billing and coding, is how to safely needle muscle motor points, deeper needling techniques, and how to put people on effective treatment plans that include adequate dosage in order to get results. For many people this means twice a week for a number of weeks before tapering down.

Oregon needs more acupuncturists and it needs them to be financially viable when they arrive. Training costs that require six figures of debt against acupuncture reimbursement rates are driving people out of the profession before they've had a chance to build a practice. That is a workforce problem and a patient access problem, and Oregon should act on it now.

I hope the OMB and Acupuncture Advisory Committee commit to working with all Oregon stakeholders to ensure affordable, accessible routes to licensure, with standards set by the OMB to reflect what Oregon's scope of practice actually requires and what employers need acupuncture employees to be able to do in the workplace. I look forward to seeing what Oregon can build.

Thank you for your time and your service to Oregon's public health. Please feel free to reach out with any questions or concerns as we prepare for the future of healthcare in Oregon in a meaningful way that best serves our patients.

Respectfully,

Amber Reding-Gazzini

Hillsboro Wellness Owner

OAA Advocacy Chair

From: felicia desrosiers <[redacted]>
Sent: Thursday, May 14, 2026 5:55 AM
To: ROSS Elizabeth * OMB
Subject: In support of the Oregon Acupuncture Workforce Sustainability Proposal

Dear Members of the Acupuncture Advisory Committee,

I am a licensed acupuncturist in Oregon, writing in support of the Oregon Acupuncture Workforce Sustainability Proposal and to urge the Committee to move forward with developing an OMB-approved educational pathway that preserves the hours currently required for licensure.

The standards are not in question. Where those standards are taught, and at what cost to the student in order for the legacy of acupuncture to carry on in Oregon — is what is on the table.

Oregon has been home to several important acupuncture schools, and it shows. Because we have many practitioners, we have excellent ones, learning from each other and **serving a population that has come to expect quality care**. This culture creates something valuable: a population that appreciates and wants acupuncture, and people who want to follow this path to be care providers. Keeping this pipeline open, affordable, and accountable is how we honor what's already been built here.

I am proud to stand with fellow practitioners I deeply respect in asking that this medicine receive a pipeline worthy of it.

Thank you for your time and your service to Oregon's public health.

Sincerely,

Felicia Desrosiers, L.AC

Eric Grey, MS, LAc
Watershed Wellness
[redacted]
Astoria, OR 97103
[redacted]

May 14, 2026

Members of the Acupuncture Advisory Committee,

I am a licensed acupuncturist practicing in rural Oregon. I am also a former professor of Classical Chinese Medicine at the National University of Natural Medicine (NUNM, 2009-2019) and the owner of Watershed Wellness in Astoria, where I employ five other licensed acupuncturists and continue to grow our clinical team.

I am writing in support of the Oregon Acupuncture Workforce Sustainability Proposal and to urge the Committee to move forward with the process of developing an OMB-approved educational pathway for entry-level acupuncture training that preserves the hours currently required for licensure. This is of vital importance.

I have been licensed and in clinical practice for sixteen years, all of it within the Tian-Zeng classical herbal lineage, currently stewarded by the Institute of Classics in East Asian Medicine. I am currently pursuing the multi-year ICEAM Clinical Fellowship, which requires extensive travel, full memorization of the lineage corpus, and two demanding examinations.

I name that here because I want the Committee to understand that my support for this proposal does not come from someone seeking a shortcut into the profession, or an extreme aversion to spending money on my education. I take the depth and rigor of this medicine seriously enough that I have spent most of the last 20 years devoting my life to it. I write today wearing three hats at once: a clinician with deep investment in the integrity of classical training, a former educator who watched the financial structure of acupuncture education become unsustainable from inside the institution, and an employer trying to keep a real pipeline of practitioners moving into rural Oregon communities.

What I saw during my decade teaching at NUNM is that the financial model for acupuncture education has been under pressure for years. By the time I left in 2019, the picture inside the schools was already alarming. The federal policy changes taking effect in 2026 and 2027, the One Big Beautiful Bill Act's graduate loan caps and the AHEAD Framework's earnings premium test, will accelerate the failure of programs that are already on federal financial watch lists. This is not speculation; it is what my former colleagues are now openly preparing for.

Oregon currently has no Plan B if its ACAHM-accredited programs begin to close, and the lag time to stand up new educational infrastructure is measured in years, not months. A Board-approved alternative pathway is the only responsible insurance policy. It does not eliminate the ACAHM route. NUNM and ORCCA continue to operate exactly as they do today. What it adds is resilience the state does not currently have.

From where I sit as an employer on the North Oregon Coast, the workforce problem is not theoretical. We have a steady, growing waitlist of patients seeking acupuncture care, and the limiting factor is not patient demand but the supply of licensed acupuncturists willing and able to

live and practice in a rural community. Acupuncture is a covered benefit under the Oregon Health Plan, and Oregon is moving toward universal coverage. That commitment becomes empty if the pipeline of new practitioners collapses.

The communities that will feel that collapse first are exactly the ones the state has the hardest time serving already: rural patients, OHP patients, and patients in coastal and inland counties without academic medical centers. Protecting the training pipeline is protecting access to care.

I want to address directly the argument, now circulating in opposition letters from national organizations, that a Board-approved pathway would represent a lowering of standards. It would not. The proposal preserves the total hours of training. It defines competency standards in clinical and biomedical sciences, in acupuncture and Eastern medicine sciences, and in supervised clinical training, that are substantively comparable to what ACAHM-accredited programs already deliver. What it changes is the gatekeeping mechanism, not the floor.

The real question is whether the only legitimate point of entry to this profession should continue to require six figures of debt that the realistic income of a working acupuncturist cannot service. That is not a standard of clinical excellence; it is a financial barrier, and within a few years it will quietly end the profession in states that have not built alternatives. Oregon's Medical Board already has the statutory authority under ORS 677.785 to define and approve acupuncture training standards. Exercising that authority now, before a crisis forces it, is the act of stewardship the moment requires.

Let me be clear - I would *never* support a proposal I believed would act to reduce the standard of care for acupuncture treatment. Our profession has ALWAYS required extensive post-graduate education to meet a high standard. It is what I demand of my employees and students, and most of all, of myself. This proposal does absolutely nothing to change this state of affairs.

I hope that the OMB and the Acupuncture Advisory Committee commit to the process of working with all stakeholders in Oregon to ensure that there are affordable, accessible routes for people to train in acupuncture and become licensed here. The standards for training should be approved by the OMB, because the OMB best knows what Oregon's scope of practice for acupuncture entails and it is the OMB's responsibility to keep the public safe. I will continue to participate in the public comment process and look forward to seeing what we can co-create for Oregon.

Thank you for your time and your service to Oregon's public health.

Sincerely,

Eric Grey, MS, LAc
Co-owner & Director of the Department of Classical Chinese Medicine
Watershed Wellness
Astoria, Oregon

Open Gate Acupuncture and Herbal Medicine Clinic
Mark Goldby, M.Ac.O.M., L.Ac [redacted]

[redacted] **Portland, OR 97214** [redacted]

Acupuncture Advisory Committee
Oregon Medical Board
1500 SW 1st Ave., Suite 620.
Portland, OR 97201-5847
info@omb.oregon.gov

Dear Members of the Acupuncture Advisory Committee and Oregon Medical Board,
As a licensed acupuncturist practicing in Oregon, I write in strong support of the Oregon Acupuncture Competency Proposal, as I understand it to be a rulemaking effort that would create a parallel pathway to licensure for graduates of acupuncture programs that meet Board-defined competency and clinical training standards established under Oregon administrative rule.

My pathway into the practice of Chinese Medicine began in my teens with an interest in Eastern Philosophy and training in Martial Arts, followed by a BS Cum Laude in General Science from the University of Oregon. I graduated from OCOM in 1995 with an MAcOM and immediately established a private practice in Portland, which I have maintained continuously to this day, seeing thousands of patients over 30+ years. At the time of my graduation, my education at OCOM cost just under $30k.
Having worked as a teaching assistant at OCOM during my education there, I was brought back into OCOM as a faculty member 2 years after my graduation. During my 18 years as an educator at OCOM, I participated in the following roles:
-Supervised the Herbal Dispensary at OCOM's outpatient clinic.
-Developed and taught curricula in the application of Chinese Herbal Medicine in the clinical setting.
-Developed and taught Acupuncture Biophysics curricula.
-Helped develop and found OCOM's Research Department and then supervised the Research Practicum requirement for all graduates for 12 years.
-Helped develop and found OCOM's Institutional Review Board for research ethics and safety and then sat as Co-Chair for 8 of my 12 years on the IRB.
-Helped establish FDA and NIH standards for the study of Acupuncture and Chinese Herbal Medicine in a clinical setting.
-Helped write the first successful NIH grant (OCCAM) to study Acupuncture and Chinese Herbal Medicine in a clinical setting.
-Received and completed a 3-year fellowship under that grant to train me to be an effective clinical researcher by NIH standards.
-Maintained a busy private practice throughout this time.

Federal policy changes currently underway threaten the financial viability of graduate-level acupuncture education nationwide. Oregon cannot wait for those consequences to

arrive. This proposal is a state-level response and a way for Oregon to define and protect its own standards while the federal landscape shifts in ways outside our control. Without action, the profession will not remain viable in this state, not because of any failure of practitioners, but because the training pipeline is being structurally undermined.

My private practice model has been one of low-cost, low-barrier access for Portlanders of lower income, operating on a sliding scale fee basis, with no direct insurance billing. This model has been very successful for myself and my associates and has been well-received by our Portland Community. I understand that this is not a practical model for our profession as a whole though. For Chinese Medicine to thrive and grow in our country, practitioners need to have an education that allows them to fully integrate into established mainstream medical institutions including Science, Research and interdisciplinary communication competency, Electronic Records competency, and insurance coding and billing competency. I believe that the program presented here fulfills those imperatives in the increasingly challenging environment that our profession finds itself.
I respectfully encourage the Oregon Medical Board to advance this proposal without delay.
Sincerely,

Mark Goldby, MAcOM, LAc

INSTITUTE FOR TRADITIONAL MEDICINE
AND PREVENTIVE HEALTH CARE

[redacted]
Portland, OR
97214
[redacted]

To: Elizabeth Ross, Oregon Medical Board elizabeth.ross@omb.oregon.gov

The Oregon Association of Acupuncturists (OAA) has been in contact with me recently regarding their proposal to provide a second pathway for licensing graduates of acupuncture programs in Oregon. The proposal is an addition to the currently utilized method adopted years ago in coordination with the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM), while remaining consistent with the national goals of yielding quality practitioners. I am writing in support of providing a second pathway as a means of keeping up with changing circumstances as the field of acupuncture develops in the United States.

In particular, the OAA points out that at least 22 states approve an alternative education route and this number has been growing, a reflection of concerns about the current suitability of the national dictates for training requirements and testing. Further, OAA recognizes that many students and practitioners could have opportunities in the adjacent states of Oregon and Washington for attending courses and establishing practices for which reciprocity would be beneficial, by adopting more consistent training requirements (such as equal total didactic/clinical hours). And, I pointed out to them that the national requirements may prove an excessive burden of student study/training hours that do not necessarily yield better practitioners or outcomes, while increasing costs to students (who usually are strapped with high level loans), especially in states where acupuncturists are not deemed primary care providers.

The national standards were developed over forty years ago at a time when numerous acupuncture colleges had been initiated with great diversity in orientation to the subject. Circumstances have changed: considerable experience has accumulated with training practitioners, and there is vastly expanded student access to information beyond college course work now, including: translated Chinese texts; books and articles by experienced American practitioners; dedicated websites, podcasts, and personal education at a distance (via such platforms as Zoom); and a greatly enhanced computer search mechanism including recent AI inputs. This means that adjustments to course emphasis, classroom and clinic hours, and study methods can be made to fit the experience and situations particular to individual states.

Our organization, Institute for Traditional Medicine (ITM), provides additional educational opportunities for acupuncturists, which includes preceptorships, internships, and residencies at our two well-known clinical facilities (An Hao Natural Health Care and IEP Clinic) as well as giving the employed practitioners at IEP experience in treating patients with serious disease conditions. ITM provides a vast literature designed especially for practitioners of Chinese medicine, as well as presentations in small group settings and some larger venues. ITM has been providing these services for over 30 years in Portland and has experience with teaching at OCOM and NUNM, as well as seminars arranged by OAA (formerly OAAOM). Our long-term practitioners and directors have been in a good position to observe the growth of this field and see the value to the OAA proposal. I am happy to provide further insights into this matter on request.

Subhuti Dharmananda, Ph.D., Director, ITM ([redacted]; May 15, 2026

Heartwood Healing Center
[redacted]
Aurora, OR 97002

HEARTWOOD
HEALING CENTER

Saturday, May 16, 2026

Acupuncture Advisory Committee
Oregon Medical Board
1500 SW 1st Ave., Suite 620.
Portland, OR 97201-5847

Dear Members of the Acupuncture Advisory Committee,

I am a licensed acupuncturist practicing in Aurora, Oregon, I am writing in support of the Oregon Acupuncture Workforce Sustainability Proposal and to urge the Committee to move forward with the process of developing an OMB-approved educational pathway for entry-level acupuncture training that preserves the hours currently required for licensure.

I have been practicing for 14 years after training both in China and at NUNM here in Oregon. I am a solo-practitioner and business owner who serves both a suburban and rural population. Having lived in China and getting to experience Chinese medicine in it's home context, I can attest to the wide range of medical concerns in can address. It is a practice that deserves it's own specialization. My concern is that if back up plan for licensure is not established in Oregon, acupuncture may become just an auxiliary tool for other health professions, rather than a specialty in its own right. If that happens I am concerned for the quality of care that will be delivered and the loss of breadth of application.

My other concern is the cost of acupuncture education. I myself took out graduate plus loans when they first became available without realizing how the interest would accumulate. I am now have a substantial student loan debt, which I will likely never be able to pay off.

Entry-level acupuncture training should not require six figures of debt. Graduate-only program structures have driven tuition well beyond what acupuncture incomes can realistically support. A Board-approved pathway that keeps total training costs accessible (ideally under $50,000) is not a lowering of standards, since the number of hours required for education does not change. It is a recognition that affordability and safety are both public interests.

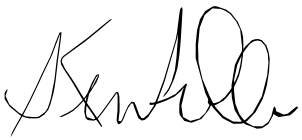
Heartwood Healing Center
[redacted]
Aurora, OR 97002

The affordability issue is already affecting enrollment in acupuncture programs across the nation and resulted in the closure of our own dedicated acupuncture school, OCOM. Oregon currently depends entirely on a single national accreditor (ACAHM) whose financial stability has been declining for a decade. Several other ACAHM-accredited schools have closed and many are already on federal financial watch lists. Oregon needs a Plan B that doesn't wait for a crisis to arrive before we act.

I hope that the OMB and Acupuncture Advisory Committee commit to the process of working with all stakeholders in Oregon to help ensure that there are affordable, accessible routes for people to train in acupuncture and become licensed. The standards for training should be approved by the OMB, because the OMB best knows what Oregon's scope of practice for acupuncture entails and it is the OMB's job to keep the public safe. I will continue to participate in the public comment process and look forward to seeing what we can co-create for Oregon.

Thank you for your time and your service to Oregon's public health.

Sincerely,



Kendra Dale, MSOM, LAc.

Kendra Dale
[redacted]
Aurora, OR 97070
[redacted]

From: Cecilia Dominguez [redacted]
Sent: Monday, May 18, 2026 10:13 AM
To: ROSS Elizabeth * OMB
Subject: Acupuncture Advisory Committee Oregon Medical Board

Follow Up Flag: Follow up
Flag Status: Flagged

Cecilia Dominguez, Psy.D
[redacted]
Battle Ground, WA 98604
[redacted]

May 18, 2026

Acupuncture Advisory Committee
Oregon Medical Board
1500 SW 1st Ave., Suite 620.
Portland, OR 97201-5847
info@omb.oregon.go

Dear Members of the Acupuncture Advisory Committee,

I am writing as a patient who receives acupuncture care in Oregon. I am writing in support of the Oregon Acupuncture Workforce Sustainability Proposal and to urge the Committee to move forward with the process of developing an OMB-approved educational pathway for entry-level acupuncture training in Oregon.

I have been receiving acupuncture in Oregon for 8 years. It has been the most effective treatment for my autoimmune conditions as well as acute conditions such as sport injury and concussion.

As a psychologist, I have also referred many of my patients to acupuncture to aid in their care plan. Acupuncturists are one of the most important people in a patient's healthcare team.

I didn't realize until recently that my acupuncturist likely graduated with six figures of student debt and earns far less than most other licensed healthcare providers. That doesn't seem right for someone doing work this important.

I want there to be enough acupuncturists in Oregon for everyone who needs this kind of care, including people on the Oregon Health Plan, people in rural areas, and people who can't afford to pay out of pocket. If training becomes inaccessible, that access disappears.

I hope that the OMB and AAC commit to the process of working with all stakeholders in Oregon to ensure that there are affordable, accessible routes for people to train in acupuncture and become licensed. The standards for that training should be set by the OMB, because the OMB is responsible for public safety in Oregon. I will follow this process and I look forward to seeing what Oregon can build.

Thank you for your time and your service to Oregon's public health.

Sincerely,

Cecila Dominguez, PsyD

PUBLIC COMMENT IN OPPOSITION TO THE OREGON ACUPUNCTURE WORKFORCE SUSTAINABILITY PROPOSAL

Proposed Amendments to OAR 847-070-0016 and New OAR 847-070-[XXXX]

Submitted to: **elizabeth.ross@omb.oregon.gov**

TO: Acupuncture Advisory Committee (AAC)
Oregon Medical Board (OMB)
1500 SW 1st Avenue, Suite 620, Portland, OR 97201

FROM: Alfred Thieme, LAc
Former lobbyist for the OAAOM
[redacted]
St Helens, OR 97051

DATE: May 19, 2026
RE: Formal Opposition — Workforce Sustainability Proposal (May 1, 2026); Public Hearing of June 5, 2026

Hello, I am Alfred Thieme, and I previously served as the volunteer lobbyist for the OAAOM (now the OAA). I was one of the plaintiffs with Christo Gorawski and the OAAOM in on the successful case against the Oregon Chiropractor Association (OCA) on the issue of Dry Needling. The administrative court decision ruled in favor of the OAAOM and the Licensed Acupuncturists at that time. I was also instrumental in the successful request of the Attorney General of Oregon opinion that Dry Needling (Acupuncture) was not within the scope of practice of the Physical Therapists in Oregon. I am very familiar with the education, scope of practice, and administrative rules related to licensed acupuncturists in Oregon and other states.

MOST IMPORTANTLY, I respectfully request that this proposal be tabled until the points at the bottom of my letter have been addressed. This proposal is being rushed by a well-intentioned group of providers that do not represent the OAA members, and only a small fraction of the 1546 licensed Acupuncturists in Oregon. Myself and other acupuncturists are now formally representing the unrepresented acupuncturists of Oregon through the Coalition of Acupuncturists Concerned with Licensure Education (CACLE). There needs to be a much more focused and un-biased attempt to survey all the licensed acupuncturists in Oregon on this critical issue.

1. **Legal Challenges to RISE rule and AHEAD rule:** Since Jan 21, 2025, the Trump Administration has been sued over 750 times on different issues. Of these cases, 165 cases have had a final decision. Of these final decisions in these lawsuits, 37 of these cases have been ruled in favor of the plaintiffs and against the Trump administration. Currently, a coalition of 24 states and DC have filed a lawsuit to block the RISE rule. Legal experts estimate there is a **moderate to high probability (roughly 60% - 75%)** that the legal challenges will successfully delay or alter the Department of Education's RISE rule over the next two years. For the AHEAD rule, the same case can be made that similar lawsuits will be filed once the comment period has completed on May 20, 2026. The same coalition of states has signaled that they will also sue the federal government over the AHEAD rule. Additionally, Association of American Universities (AAU), National Education Association (NEA), and the American Council on Education are likely to join as parties in an eventual lawsuit. CONCLUSION: There is NO RUSH to implement a bachelor degree program in Oregon. There is a high probability these cases will be held up in the court for

From: Tiare Sheller <[redacted]>
Sent: Wednesday, May 20, 2026 11:19 PM
To: ROSS Elizabeth * OMB
Subject: OMB letter opposing OAA acupuncture proposal

Dear Members of the Oregon Medical Board,

I am writing to express my strong opposition to the Oregon Acupuncturists Association's proposal to reduce the educational requirement for acupuncture licensure in Oregon from a graduate-level medical degree to a bachelor's-level credential. As a practitioner who has completed the rigorous four years of medical school required to earn a Masters of Oriental Medicine, I am deeply concerned lowering the standard would fundamentally weaken our profession and compromise patient care.

East Asian medicine is a comprehensive medical system with a massive history and knowledge base, not a technical modality. It requires incredibly advanced diagnostic reasoning, clinical judgment, and a deep understanding of physiology, pathology, and treatment principles, all based in a different culture background. Reducing the entry-level requirement to a bachelor's degree would inevitably produce practitioners who function more as technicians than as fully trained medical providers. This shift would diminish the credibility of our field within the broader healthcare community and undermine decades of work toward professional recognition. **The depth and complexity of our medicine cannot be mastered in an undergraduate program, and lowering the bar would erode the foundation on which safe and effective practice depends.**

The Oregon Acupuncturists Association has justified this proposal by suggesting potential federal changes to student aid will cause graduate programs to collapse, accreditors to fail, and the profession to face a catastrophic shortage of practitioners. I do not believe this outcome is likely. Many graduate institutions are already preparing legal challenges, and the Oregon Attorney General—along with numerous other states—has filed suit to block these federal changes as of 5/20/2026. Other healthcare professions equally affected by these policies, including nursing, physical therapy, and mental-health providers, are not proposing to lower their credentials in order to maintain access to financial aid. They understand professional standards must remain high to protect patients and preserve the integrity of their fields. Acupuncture should be no different, and I fear once our credential is lowered, it will be nearly impossible to raise again.

I am also concerned about the process by which this proposal has been advanced. The effort has been led primarily by a single individual who has a direct conflict of interest, as she has stated her intent to create a bachelor's-level program if the credential is lowered. Her communications have selectively omitted key financial information from our accreditors, creating the appearance of imminent institutional collapse where none has been demonstrated. This has shaped the narrative in a way that does not reflect the full reality of the situation.

Furthermore, the Oregon Acupuncturists Association membership is 175, which represents only a small fraction of licensed acupuncturists in the state—approximately eleven percent. Their membership

numbers are low precisely because many practitioners do not support their positions. In monitoring their campaign, I have observed fewer than fifty acupuncturists have participated in informational calls and/or online discussions. These calls were announced the day before the call, so people were not given adequate notice and could not attend due to work conflicts. Additionally, we were informed during these calls the OAA had already voted in favor of the created proposal, which is the opposite of how an association should work – it should poll its membership and create recommendations based on feedback. Acupuncturists who have spoken out against the proposal in online forums have been aggressively attacked by the OAA Board and the author of the proposal, so many have remained silent. Dissenting opinions have been deleted from public threads about the topic, and even one OAA Board member was removed from the committee because she did not agree. **This is to demonstrate the OAA does not speak for the 1,574 actively licensed acupuncturists working in Oregon, most of whom are unaware this proposal is even being considered.** It is essential the Board recognize the OAA's position does not necessarily reflect the will nor the professional judgment of the broader acupuncture community.

Lowering the credential would also have serious economic consequences. Insurance reimbursement rates are tied to professional training and scope. If Oregon reduces its licensure requirement to a bachelor's degree, reimbursement rates will almost certainly fall. This would place existing practitioners—many of whom are still paying off graduate-level student loans—in financial jeopardy. It is unlikely that reduced reimbursement would be sufficient even for future practitioners carrying bachelor-level debt. The long-term result would be a destabilized profession, not a strengthened one.

I believe strongly the future of East Asian medicine depends on maintaining high standards, not lowering them. We should be moving toward greater professional recognition, deeper integration into healthcare systems, and stronger academic rigor. Reducing the educational requirement would move us in the opposite direction. I urge the Board to consider the broader implications for patient safety, professional credibility, and the long-term viability of our field.

Thank you for your time and for your commitment to protecting the integrity of healthcare in Oregon. I appreciate your thoughtful consideration of this issue and your role in ensuring that our profession remains grounded in excellence.

Sincerely,

Tiare Sheller, L.Ac.
Inner Nature Acupuncture LLC
[redacted]
Hillsboro, OR 97124
[redacted]
www.InnerNatureAcupuncture.com

NOTICE TO PATIENTS: We do not respond to requests for medical advice via email. Please contact our office by phone, at 503.505.0335, if you need medical advice, or to schedule appointments. In the event of a medical emergency, dial 911. Thank you.

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From: Aja Ngo <[redacted]
Sent: Thursday, May 21, 2026 8:27 AM
To: ROSS Elizabeth * OMB
Subject: Acupuncture input

You don't often get email from [redacted] Learn why this is important

Hello,

My name is Aja Ngo . I am LAc. In private practice in Portland , OR.

I have been practicing since 2001 in 3 different states.

I support and fully indorse CACLE.

Thank you .

Aja Ngo , LAc.
[redacted]
Portland, OR
97221

[redacted]

https://www.portlandtraditionalacupuncture.com
https://www.desideratamosaic.org

years with injunctions.

2. Unresolved NCBAHM Exam Eligibility — A Legally Unimplementable Rule

NCBAHM's **Route 1 educational eligibility** requires graduation from, or current enrollment in, an **ACAHM-accredited or ACAHM-candidacy** program.[7] The proposal **concedes** that NCBAHM eligibility for graduates of a Board-approved alternative pathway remains *unresolved*[32] — and yet the draft rule **expressly requires** applicants to pass the NCBAHM examination. This is a textbook arbitrary-and-capricious rulemaking defect under the Oregon Administrative Procedures Act.[21] The Board cannot lawfully require an examination that the candidate is, by the testing body's own bylaws, ineligible to take. No prudent agency would adopt such a rule on the present record.

3. Destruction of Interstate Licensure Portability — The "Oregon Trap"

Substantially every U.S. acupuncture jurisdiction — including Washington (WAC 246-803-150),[23] California (B&P Code § 4938),[24] Idaho (IDAPA 24.05.01),[25] and Nevada (NRS § 634A.140)[26] — ties licensure or licensure-by-endorsement to ACAHM-accredited education and NCBAHM certification. To enact a localized pathway absent written reciprocity commitments is to **manufacture a class of geographically and economically stranded practitioners** — a foreseeable harm that itself constitutes a public-policy injury.

4. Reimbursement Collapse — The Medicare / Medicaid / Commercial-Payer Problem

The Centers for Medicare & Medicaid Services' final National Coverage Determination 30.3.3 (Decision Memo CAG-00452N, January 21, 2020)[1], restricts Medicare-covered acupuncture (CPT codes **97810, 97811, 97813, 97814**)[3] for chronic low-back pain to services furnished by physicians and PAs/NPs/CNSs or auxiliary personnel who hold a **master's- or doctoral-level acupuncture degree from an ACAOM-accredited institution** (the regulator's text predates the June 2021 ACAOM→ACAHM rename; the entity is the same)[8] plus active state licensure; supervision must comply with 42 CFR §§ 410.26 and 410.27.[2] CMS expressly confirms that **Medicare cannot pay licensed acupuncturists directly.**[1] The **Department of Veterans Affairs** Qualification Standard — VA Handbook 5005/100, Part II, Appendix G36[11] — issued under 5 U.S.C. § 7402[12] requires the same graduate-level ACAHM education plus board certification for federal acupuncturist appointments. The **National Committee for Quality Assurance** Standard CR 3, Element B[14] — binding on virtually every commercial network in Oregon (Regence, Moda, Providence, PacificSource, Kaiser Permanente NW) — requires primary-source verification of nationally recognized education and certification. **A non-ACAHM, non-NCBAHM graduate may, on day one, be ineligible for Medicare auxiliary coverage, VA hiring, NCQA-credentialed commercial networks, Oregon Health Plan enrollment under OAR 410-130-0220,[27] and PIP / Workers' Comp reimbursement under ORS 656.245 and ORS 742.524.[28]** No payer has provided written assurance otherwise.

5. Malpractice Insurability — The Underwriting Time Bomb

THE INSURABILITY THREAT — PRACTITIONERS COULD BE LEFT WITHOUT MALPRACTICE COVERAGE

Professional liability carriers serving acupuncturists — including the **Acupuncture Council of America (ACA) via Allied Professionals Insurance Services,**[29] **HPSO / CNA,**[30] and **NCMIC**[31] — underwrite acupuncture risk pools using national accreditation and certification as foundational rating variables. Underwriting questionnaires routinely require attestation of **ACAHM graduation, current NCBAHM Diplomate status, and CNT certification;** coverage is offered on the actuarial premise that the insured pool meets these uniform standards. A **fragmented state-only credential** outside the NCQA-verified national framework introduces three foreseeable outcomes: (a) **declination of coverage** at the underwriting stage, (b) **premium loading** (10–40% surcharges are common for non-standard credentials), and (c) **exclusionary endorsements** denying defense and indemnity for adverse events arising from training-pathway deficiencies. The practical end-state is **Oregon-only graduates uninsurable in the standard market** — forced into surplus-lines or self-insurance, neither of which is acceptable to hospital privileging committees under The Joint Commission Standard MS.07.01.03.[15] The proposal contains **no malpractice-carrier analysis whatsoever.** This omission alone warrants pause.

6. Public-Safety Dilution — Bypassing Independent Accreditation

NCCA-accredited certification[13] — the gold standard recognized in adjacent regulatory contexts — encompasses psychometrically validated job-task analysis, examination development and validation, ongoing recertification, ethics enforcement, and disciplinary data-sharing. NCBAHM has formally warned Oregon that weakening any element of the *accreditation → examination → certification → ethics* chain **diminishes patient protection.**[7] The Oregon Medical Board candidly acknowledged at recent meetings that it does not maintain a programmatic-accreditation staff. The proposal asks the Board to invent one — with neither budget appropriation, statutory authorization, nor administrative track record.

7. Unfunded Administrative Mandate — OMB Cannot Be a Shadow Accreditor

The proposal would require OMB to evaluate curricula, conduct site visits at its discretion, recover costs, monitor compliance, manage program denials and appeals, and — most troublingly — **recognize new examinations "by order without further rulemaking."** The proposal's own fiscal section concedes verbatim that the authors are "acupuncturists, not regulators" and are "learning as we go."[32] Under **ORS 183.335(2)(b)(E),**[21] an agency adopting a rule must include a statement of fiscal and economic impact; under **ORS 291.055,**[22] new agency functions of this scale require Department of Administrative Services fiscal review. None has been produced.

8. Statutory Authority Is Doubtful — ORS 677.785 Does Not Extend This Far

ORS 677.785(3)[4] authorizes the Acupuncture Advisory Committee to *recommend* standards of didactic and clinical education. ORS 677.785(4) requires the Committee to recommend a licensing examination meeting **National Commission for Certifying**

Agencies (NCCA) standards or an equivalent organization. The statute does **not** authorize the Committee or the Board to *invent and operate a parallel programmatic accreditation system* or to delegate examination recognition to itself "by order." The proposal therefore raises substantial questions under ORS 183.400[21] judicial-review standards ("exceeded statutory authority" and "inconsistent with an officially stated agency position") that the Oregon Department of Justice should review before any rulemaking proceeds.

9. Evidentiary Record Is Demonstrably Inadequate

The proposal's workforce-need claim rests on **six employer interviews, reported only in aggregate**, with the proposal itself stating that *more interviews are still being conducted.*[32] By comparison, federal Negotiated Rulemaking Committee processes (RISE and AHEAD)[10] relied on national datasets covering tens of thousands of borrowers. A six-respondent convenience sample cannot lawfully sustain a structural reconfiguration of Oregon's healthcare-licensure architecture under any reasonable application of the substantial-evidence test in ORS 183.482(8)(c).[21]

10. Scope-Expansion Contradiction — More Invasive Authority on a Lower Foundation

Concurrent with this proposal, the profession is pursuing expansion into **Point Injection Therapy (PIT)** — an invasive modality involving the intramuscular or peri-articular injection of pharmacological agents (lidocaine, vitamin B12, homeopathic preparations, sterile saline). NCBAHM has launched an **Acupuncture Injection Therapy Certificate of Qualification** that *presupposes* baseline graduate-level ACAHM training.[7,8] Asking Oregon regulators to authorize injection authority *while simultaneously truncating the foundational education that Oregon schools have been requiring from the current 3000 hours down to 1,800 hours*[4] is a position that **no defensible patient-safety framework can sustain**. The contradiction is not merely optical; it is **clinically indefensible** and would be Exhibit A in any subsequent malpractice or licensure-revocation proceeding.

11. Rushed Process and Stakeholder Opacity

Dr. Jen Kearns and other Oregon practitioners have raised documented concerns that the proposal was developed and submitted **without a transparent OAA membership vote**, **without meaningful circulation** of the final text, and **without consultation** with neighboring state boards, payers, malpractice carriers, hospital systems, or the Oregon Health Authority. A rule of this magnitude cannot lawfully be moved on a record this thin and this opaque.

I Respectfully Request that the Acupuncture Advisory Committee:

1. Decline to advance the May 1, 2026 proposal as written.
2. Require written confirmation from NCBAHM and, as applicable, NCCA, regarding examination eligibility for any proposed Oregon-only pathway.

3. Require a 50-state portability analysis with written responses from at minimum Washington, California, Idaho, Nevada, and Arizona acupuncture-licensing authorities.
4. Require an independent reimbursement and credentialing study covering CMS (Medicare NCD 30.3.3 / CAG-00452N), the Oregon Health Plan (OAR 410-130-0220), commercial payers, PIP / Workers' Comp carriers, and all major Oregon hospital systems and FQHCs.
5. Require written underwriting position statements from the three principal acupuncture malpractice carriers (ACA / APIS, HPSO / CNA, NCMIC) regarding insurability of Oregon-only graduates.
6. Require a formal fiscal and legal analysis of OMB's statutory authority, staffing model, fee structure, program-review standards, appeal rights, site-visit protocols, and Oregon APA compliance.
7. Convene a transparent stakeholder workgroup — including patient-safety advocates, hospital credentialing officers, payer medical directors, and dissenting Oregon practitioners — before any rulemaking proceeds.

Oregon patients deserve the same evidence-based standards of clinical competence and the same insurability protections as patients in every other state. Oregon students deserve a credential they can actually use — portable, certifiable, reimbursable, and insurable. The proposal as drafted **provides none of these assurances**. I respectfully request that the Committee and the Board **pause this rulemaking until those assurances exist in writing**. Thank you for your attention and for your service to the public.

Respectfully submitted,

Alfred Thieme, LAc

Coalition of Acupuncturists Concerned with Licensure Education (CACLE)

[redacted]

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From: Mia Neuse <[redacted]
Sent: Thursday, May 21, 2026 11:25 AM
To: ROSS Elizabeth * OMB
Subject: RE: OAA Workforce Sustainability Proposal

Good morning,
My name is Mia Neuse and I am a licensed acupuncturist in Portland, OR.
I graduated in 2005 and have been in practice since then. I am a member of OAA.
I am emailing to express my concern over the workforce sustainability proposal recently unveiled by the OAA.
I am opposed to the proposal as it now stands for a variety of reasons, many of which have been well expressed by some of my colleagues.
I feel the proposal process has been rushed and insufficient time has been given to OAA members as well as a large number licensed acupuncturists in the state who, while not OAA members, are still as much primary stakeholders as those of us who are members are.
While I appreciate the effort into creating this proposal, I have been disappointed by the seeming disinterest on the part of the creators to listen to and take time to respond to member feedback and concerns.
While I could go in detail as to what all my concerns are, as well as those documented by other providers, I believe you will be receiving in-depth comments so I will forgo repetition. However, if more detail is needed, please don't hesitate to let me know.
I appreciate the AAC's time and effort looking into this as well as the willingness to listen to a variety of voices going forward.
Respectfully,

Mia Neuse, L.Ac.

Montavilla Community Acupuncture
[redacted] Portland, OR 97215
[redacted]
www.montavilla-acupuncture.com

From: Dennis "Kaz" Kasunic <[redacted]>
Sent: Thursday, May 21, 2026 11:46 AM
To: ROSS Elizabeth * OMB
Subject: Formal Opposition to the Workforce Sustainability Proposal (May 1, 2026); Public Hearing June 5, 2026

TO:
Acupuncture Advisory Committee (AAC)
Oregon Medical Board (OMB)
1500 SW 1st Avenue, Suite 620
Portland, OR 97201

FROM:
Dennis Kasunic
[redacted] Portland, OR 97210

DATE: May 21, 2026

RE: Formal Opposition to the Workforce Sustainability Proposal (May 1, 2026); Public Hearing June 5, 2026

Dear Members of the Acupuncture Advisory Committee:

My name is Dennis Kasunic, and I am submitting this public comment in opposition to the proposed Oregon Acupuncture Workforce Sustainability Proposal. I respectfully request that this proposal be tabled until the concerns outlined below are fully addressed.

This proposal is being advanced by a well-intentioned but limited group of practitioners who do not represent the broader membership of the Oregon Association of Acupuncturists (OAA) or the majority of Oregon's 1,546 licensed acupuncturists. In response to concerns regarding transparency and representation, practitioners have formed the Coalition of Acupuncturists Concerned with Licensure Education (CACLE) to represent the many Oregon acupuncturists who have not been meaningfully included in this process.

Before any major changes to licensure or educational standards are adopted, there must be a more transparent, balanced, and comprehensive effort to survey and engage licensed acupuncturists throughout Oregon.

1. Legal Uncertainty Surrounding the RISE and AHEAD Rules

There is no compelling reason to rush implementation of a bachelor-degree pathway in Oregon while significant federal litigation remains unresolved.

Since January 21, 2025, the Trump Administration has faced more than 750 lawsuits involving federal policy and administrative actions. Of the cases that have reached final decisions, dozens have resulted in rulings against the administration. A coalition of 24 states and the District of Columbia has already filed suit challenging the federal RISE rule, and legal experts estimate a moderate-to-high likelihood (approximately 60–75%) that the rule will be delayed, modified, or enjoined over the next several years.

The same concerns apply to the proposed AHEAD rule. Similar litigation is expected following the close of the public comment period on May 20, 2026. Several major higher-education organizations — including the Association of American Universities (AAU), the National Education Association (NEA), and the American Council on Education — are also expected to participate in legal challenges.

Conclusion

There is no urgent need for Oregon to implement a new bachelor-degree licensure structure while these federal standards remain legally unsettled and likely subject to years of litigation and injunctions.

2. Rushed Process and Lack of Transparency

Many Oregon practitioners have raised documented concerns that this proposal was developed without:

- A transparent vote of the OAA membership;
- Meaningful circulation of the final proposal language;
- Adequate consultation with neighboring state licensing boards;
- Input from malpractice carriers, insurance payers, hospital systems, or the Oregon Health Authority.

A regulatory proposal of this magnitude should not move forward based on such a limited and opaque record.

Requests to the Acupuncture Advisory Committee

I respectfully request that the Acupuncture Advisory Committee and Oregon Medical Board take the following actions before advancing any rulemaking:

1. Decline to advance the May 1, 2026 proposal as currently written.
2. Require written confirmation from NCBAHM and, where applicable, NCCA regarding examination eligibility for any Oregon-specific licensure pathway.
3. Require a comprehensive 50-state portability analysis, including written responses from licensing authorities in Washington, California, Idaho, Nevada, and Arizona.
4. Require an independent reimbursement and credentialing analysis addressing:
    - CMS/Medicare (NCD 30.3.3 / CAG-00452N),
    - Oregon Health Plan (OAR 410-130-0220),
    - Commercial insurers,
    - PIP and Workers' Compensation carriers,
    - Oregon hospital systems and federally qualified health centers (FQHCs).

5. Require written underwriting position statements from the principal acupuncture malpractice carriers — ACA/APIS, HPSO/CNA, and NCMIC — regarding the insurability of graduates from Oregon-only educational pathways.
6. Require a formal fiscal and legal analysis of the Oregon Medical Board's:
    - Statutory authority,
    - Staffing capacity,
    - Fee structure,
    - Program-review standards,
    - Appeal rights,
    - Site-visit protocols,
    - Compliance with Oregon Administrative Procedures Act requirements.
7. Convene a transparent stakeholder workgroup that includes:
    - Patient-safety advocates,
    - Hospital credentialing officials,
    - Insurance medical directors,
    - Dissenting Oregon practitioners,

      before any additional rulemaking proceeds.

Conclusion

Oregon patients deserve evidence-based standards of clinical competence and the same protections regarding licensure, reimbursement, portability, and malpractice coverage that patients receive in other states. Oregon students likewise deserve credentials that are portable, certifiable, reimbursable, and insurable.

As currently drafted, this proposal does not provide those assurances.

I respectfully urge the Committee and the Board to pause this rulemaking process until these concerns have been fully addressed in writing.

Thank you for your attention and for your continued service to the public.

Respectfully submitted,

Dennis Kasunic

--
Dennis "Kaz" Kasunic, M.Ac. O.M., L.Ac., Licensed Acupuncturist
[redacted]
Portland, OR 97210
https://forestparkwellness.com/
[redacted]
Monday-Thursday 10-7pm
Friday 10-6pm

Join my Facebook business page here: https://www.facebook.com/forestparkwellness/

ZEN SPACE

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Zen Space Alberta
[redacted] Portland, OR 97211 **P:** [redacted] **F:** [redacted] **Email:** [redacted]
Zen Space Broadway
[redacted] Portland, OR **P:** [redacted] **F:** [redacted] **Emai:** [redacted]

Dear OMB and Acupuncture Advisory Committee,

My name is Danielle Reghi, LAc. I have been a licensed acupuncturist in the state of Oregon since 2017. During my time in practice, I have built a successful clinic that employs other acupuncturists and accepts most major insurance plans.

Over my nearly ten years in the field, I have watched acupuncture reimbursement rates steadily decline. This has been particularly jarring given that I graduated from OCOM with approximately $220,000 in student loan debt. As a student, I was told that I had to "spend money to make money"—a statement I have documented in an email from the school's admissions coordinator, which I have attached.

I entered OCOM young and optimistic about becoming an acupuncturist. The silver lining is that I still love what I do and cannot imagine pursuing another career. However, the reality is that the level of student debt—often compounded by 6–8% interest—is unsustainable. Acupuncturists simply do not earn enough to repay these loans in full.

There is now a Facebook group, "Acupuncture Student Loan Borrower Defense," with approximately 2,500 members who have applied for borrower defense, citing that their schools misrepresented expected earnings. I was fortunate to have my loans discharged through this process.

Additionally, my alma mater, OCOM, closed in 2023 due to bankruptcy. The institution that encouraged students to take on six-figure debt was ultimately unable to sustain itself financially. In fact, over the past five years, 12 acupuncture schools have closed across the country. This reflects a broader issue: acupuncture education has been significantly impacted by credential and tuition inflation.

Advocates for higher credentials have argued that elevating educational standards would increase respect for the profession. I completed my doctorate in 2020; however, I have not seen any corresponding increase in reimbursement. In fact, reimbursements have declined. For example, Providence payments have dropped from an average of approximately $125 per visit to between $52 and $88 for the same billing codes.

We are now also facing increased accountability measures at the federal level. While I support loan caps as a necessary protection for students, I recognize that operating a private college is expensive. The added pressure of accountability metrics under the AHEAD framework further challenges schools' financial viability.

I am part of the coalition that has submitted a proposal to the OMB through the OAA. The OAA's proposal does not eliminate existing educational pathways, nor does it require a specific credential. Instead, it introduces a parallel pathway that allows schools flexibility to develop programs—potentially at the bachelor's level—that can adapt to these financial and regulatory constraints. This approach could help reduce tuition costs, ideally by at least half, while maintaining baseline educational standards and preserving access to the profession. Baseline educational standards are very important for us to write into law in Oregon, to preserve Acupuncture scope of practice in an uncertain future. While this proposal cannot impact what colleges choose to do about tuition, or credential, it does afford them the opportunity to do what's right when it comes to tuition, in any way that will allow them to navigate the changing federal landscape. Alfred Thieme, one of the main opponents to this rule change has said, "some schools will have to close" (I have attached the screenshot from Facebook). Personally, I would prefer to preserve the schools we have, in a way that protects the profession, rather than having to rebuild from the ground up. Why not give the schools the best chance at survival, while also maintaining some accountability for them to do better by their students financially in the future?

I understand that acupuncturists are divided on this issue. The OAA has been e mailing all acupuncturists about this, sent out survey's, held 2 townhalls, invited people to e mail in both through e mail listserv and Facebook comments, made the proposal freely available. The OAA has garnered both support and criticism, as anything in politics does. Most of the people who are opposing this have clearly not read the 50 page document, and that is obvious because many of the answers to their questions can be found in the document its self.

In my view, reform is long overdue. Tuition must come down, and the profession must remain viable. These goals are not mutually exclusive—we can and should achieve both.Thank you for your consideration of the OAA's proposal to protect students and ensure a sustainable future for acupuncture in Oregon.

Sincerely,
Danielle Reghi, DAC, LAc

Gmail **Danielle Reghi** [redacted]

Registration

7 messages

Danielle Reghi <[redacted]m> Wed, Mar 28, 2012 at 6:07 PM
To: Teres Smith [redacted]

Hi Teres,
I don't believe I am going to be able to join OCOM next semester. I can't wrap my head around being that much in debt, no matter how I try. Judy told me that if I am going to have such anxiety, it is not worth it. Perhaps in the future, but at the moment I don't think I can fit the debt into my life. I am going to drop my registration. I did put the down payment which will need to be refunded, but the card I used to make that downpayment is no longer working. Please let me know what the best way to get you my new card number is.
Thank You,
Danielle Reghi
[redacted]

Teres Smith [redacted] Wed, Apr 4, 2012 at 2:58 PM
To: Danielle Reghi <d[redacted]

Hi Danielle,

We appreciate your written note in regards to your status as an incoming student at OCOM. We know that the decision did not come easily, but how unfortunate as I just met with you recently on campus and things seemed to be in order. You've also done a considerable amount of prerequisite work to put yourself in this favorable position.

You're not alone in being concerned about funding your education and going into debt along the way. The latest figures we have show that about 87% of our student populous is using federal funding to attend school - and I imagine that number is similar with the other AOM schools and other graduate programs available out there. The reality we all face is that you have to invest; it takes money to make money or so they say. The best part of investing in education is that it's an investment in yourself - and your future. It's unfortunate to not chase your dream, everything else is second best. I have attached an article that was put out by some administrators here at OCOM that may really give you a slightly different perspective on loans v. career. Take some time to read it if you will, see if it creates any room for more discussion.

In the end, if attending OCOM, and borrowing to do so causes major anxiety, then it's probably not right, or the right time. We will initiate your refund of deposit, you are entitled to $200. When you're ready, send me your current address as we mail out a check for refund of deposit. Best of luck Danielle in pursuit of other avenues, let us know if we can be of any further assistance.

With regards,

Teres Smith
Admissions Coordinator
Oregon College of Oriental Medicine

[redacted]

www.ocom.edu

The mission of the Oregon College of Oriental Medicine is to transform health care by educating highly skilled and compassionate practitioners, providing exemplary patient care, and engaging in innovative research within a community of service and healing.
[Quoted text hidden]

Student loan debt and your professional education 11.21.2011 edited version.docx
30K

Danielle Reghi <[redacted] Thu, Apr 5, 2012 at 7:19 AM
To: Teres Smith <[redacted]

Hi Teres,
Thank you for the information that was actually really helpful. You are right I am going to do it. I will fill out my FAFSA today. Please just let me know what the next steps are. Thank you for believing in me :)
Danielle
[Quoted text hidden]
> <Student loan debt and your professional education 11.21.2011 edited version.docx>

Teres Smith <[redacted] Thu, Apr 5, 2012 at 12:05 PM
To: Danielle Reghi [redacted]

Hi Danielle,

I'm so happy to hear your news. I'm actually touched by the fact you are listening to your heart and your gut and you're going to go for it! You never want to look back and wish you had taken a path you believed to be right - and you never want to live without chasing your dreams.

This college will keep doing everything we can to help you be successful, it's also good to hear that you will start your FAFSA and continue working with Judy in Financial Aid. Let me know if you have any questions on the admissions side of things, I am currently forming a google group for all incoming students for 2012.

Have a great conclusion to your week and I look forward to my next communication with you!

Best regards,
[Quoted text hidden]

Danielle Reghi <[redacted]m> Thu, Apr 5, 2012 at 3:24 PM
To: Teres Smith <[redacted]

Hi Teres,
I finished my FAFSA, it says my eligibility is estimated at 20,500. Is that enough to pay tuition? I will unfortunately be totally dependent upon student loans for tuition and living expenses.
Thanks,
Danielle
[Quoted text hidden]

Teres Smith [redacted] Thu, Apr 5, 2012 at 3:33 PM
To: Danielle Reghi <[redacted]

Hi Danielle,

You happened to catch me at my desk when you email came in and I wanted to

get right back with you. Each year a student completes a FAFSA, so you're estimate would be based on what you might receive for just the first year. It's also important to note that it's just an estimate, not the final amount. Generally students are able to receive at least what's needed to pay for school, if not having a bit left over also.

If Judy, our Director of Financial Aid knew I was talking her business, she'd chastise me! Please reach out to her to discuss these matters as soon as you can, I probably know just enough to get us both in trouble! I know she would love to hear from you, shoot her an email at [redacted] Just so you have it also, her number is [redacted] ext 108.

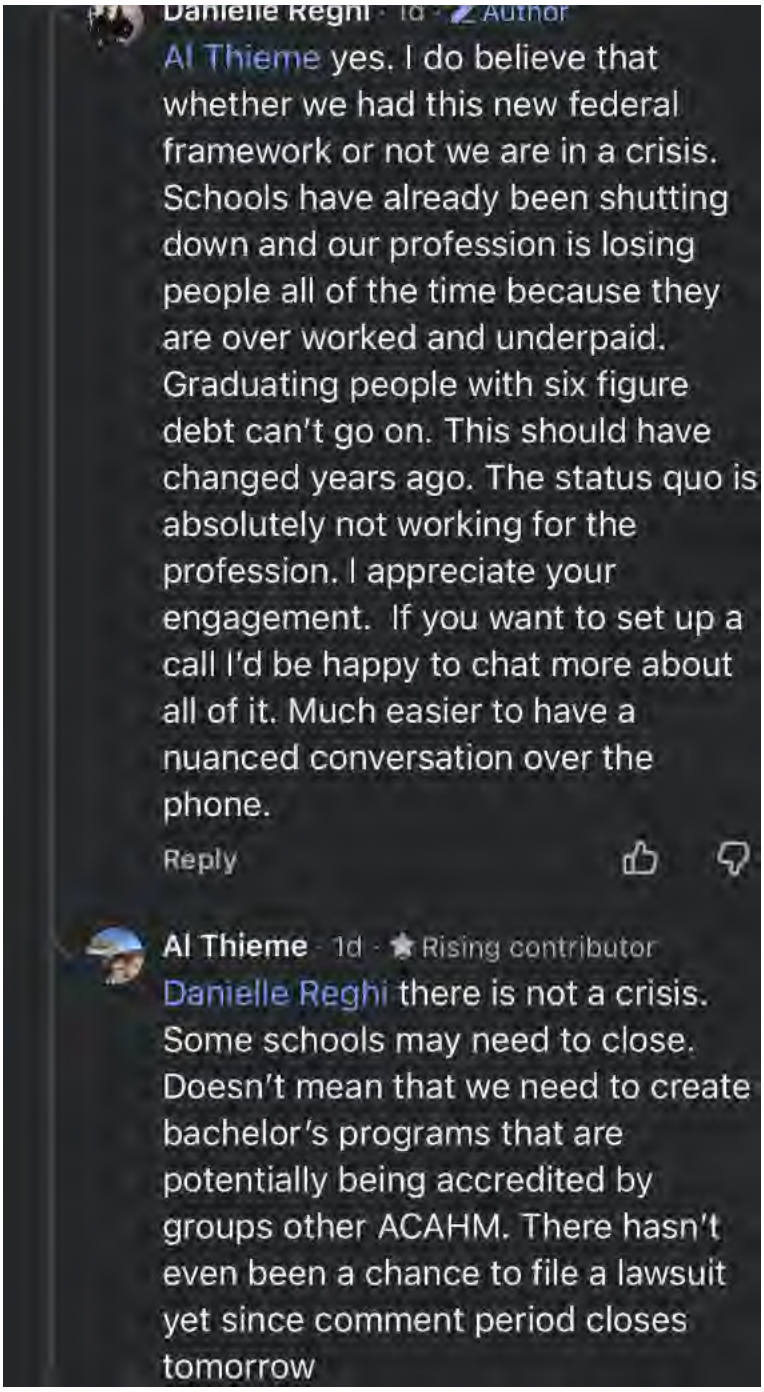
Thanks for being so diligent with your processes at OCOM, I'll talk to you soon!

[Quoted text hidden]

Danielle Reghi <[redacted] Thu, Apr 5, 2012 at 4:24 PM
To: Teres Smith <[redacted]

Thanks Teres,
I will e mail Judy.
Have a good night!
Danielle

[Quoted text hidden]


Danielle Reghi · 1d · Author
Al Thieme yes. I do believe that whether we had this new federal framework or not we are in a crisis. Schools have already been shutting down and our profession is losing people all of the time because they are over worked and underpaid. Graduating people with six figure debt can't go on. This should have changed years ago. The status quo is absolutely not working for the profession. I appreciate your engagement. If you want to set up a call I'd be happy to chat more about all of it. Much easier to have a nuanced conversation over the phone.
Reply
Al Thieme · 1d · Rising contributor
Danielle Reghi there is not a crisis. Some schools may need to close. Doesn't mean that we need to create bachelor's programs that are potentially being accredited by groups other ACAHM. There hasn't even been a chance to file a lawsuit yet since comment period closes tomorrow

From: Kate Kirkham <[redacted]
Sent: Thursday, May 21, 2026 11:57 AM
To: ROSS Elizabeth * OMB
Subject: Comment on Acupuncture Training, request for more time for comments

You don't often get email from [redacted] Learn why this is important

Hi Elizabeth,

I am writing to oppose the proposed changes to the Masters in Acupuncture level requirements for Acupuncturists in the state of Oregon.

I would like to request more time for more providers to provide comment on the proposed changes as well.

Thank you,

Kate Kirkham, LAc (She/Her)

Acupuncture and Herbal Medicine

[redacted]

[redacted]

HearthsideHealing.com

Portland, OR

From: Oliver Leonetti <[redacted]>
Sent: Thursday, May 21, 2026 12:50 PM
To: ROSS Elizabeth * OMB
Subject: Bachelors Degree Consideration for Acupuncturists

Hi Elizabeth,

This conversation and consideration just came across my radar this week. I don't have time today to address everything, but I wanted to make sure that I'm being heard in this process.

This letter from a colleague says a lot of what I'd like to say. But mainly I want to slow this process down before we make real errors we can't walk back from. This needs to be thought through and practically studied before we commit to it.

The biggest threat to our profession is our terrible compensation which has go down while all operating costs have risen. Reducing our education requirements will not improve our compensation.

1. Reimbursements — Has there been any real attempt to assess changes that could occur in reimbursement if we downgrade our entry degree? They reiterate that there will be no change, that reimbursements go down anyway and that "no insurance company has ever asked for my degree." I think every insurance company knows our education and degree history.

2. Independence of practice — are there other examples of healthcare providers that have our degree of independence, ie expanse of scope and population (we are not comparable to midwives, massage therapists or lactation consultants), ability to see patients without medical doctor referral, accept PIP patients without a referral, ability to practice independently without supervision, etc.,? I don't believe that there are any other independent providers that currently practice in this kind of capacity without a masters degree or above? Yes, PT had Bachelor's entry years ago but moved to a Masters and now Doctorate years ago. If our entry-level degree is a BA, what are the prospective ramifications? The OAA board says that there will be none because our independence is in scope statute, but statutes are in fact, alterable.

3. Portability — if we are the only state with an entry-level BA degree, what happens if we relocate to another state, especially if we are no longer using the national licensing organization to qualify for a license? It seems clear that this degree path will not have portability. Nearly all states require NCBAHM exams, which require ACAHM education. They state that they will try to have agreements with neighboring states such as WA and ID, but I don't believe that these are currently in play and it doesn't appear as if either state is moving this direction at this time?

4. Transparency of process — I'm not sure how other people feel, but I did not particularly feel confident or encouraged by the OAA feeling that because they were an elected board, that they can do as they please without informing members. To me that feels autocratic. Also, as I mentioned before, it's disheartening to have sessions where they supposedly are interested in hearing our

concerns, but that happens after the fact of the proposal already being submitted. To me that doesn't feel transparent, and I feel manipulated by it. Additionally, many providers who have expressed concerns feel that they were then berated for those concerns, told that they are 100% misguided, they clearly don't understand, they are wrong, there are no other choices, they have to act immediately (even though other states are not), etc.

5. Marketability of degree when competing potentially with PTs or other providers for jobs and patients- I'm worried that we will soon be competing with PTs and Chiros doing acupuncture with doctorates and our entry level will be Bachelors. They say that this path will put out safe and competent providers and I wonder what kind of competence? Will the providers be effective? Poca Tech requires more educational hours than this pathway.

6. Impact on the rest of country / profession at large — this is not something that really occurred to me until it was pointed out, but it's an interesting point in which is we, as acupuncturists in Oregon, have often been seen as the vanguard because of various reasons such a schooling, we have also already been seen as contentious, because of Poca Tech. What happens if we are the ones to lead what could be perceived as a downgrade? What if this does negatively impact reimbursement across the country and scope of practice across the country?

7. My understanding is that in the same AAC/OMB meeting, the OAA is proposing a scope of practice increase to include point injection therapy, so at the very same time, we are asking to inject substances into people because our national certifying body (NCBAHM) has a certification course to do so, but also asking to remove the requirement that we attend a program accredited by our national accreditor, which includes a pathway that is unable to sit for board exams provided by the same entity offering the injection certification and substantially decreasing our training hours, and yet expecting that not only will our scope will not decrease but that it should increase.

8. Regarding training hours- they are saying that this is not a decrease in hours but I am perplexed by this assessment. ACAHM minimal is 1905 with 60 credits (4 semesters/2 years prerequisite). Yes, these pre reqs are not specific to a program but they are general education, communication, writing, critical thinking skills, years of maturation. Most schools, and specifically our OR schools, were teaching to CA requirements, which were 3000 hours plus 60 credits. 3000 hours plus 2 bachelors years seems very different than 1800 hours (really 1300 hours, then graduation and then post graduate clinical hours). 3000 hours plus 2 bachelors years is generally 5 years, which is the education in China.

9. Regarding degree designation and cost- they argue that if our education all goes into a Bachelors degree, then we will qualify for Bachelors loans. I can appreciate this, but to be clear, it does not necessarily lower tuition because education costs are not just different prices per degree designation. We have specialty education, and the costs may remain the same for this program. That said, schools are strategizing various ways to reduce tuition, including consolidation and collaboration for basic classes and online classes. This program could end up more costly than other master's programs because other schools are currently talking about how to collaborate and this program will be an outlier.
This degree also relies on individual and potentially unvetted mentors to provide the sole clinical education. In the age of online unlicensed health coaches and functional medicine, this concerns me. Their pathway also has no potential program accreditor at this time.

10. If this was so emergent that we had to act immediately, then every other state would be doing the same and my understanding is that they are not. There are several solutions and strategies being explored across the country, I wonder why in OR the OAA sees this as the only one, especially since

we have advanced confirmation from the OMB that if our infrastructure collapse, they will be flexible with us to allow existing programs to continue to graduate students.

11. They say that ACAHM's collapse is inevitable, but their 2024 taxes show a decade of minimal change. I think ACAHM can probably handle quite a few school closures. A point of reference: there are only 20 chiro schools and there are currently 50 acu schools (or close to it).

These are just some points that I think merit consideration. The topic is a really big one that's being rushed through without really looking for or listening to opposing opinions with the kind of rigor and respect I would hope for. I don't know what to do next, but I do think that we have to take some time to figure out what next steps we might take.

--
Oliver Leonetti, L.Ac.

Inner Gate Health & Wellness
SE Ankeny Clinic Tel: [redacted]
Email: [redacted]
NE Halsey Clinic Tel: [redacted]
Email: [redacted]
www.innergatepdx.com

From: Beth Nugent <[redacted]
Sent: Thursday, May 21, 2026 1:35 PM
To: ROSS Elizabeth * OMB
Cc: KINGHAM Gretchen * OMB
Subject: Proposed Regulatory Changes

You don't often get email from [redacted] Learn why this is important

Re: Impact of Proposed Regulatory Changes

Dear Members of the Oregon Acupuncture Advisory Committee,

I am a licensed acupuncturist practicing for 13 years. I am licensed in the states of Oregon and New York. I am able to hold licenses in multiple states and have licensure transportability because I hold NCBAHM Certification. I am the current President of the Acupuncture Society of New York and the Chair of Acupuncturists Without Borders, a 501c3 charitable organization that provides trauma informed acupuncture treatments around the world.

I am writing to respectfully express my concerns about any consideration of weakening third-party certification and examination requirements for the practice of acupuncture in Oregon. Bypassing ACAHM standards is a significant problem because they exist to maintain national standards for what is covered in Acupuncture educational institutions, and how many clinical hours are required in order to sit for the NCBAHM board exams. In New York, acupuncturists in Masters Programs are required to complete over 4000 hours of study, and over 600 hours of clinical supervision in order to graduate before they sit for exams. In order to obtain my license in Oregon, I had to show proof of my current NCBAHM certification, a copy of my diploma, and take an additional Medical Practice Act exam, along with fingerprinting, a background check and a copy of my birth certificate, All of these safeguards are in place for a reason, to maintain integrity in our profession for the safety and health of our patients.

I understand that several Oregon supporters of these regulatory changes have stated their goal is not to abandon NCBAHM certification standards, but rather to find "an alternative pathway to sit for the NCBAHM examinations." I want to clarify that no such pathway currently exists: there is no option to sit for the NCBAHM exams without graduating from an ACAHM-accredited acupuncture school. The NCBAHM is bound by the rules of the NCCA, the body that authorizes it to grant third-party national certification.

As licensed acupuncturists, we are recognized healthcare practitioners performing invasive needling procedures. Robust, independent credentialing standards are essential to protect patient safety and sustain public trust. Independent academic accreditation psychometrically validated national examinations, shared disciplinary data, and enforceable professional ethics together form an integrated public safety framework. Patients deserve providers whose competency and capacity to do no harm have been verified against vetted national standards.

In New York, we recently passed legislation to mandate large insurance groups to cover acupuncture. (Assembly bill A622) This is how you increase patient access to comprehensive, evidence based healthcare, not by lowering standards. The Oregon Medical Board has an obligation to maintain the standard of care for all Oregonians receiving acupuncture.

I respectfully urge the AAC to maintain current academic and certification requirements, consistent with nearly every other state. This approach would protect patients and provide consistent competency through nationally recognized NCBAHM credentialing

Thank you for your time, your careful consideration, and your commitment to public health and safety.

Respectfully,

Dr. Beth Nugent DACM, LAc
Dipl. of AHM(NCBAHM)
[redacted]
Waldport, Oregon 97394
([redacted]

--
Dr. Beth Nugent DACM, LAc., NCCAOM Dipl. of O.M.
Doctor of Acupuncture and Chinese Medicine
President, ASNY
Vice Chair, Acupuncturists Without Borders
[redacted]

rosefinch HEALTH
Dr. Lee Hullender Rubin
DAoM, MS, LAc, FABORM
[redacted]
www.rosefinchhealth.com
[redacted]

Lee Hullender Rubin, DAoM, MS, LAc, Dipl. AHM, FABORM
Diplomate of Acupuncture & Herbal Medicine (NCBAHM)
Fellow, Acupuncture and TCM Board of Reproductive Medicine (FABORM)
Rosefinch Health LLC | [redacted] Portland OR 97212
([redacted] | [redacted]

May 21, 2026

Acupuncture Advisory Committee
Oregon Medical Board
1500 SW 1st Avenue, Suite 620
Portland, OR 97201

RE: Public Comment on the Oregon Acupuncture Workforce Sustainability Proposal (May 1, 2026) — Proposed Amendments to OAR 847-070-0016 and New OAR 847-070-[XXXX]; Public Hearing of June 5, 2026

Dear Members of the Acupuncture Advisory Committee:

I write as a Licensed Acupuncturist with over twenty-four years of clinical, research, and academic experience in this profession. I hold a Master of Science and a Doctorate of Acupuncture and oriental Medicine, am a Diplomate in Acupuncture and Herbal Medicine through the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM), and am a Fellow of the American Board of Oriental Reproductive Medicine (FABORM). My clinical practice focuses on reproductive medicine and integrative care alongside reproductive endocrinologists and IVF teams. I have also served, over the course of my career, as a clinician within medical school ambulatory clinics (UCSF) and academic clinical research units (UCSF and OHSU), where the credentialing process, primary-source verification of accredited education, current board certification, and active licensure, was the gatekeeper to seeing patients at all. It was also the precondition of being invited onto a multidisciplinary care team. That experience has made the credentialing architecture of our profession very real to me, in a way that is sometimes invisible from

private practice. My work as an educator, researcher, and writer has spent considerable time on the standards by which our profession is recognized within mainstream medicine.

I submit this letter respectfully and in good faith, in opposition to the Oregon Acupuncture Workforce Sustainability Proposal as written. I want to be clear at the outset that I strongly share the proponents' underlying concerns about the future of our profession, and I recognize the substantial, careful, volunteer-driven work that the Oregon Association of Acupuncturists Education Task Force and the Acupuncture Workforce Alliance have put into this package. The forty-eight-state statutory analysis, the financial review of the accreditor, the curriculum mapping, and the early employer outreach are serious work. The drafting team deserves real credit for engaging this problem at the level of detail required, and I hope this letter reads as part of a continuing collaborative conversation, not in opposition to the people doing the work.

My concern is not with the diagnosis but with the prescription. I believe the proposal, in its current form, would create significant downstream consequences for Oregon patients, for current and future Oregon practitioners, and for the broader credibility of acupuncture as a recognized healthcare profession. Those consequences need to be on the record before the Committee makes a recommendation.

I. Shared Premises: The Pressures on the Profession Are Real

The proposal correctly identifies that the One Big Beautiful Bill Act, Public Law 119-21, signed July 4, 2025, with student-loan provisions effective July 1, 2026, fundamentally restructures graduate borrowing through the RISE rulemaking, and that the U.S. Department of Education's AHEAD Framework and earnings accountability proposed rule will, by the Department's own modeling, place CIP 51.33 acupuncture programs at acute risk of losing Title IV eligibility. These are not theoretical risks. In under ten years, they will reshape acupuncture in this country, proactive responses or not.

The proposal is also correct that the Accreditation Commission for Acupuncture and Herbal Medicine has been operating with a thin financial margin, that several of its accredited programs are flagged by Department of Education financial responsibility composite scores, and that the loss of one or more programs would have cascading effects on the accreditor itself. Oregon's decision to ensure it has functional licensure infrastructure in the event of accreditor or program disruption is, in principle, prudent contingency planning.

I want to be on record that I agree with all of this. The question before the Committee is not whether the profession faces a real problem. It most assuredly does. The question is whether the specific intervention proposed is the right one to take, on this timeline, on this record. My respectful position is that it is not — not yet — and that the consequences of acting too quickly on too thin an evidentiary base are themselves serious risks to the public, to our colleagues, and to the future of our profession.

II. Areas of Significant Concern with the Proposal as Written

A. The NCBAHM Examination Eligibility Question Is Not Yet Resolved

The proposed rule requires applicants to pass an NCCA-accredited acupuncture examination, with NCBAHM named as a recognized body. The proposal candidly acknowledges that NCBAHM's current Route 1 educational eligibility requires graduation from an ACAHM-accredited or ACAHM-candidacy program, and that eligibility for graduates of an Oregon Board-approved alternative pathway has not been confirmed. The proposal describes a parallel workstream with NCBAHM and NCCA. The proposal also acknowledges the possibility that an entirely new NCCA-accredited examination may eventually be required.

This is the heart of my concern. A rule that requires an examination its candidates may not be eligible to sit is not yet ready for adoption. The proposal asks the Committee to act before NCBAHM's response is known, before NCCA's response is known, and before the NACIQI review of ACAHM (scheduled for July 22–23, 2026) concludes. I do not believe the Committee should be put in the position of recommending a rule whose central operative provision depends on a chain of confirmations that have not yet been received in writing. The Committee deserves to see those answers before, not after, the rule is recommended.

B. Interstate Licensure Portability — The Oregon-Only Credential Problem

Substantially every U.S. acupuncture-licensing jurisdiction conditions awarding licensure or licensure-by-endorsement on graduation from an ACAHM-accredited program and certification by NCBAHM. Washington (WAC 246-803), California (Bus. & Prof. Code § 4938), Idaho (IDAPA 24.05.01), and Nevada (NRS 634A.140) are the jurisdictions closest to Oregon, and all four currently rely on that architecture for endorsement. The proposal's own fifty-state portability appendix is candid that, even where states have alternative pathway language on the books, most have not operationalized it for new graduates from another state's board-approved program.

The practical effect of adopting this rule before reciprocity is negotiated in writing is that a class of Oregon-trained graduates will hold a credential they may not be able to use anywhere else. Acupuncture is a small profession with a mobile workforce. Graduates relocate for family, for partners' careers, for cost of living, for fellowship and research opportunities. To put graduates in the position of being licensable only in Oregon, without their informed consent and without written assurance from neighboring boards, is a foreseeable harm that the Committee should weigh carefully.

C. Third-Party Reimbursement, Hospital Privileging, and Federal Employment

This is the area where the proposal's gaps concern me most as a clinician who works alongside referring physicians and within insurance-driven reproductive medicine practices. The downstream payer architecture is not a minor implementation detail. It is the difference between a credential that allows a graduate to build a practice and one that does not.

The Centers for Medicare & Medicaid Services National Coverage Determination (NCD) 30.3.3 for acupuncture for chronic low back pain adopted under decision memo CAG-00452N on January 21, 2020, requires that auxiliary personnel furnishing acupuncture hold a master's or doctoral degree in acupuncture or Oriental Medicine from a school accredited by ACAOM (now ACAHM) and an active state license, with supervision under 42 CFR §§ 410.26 and 410.27. CMS does not pay licensed acupuncturists directly; it pays only the supervising physician, PA, or NP/CNS for services furnished by qualified auxiliary personnel. A graduate of a state-only, non-ACAHM pathway is, on the plain text of the NCD, not qualified to furnish those services.

The Department of Veterans Affairs Qualification Standard for Acupuncturists under VA Handbook 5005 requires NCBAHM board certification and graduate-level acupuncture education for federal acupuncturist appointments under 5 U.S.C. § 7402. The National Committee for Quality Assurance Credentialing standards — applied by every major Oregon commercial network, including Regence, Moda, Providence, PacificSource, and Kaiser Permanente Northwest — require primary-source verification of nationally recognized education and certification. The Joint Commission Medical Staff Standard MS.07.01.03 governs hospital privileging, including for the integrative pain programs that have been most active in hiring acupuncturists under PC.01.02.07.

The proposal does not contain a written assurance from any of these entities. Oregon Health Plan provider enrollment under OAR 410-130-0220, PIP recovery under ORS 742.524, and workers' compensation reimbursement under ORS 656.245 may also require separate analysis. Until that work is done, the Committee cannot tell a prospective Oregon-only graduate what their credential will allow them to bill for. I do not believe the Committee should adopt a rule whose practical financial consequences for graduates cannot yet be described.

D. Professional Liability Insurability

Professional liability carriers in our field, including the American Acupuncture Council through Allied Professionals Insurance Services, CM&F Group, HPSO/CNA, and NCMIC, underwrite our risk pools on the actuarial premise that the **insured population meets uniform national standards**: **ACAHM-accredited education, current NCBAHM Diplomate status, and CCAHM Clean Needle Technique certification**. Underwriting questionnaires routinely require attestation of those elements. Carriers are not required to extend coverage to credentials outside that framework, and historically the response to fragmented or non-standard credentials in adjacent professions has been some combination of declination, premium loading, or exclusionary endorsements limiting defense and indemnity.

The proposal does not include any underwriting analysis from the principal carriers. This omission is not minor. A graduate who cannot obtain professional liability coverage in the standard market cannot be privileged at a hospital, cannot join most integrative programs, and cannot serve OHP populations through most contracted networks. The Committee should not be asked to recommend a rule without knowing whether its graduates will be insurable.

E. The Independent Accreditation–Examination–Certification Chain Is a Patient-Safety Architecture

Acupuncture is, despite its excellent safety profile in trained hands, an invasive procedure. The literature, including the World Health Organization's guidelines on basic training and safety in acupuncture and the cumulative adverse event reviews by White and colleagues, documents pneumothorax (ICD-10-CM J93.0–J93.9), nerve injury, infection, syncope, and retained needle events. The vast majority of these are preventable through standardized Clean Needle Technique pedagogy and supervised clinical training in institutional settings with credentialed supervising faculty. The CNT course administered by the Council of Colleges of Acupuncture and Herbal Medicine and the NCCA-accredited examination framework administered by NCBAHM are not redundant bureaucracy. **They are the safety architecture that allows acupuncture to be billed, privileged, and recommended within mainstream medicine**.

I appreciate that the proposal's post-graduation supervised practice option attempts to address the historical apprenticeship-route failure rates in biomedicine by requiring completion of didactic biomedical training and passage of a Board-approved examination before supervised practice may begin. That design choice is thoughtful. My concern is at the system level: replacing a single, nationally coherent accreditation-and-certification chain with parallel, state-specific structures introduces variance in clinical preparation that is difficult to detect on a credentialing form. The chain works because it is uniform. **Once Oregon introduces an alternative, every other state must decide what to do with it, every payer must decide what to do with it, and every carrier must price it. The cost of that complexity is paid in the dollar value of an Oregon-only graduate's credential, and ultimately in patient access.**

F. Statutory Authority and the Oregon Medical Board's Administrative Capacity

ORS 677.785(3) authorizes the Acupuncture Advisory Committee to recommend standards of didactic and clinical education, and ORS 677.785(4) authorizes the Committee to recommend a licensing examination meeting NCCA standards or an equivalent. The proposal reads this authority as encompassing not only the recommendation of standards but the operation of a parallel programmatic approval system, with curriculum review, site visits, denials, appeals, and a power to recognize new examinations by Board order without further rulemaking. I am not a lawyer, but on a plain reading, this may stretch the statute beyond what it appears to contemplate, and the Committee should request an opinion from the Oregon Department of Justice on the scope of ORS 677.785 authority before proceeding. ORS 183.335 notice-and-rulemaking requirements and the ORS 183.482(8)(c) substantial-evidence standard for judicial review of rules are also relevant here.

The proposal candidly acknowledges that its authors are "acupuncturists, not regulators" and are "learning as we go." I respect the honesty of that framing, and I recognize the resource constraints on a volunteer task force. And, the Oregon Medical Board cannot operate as a shadow programmatic accreditor without dedicated staff, defined evaluation criteria with inter-rater reliability, complaint and disciplinary infrastructure, and an appropriations or fee structure reviewed by the Department of Administrative Services under ORS 291.055. The Board has been candid in recent meetings that it does

not currently have that infrastructure. A new function of this scale deserves a formal fiscal note and a defined operational plan.

G. The Evidentiary Record

I want to acknowledge that I am a researcher, and so I read the proposal's evidentiary sections with particular care. The forty-eight-state statutory analysis, the WHO benchmark mapping, the ACAHM financial summary, and the NCBAHM route-disaggregated pass-rate data are genuinely useful. The employer interview section, however, rests on six interviews reported in aggregate, with the proposal itself noting that additional interviews remain in progress. As workforce evidence for a structural change to a healthcare-licensure architecture, a six-respondent convenience sample is thin, and the Committee should weigh it accordingly. I respectfully suggest that the employer findings be presented as preliminary qualitative signal rather than as a competency-evidentiary base sufficient to sustain a new curricular baseline.

H. An Internal Tension with Concurrent Scope Expansion

The profession is, in parallel with this proposal, pursuing expansion into Point Injection Therapy, including the intramuscular and peri-articular administration of pharmacological agents. NCBAHM's Acupuncture Injection Therapy Certificate of Qualification, by its own design, presupposes baseline graduate-level ACAHM training as the foundation on which an injection scope can be safely built. To ask Oregon regulators to authorize an expanded invasive scope of practice while simultaneously reducing the foundational educational floor below current ACAHM standards is, in my respectful view, a position that becomes difficult to defend in any subsequent malpractice, peer-review, or scope-of-practice proceeding. This is not a hypothetical concern; it is the precise pattern that opposing counsel uses against our profession in any contested scope expansion. I would ask the Committee to consider how the two proposals will be evaluated together by a hostile reviewer, because that is the standard to which our credentialing architecture is held.

I. Stakeholder Process and Transparency

I have learned from Oregon colleagues about the process by which the proposal was developed, including questions about transparent membership engagement, the circulation of the final text before submission, and the absence of formal consultation with neighboring state boards, payers, malpractice carriers, hospital systems, and the Oregon Health Authority. I raise this not to litigate process but because, for a rule with the downstream consequences described above, the Committee's record will be strengthened by a transparent, broadly inclusive stakeholder process. The proposal's authors have engaged NUNM and ORCCA, which is good. But the universe of affected parties is larger, and the public comment record should reflect that.

III. A Respectful Path Forward

I do not believe the right response to a real problem is to do nothing. I believe the right response is to do the contingency planning that the proposal's authors have correctly identified as necessary, with the rigor that the consequences require. I would respectfully ask the Committee to consider the following:

1. Decline to advance the May 1, 2026 proposal as written at the June 5 meeting, while explicitly affirming that the AAC will continue to engage the OAA Education Task Force and the AWA on a revised package.

2. Request, in writing, NCBAHM's and (as applicable) NCCA's response to the proposed Oregon Board-approved pathway, including whether graduates would be examination-eligible and on what timeline. The Committee should not recommend a rule whose central operative element is unresolved.

3. Request a written portability analysis from at minimum Washington, California, Idaho, Nevada, and Arizona acupuncture-licensing authorities regarding endorsement of Oregon Board-approved pathway graduates.

4. Commission, with assistance from the OAA, AWA, and the Oregon Health Authority, a payer and credentialing analysis covering CMS NCD 30.3.3 auxiliary-personnel eligibility, OHP enrollment under OAR 410-130-0220, the major commercial networks in Oregon, PIP and workers' compensation reimbursement, the VA Qualification Standard, and Joint Commission hospital privileging.

5. Obtain written underwriting position statements from the three principal acupuncture professional liability carriers (AAC/APIS, CM&F Group, HPSO/CNA, NCMIC) regarding insurability of Oregon Board-approved pathway graduates.

6. Request a formal fiscal and legal analysis of the Oregon Medical Board's statutory authority under ORS 677.785, its staffing model, fee structure, program-review standards, site-visit protocols, denial and appeal rights, and Oregon APA compliance, with Department of Administrative Services fiscal review under ORS 291.055 where applicable.

7. Convene a transparent stakeholder workgroup that includes the proposal's authors, dissenting Oregon practitioners, patient-safety representatives, hospital credentialing officers, payer medical directors, and the Oregon Health Authority, on a timeline that allows substantive engagement before any rule is recommended.

8. Decouple the Workforce Sustainability rulemaking from the concurrent Point Injection Therapy scope-expansion discussion, so that each is evaluated on its own evidentiary record and the internal tension between them is addressed before either is recommended.

IV. Closing

The proposal's authors have done the profession a service by identifying and platforming this problem and by putting forward a substantive package. I do not want my opposition to be read as dismissive of their effort. It is precisely because the stakes are this high for patients, for graduates, for the standing of our profession within Oregon's healthcare system that the rule needs more time, a fuller record, and written commitments from the entities whose decisions will **determine whether the credential is functional.**

Oregon patients deserve evidence-based standards of clinical competence, and Oregon acupuncture students deserve a credential that is portable, certifiable, reimbursable, and insurable. I share the proponents' commitment to both. I am respectfully asking the Committee to use the next several months to build the record that will let a revised proposal achieve those outcomes, rather than recommending the current draft on the present record.

Thank you for your service to the public and for the care with which the Committee approaches these questions. I am happy to make myself available to the Committee, the proposal's authors, or the Board in any capacity that would be useful.

Respectfully submitted,

Lee Hullender Rubin DAoM, MS, LAc, Dipl AHM, FABORM
Diplomate of Acupuncture & Herbal Medicine (NCBAHM)
Fellow, American Board of Oriental Reproductive Medicine (FABORM)
Oregon License No. 153822
Rosefinch Health LLC • Portland, OR

Date: May 21, 2026

Re: Impact of Proposed Regulatory Changes

Dear Members of the Oregon Acupuncture Advisory Committee,

I am writing to respectfully express my concerns about weakening third-party certification and examination requirements for the practice of acupuncture in Oregon. Before I share my own experience, I want to explain how the national credentialing system actually works, because I believe some of the proposals before this committee rest on assumptions about that system that do not match its reality.

How NCBAHM Certification Works, and Why It Matters

The NCBAHM (formerly NCCAOM) is the national certifying body for the acupuncture profession. It administers the psychometrically validated examinations that nearly every state, including Oregon, relies on to verify that a candidate has the foundational knowledge and clinical competency to safely practice acupuncture. Patients across the country depend on the integrity of those exams. State licensing boards depend on them too, because no individual state has the resources to independently develop and defend its own valid, legally sound competency examination.

NCBAHM does not set its own rules in isolation. It is accredited by, and accountable to, the National Commission for Certifying Agencies (NCCA), which is the oversight body that authorizes NCBAHM to grant third-party national certification. The NCCA sets the standards for what a legitimate certification program must look like, including the requirement that candidates come from a verified, accredited educational pathway. ACAHM (the Accreditation Commission for Acupuncture and Herbal Medicine) fills that role for our profession by accrediting acupuncture schools and ensuring that curricula and clinical hours meet national standards.

ACAHM standards matter because they are what make a national, psychometrically valid examination possible in the first place. A psychometrically valid exam depends on a defined, consistent body of knowledge and clinical competency that all candidates can reasonably be expected to have mastered. Without uniform academic and clinical hour requirements across schools, the exam cannot fairly measure competency, and the results cannot be defended as reliable indicators of readiness to practice. ACAHM ensures that every graduate sitting for the NCBAHM exam has completed the same foundational coursework in biomedicine, acupuncture theory, point location, needling technique, herbal medicine, ethics, and supervised clinical training, with the same minimum number of clinical hours treating real patients. That uniformity is not bureaucratic overhead; it is the precondition that allows the NCBAHM exam to function as a legitimate national standard. If Oregon were to license graduates of non-ACAHM-accredited programs, those graduates would be entering practice without the verified educational foundation that the rest of the country, and the NCBAHM exam itself, presumes.

This is not a circular arrangement; it is a tiered public safety framework. ACAHM accredits the schools. NCBAHM tests the graduates. NCCA holds NCBAHM accountable to nationally recognized standards for high-stakes credentialing. NCBAHM cannot unilaterally change its eligibility requirements without jeopardizing its own accreditation, and the loss of that accreditation would compromise license portability for every NCBAHM-certified acupuncturist in the country.

Clarifying the "Alternative Pathway"

I understand that several Oregon supporters of these regulatory changes have stated their goal is not to abandon NCBAHM certification standards, but rather to create "an alternative pathway to sit for the NCBAHM examinations." I want to underscore that no such pathway exists. When you go to the NCBAHM website, the very first eligibility requirement listed is graduation from an ACAHM-accredited acupuncture program. NCBAHM is not in a position to create a workaround, because the NCCA standards that govern it would not permit one. Asking NCBAHM to create an alternative pathway is asking it to do something it does not have the authority to do.

It is important that Oregon plan for the educational and credentialing structure that actually exists, rather than make regulatory decisions based on what might exist or what we hope will exist in the future. Sound public policy requires building on the standards in place today.[1]

The Stakes for Patients and Practitioners

As licensed acupuncturists, we are recognized healthcare practitioners performing invasive needling procedures. Robust, independent credentialing standards are essential to protect patient safety and sustain public trust. Independent academic accreditation, psychometrically validated national examinations, shared disciplinary data, and enforceable professional ethics together form an integrated public safety framework. Patients deserve providers whose competency has been verified against vetted national standards.

I respectfully urge the AAC to maintain current academic and certification requirements, consistent with nearly every other state. This approach would:

- Protect consumers through consistent, nationally recognized NCBAHM credentialing
- Preserve license portability for every Oregon-licensed acupuncturist to practice in other states that require NCBAHM certification

My Background

I share these concerns from two vantage points. As a clinician, I am a licensed acupuncturist and Doctor of Acupuncture and Chinese Medicine with 36 years of practice. I was first licensed in California in 1990 and in Massachusetts in 1991, and I currently hold active licenses in additional states including New York and Pennsylvania. That license portability is possible

[1]I recognize that concerns about the cost and accessibility of accredited acupuncture education are real, and that the new federal loan limits enacted under the One Big Beautiful Bill Act (OBBBA) have added urgency to those concerns by capping graduate student borrowing in ways that affect healthcare programs. However, those federal provisions are currently being challenged: on May 19, 2026, a coalition of 25 states and the District of Columbia filed suit in U.S. District Court in Maryland seeking to rescind the Department of Education rule implementing these caps. The outcome of that litigation may significantly alter the financial landscape for graduate healthcare education, and weakening Oregon's credentialing standards in response to a federal rule that is actively being litigated would be a premature and disproportionate response to a problem that may not persist.

because I hold NCBAHM certification, and it is the kind of professional mobility that Oregon-licensed acupuncturists stand to lose if Oregon steps outside the national framework.

I also serve as a subject matter expert for the NCBAHM on the Foundations of Oriental Medicine exam development and question writing committee, and I serve on the NCBAHM State Relations Task Force. Through this work, I have deep knowledge and lived experience with what it takes to write, curate, and evaluate questions for a psychometrically valid third-party examination. The number of hours required to develop a single defensible exam question is inordinate, and the process is rigorous by design, because the credential carries real weight in protecting the public. This is not a system that can be bypassed lightly, or replicated by a state board working on its own.

Thank you for your time, your careful consideration, and your commitment to public health and safety.

Respectfully,

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PUBLIC COMMENT IN OPPOSITION TO THE OREGON ACUPUNCTURE WORKFORCE SUSTAINABILITY PROPOSAL

Proposed Amendments to OAR 847-070-0016 and New OAR 847-070-[XXXX]

TO: Acupuncture Advisory Committee (AAC)
Oregon Medical Board (OMB)
1500 SW 1st Avenue, Suite 620, Portland, OR 97201

FROM: Christopher A. Beardall, DC, L.Ac.
Beardall Acupuncture & Chiropractic Clinic, PC
[redacted] Canby, OR 97013 • Ph[redacted]

DATE: May 21, 2026

RE: Formal Opposition — Workforce Sustainability Proposal (May 1, 2026); Public Hearing of June 5, 2026

Dear Members of the Acupuncture Advisory Committee and the Oregon Medical Board:
I write in my capacity as a dually credentialed Oregon healthcare provider — a Doctor of Chiropractic and a Licensed Acupuncturist (Oregon Lic. AC00432) practicing daily in Canby, Oregon — to **respectfully and unequivocally urge the Committee and the Board to decline to advance the Oregon Acupuncture Workforce Sustainability Proposal as written**, or, at minimum, to **pause** rulemaking pending an independent, on-the-record analysis of the proposal's public-safety, portability, reimbursement, malpractice-insurability, and statutory-authority consequences. The proposal, dated May 1, 2026, and submitted by the Oregon Association of Acupuncturists Education Task Force and the Acupuncture Workforce Alliance,[32] would amend **OAR 847-070-0016**[5] and adopt new **OAR 847-070-[XXXX]**, creating a parallel state-only licensure pathway built on an 1,300-clock-hour Board-approved curriculum, 500 institutional clinical hours, and as many as 500 post-graduation "direct-treatment" supervised hours — outside the framework of the **Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM)** [8] and without confirmed eligibility for the **National Certification Board for Acupuncture and Herbal Medicine (NCBAHM)** [7] examinations currently required by OAR 847-070-0016(2) and by Oregon Medical Board licensing guidance.[6]

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I. The Diagnosis Is Real; The Cure Is Catastrophic

The proponents are correct that federal policy shifts — the elimination of the Grad PLUS loan program under the **One Big Beautiful Bill Act, Pub. L. 119-21** (signed July 4, 2025; effective July 1, 2026)[9] and the Department of Education's **AHEAD Framework** Notice of Proposed Rulemaking on earnings accountability (issued April 20, 2026)[10] — pose genuine threats to the financial viability of ACAHM-accredited programs. Joint statements by the Council of Colleges of Acupuncture and Herbal Medicine and the Association of Accredited Naturopathic Medical Colleges project significant noncompliance for CIP 51.33 programs under the proposed earnings test.[33] The diagnosis is sound. The *cure* proposed by OAA/AWA, however, is not a measured therapeutic intervention; it is the regulatory equivalent of **amputating a healthy limb to treat a sprain** — dismantling the national accreditation–certification architecture in Oregon before a single neighboring state board, payer, or testing body has confirmed in writing that the replacement will function.

> **CLINICAL NOTE — WHY THIS MATTERS TO PROVIDERS AND PATIENTS**
>
> Acupuncture is **an invasive medical procedure** involving needle insertion into the dermis, subcutaneous fascia, muscle bellies, and peri-neural spaces. Documented adverse-event categories include **pneumothorax (ICD-10-CM J93.0–J93.9),**[20] nerve injury, infection (including hepatitis B/C from non-CNT compliance), syncope, and retained needle.[18,19] The World Health Organization's *Guidelines on Basic Training and Safety in Acupuncture*[17] treats acupuncture-associated infection as a preventable patient-safety endpoint contingent on standardized Clean Needle Technique (CNT) training. CNT is a course-anchored, examination-tested module embedded in ACAHM curricula and administered by the Council of Colleges of Acupuncture and Herbal Medicine.[16] Replacing institutional CNT pedagogy with decentralized private mentorship is **a measurable degradation of an established patient-safety control**, not a budget-neutral substitution.

II. The Ten Fatal Flaws

1. Unresolved NCBAHM Exam Eligibility — A Legally Unimplementable Rule

NCBAHM's **Route 1 educational eligibility** requires graduation from, or current enrollment in, an **ACAHM-accredited or ACAHM-candidacy** program.[7] The proposal **concedes** that NCBAHM eligibility for graduates of a Board-approved alternative pathway remains *unresolved*[32] — and yet the draft rule **expressly requires** applicants to pass the NCBAHM examination. This is a textbook arbitrary-and-capricious rulemaking defect under the Oregon Administrative Procedures Act.[21] The Board cannot lawfully require an examination that the candidate is, by the testing body's own bylaws, ineligible to take. No prudent agency would adopt such a rule on the present record.

2. Destruction of Interstate Licensure Portability — The "Oregon Trap"

Substantially every U.S. acupuncture jurisdiction — including Washington (WAC 246-803-150),[23] California (B&P Code § 4938),[24] Idaho (IDAPA 24.05.01),[25] and Nevada (NRS § 634A.140)[26] — ties licensure or licensure-by-endorsement to ACAHM-accredited education and NCBAHM certification. To enact a localized pathway absent written reciprocity commitments is to **manufacture a class of geographically and economically stranded practitioners** — a foreseeable harm that itself constitutes a public-policy injury.

3. Reimbursement Collapse — The Medicare / Medicaid / Commercial-Payer Cliff

The Centers for Medicare & Medicaid Services' final National Coverage Determination 30.3.3 (Decision Memo CAG-00452N, January 21, 2020)[1,] restricts Medicare-covered acupuncture (CPT codes **97810, 97811, 97813, 97814**)[3] for chronic low-back pain to services furnished by physicians and PAs/NPs/CNSs or auxiliary personnel who hold a **master's- or doctoral-level acupuncture degree from an ACAOM-accredited institution** (the regulator's text predates the June 2021 ACAOM→ACAHM rename; the entity is the same)[8] plus active state licensure; supervision must comply with 42 CFR §§ 410.26 and 410.27.[2] CMS expressly confirms that **Medicare cannot pay licensed acupuncturists directly.**[1] The **Department of Veterans Affairs** Qualification Standard — VA Handbook 5005/100, Part II, Appendix G36[11] — issued under 5 U.S.C. § 7402[12] requires the same graduate-level ACAHM education plus board certification for federal acupuncturist appointments. The **National Committee for Quality Assurance** Standard CR 3, Element B[14] — binding on virtually every commercial network in Oregon (Regence, Moda, Providence, PacificSource, Kaiser Permanente NW) — requires primary-source verification of nationally recognized education and certification. **A non-ACAHM, non-NCBAHM graduate may, on day one, be ineligible for Medicare auxiliary coverage, VA hiring, NCQA-credentialed commercial networks, Oregon Health Plan enrollment under OAR 410-130-0220,[27] and PIP / Workers' Comp reimbursement under ORS 656.245 and ORS 742.524.**[28] No payer has provided written assurance otherwise.

4. Malpractice Insurability — The Underwriting Time Bomb

THE INSURABILITY THREAT — PRACTITIONERS COULD BE LEFT WITHOUT MALPRACTICE COVERAGE

Professional liability carriers serving acupuncturists — including the **Acupuncture Council of America (ACA) via Allied Professionals Insurance Services,**[29] **HPSO / CNA,**[30] and **NCMIC**[31] — underwrite acupuncture risk pools using national accreditation and certification as foundational rating variables. Underwriting questionnaires routinely require attestation of **ACAHM graduation, current NCBAHM Diplomate status, and CNT certification;** coverage is offered on the actuarial premise that the insured pool meets these uniform standards. A **fragmented state-only credential** outside the NCQA-verified national framework introduces three foreseeable outcomes: (a) **declination of coverage** at the underwriting stage, (b) **premium loading** (10–40% surcharges are

common for non-standard credentials), and (c) **exclusionary endorsements** denying defense and indemnity for adverse events arising from training-pathway deficiencies. The practical end-state is **Oregon-only graduates uninsurable in the standard market** — forced into surplus-lines or self-insurance, neither of which is acceptable to hospital privileging committees under The Joint Commission Standard MS.07.01.03.[15] The proposal contains **no malpractice-carrier analysis whatsoever.** This omission alone warrants pause.

5. Public-Safety Dilution — Bypassing Independent Accreditation

NCCA-accredited certification[13] — the gold standard recognized in adjacent regulatory contexts — encompasses psychometrically validated job-task analysis, examination development and validation, ongoing recertification, ethics enforcement, and disciplinary data-sharing. NCBAHM has formally warned Oregon that weakening any element of the *accreditation → examination → certification → ethics* chain **diminishes patient protection.**[7] The Oregon Medical Board candidly acknowledged at recent meetings that it does not maintain a programmatic-accreditation staff. The proposal asks the Board to invent one — with neither budget appropriation, statutory authorization, nor administrative track record.

6. Unfunded Administrative Mandate — OMB Cannot Be a Shadow Accreditor

The proposal would require OMB to evaluate curricula, conduct site visits at its discretion, recover costs, monitor compliance, manage program denials and appeals, and — most troublingly — **recognize new examinations "by order without further rulemaking."** The proposal's own fiscal section concedes verbatim that the authors are "acupuncturists, not regulators" and are "learning as we go."[32] Under **ORS 183.335(2)(b)(E),**[21] an agency adopting a rule must include a statement of fiscal and economic impact; under **ORS 291.055,**[22] new agency functions of this scale require Department of Administrative Services fiscal review. None has been produced.

7. Statutory Authority Is Doubtful — ORS 677.785 Does Not Reach This Far

ORS 677.785(3)[4] authorizes the Acupuncture Advisory Committee to *recommend* standards of didactic and clinical education. ORS 677.785(4) requires the Committee to recommend a licensing examination meeting **National Commission for Certifying Agencies (NCCA)** standards or an equivalent organization. The statute does **not** authorize the Committee or the Board to *invent and operate a parallel programmatic accreditation system* or to delegate examination recognition to itself "by order." The proposal therefore raises substantial questions under ORS 183.400[21] judicial-review standards ("exceeded statutory authority" and "inconsistent with an officially stated agency position") that the Oregon Department of Justice should review before any rulemaking proceeds.

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8. Evidentiary Record Is Demonstrably Inadequate

The proposal's workforce-need claim rests on **six employer interviews, reported only in aggregate**, with the proposal itself stating that *more interviews are still being conducted*.[32] By comparison, federal Negotiated Rulemaking Committee processes (RISE and AHEAD)[10] relied on national datasets covering tens of thousands of borrowers. A six-respondent convenience sample cannot lawfully sustain a structural reconfiguration of Oregon's healthcare-licensure architecture under any reasonable application of the substantial-evidence test in ORS 183.482(8)(c).[21]

9. Scope-Expansion Contradiction — More Invasive Authority on a Lower Foundation

Concurrent with this proposal, the profession is pursuing expansion into **Point Injection Therapy (PIT)** — an invasive modality involving the intramuscular or peri-articular injection of pharmacological agents (lidocaine, vitamin B12, homeopathic preparations, sterile saline). NCBAHM has launched an **Acupuncture Injection Therapy Certificate of Qualification** that *presupposes* baseline graduate-level ACAHM training.[7,8] Asking Oregon regulators to authorize injection authority *while simultaneously truncating the foundational education from the current 2,500–3,500 hours down to 1,300 hours*[4] is a position that **no defensible patient-safety framework can sustain**. The contradiction is not merely optical; it is **clinically indefensible** and would be Exhibit A in any subsequent malpractice or licensure-revocation proceeding.

10. Rushed Process and Stakeholder Opacity

Dr. Jen Kearns and other Oregon practitioners have raised documented concerns that the proposal was developed and submitted **without a transparent OAA membership vote**, **without meaningful circulation** of the final text, and **without consultation** with neighboring state boards, payers, malpractice carriers, hospital systems, or the Oregon Health Authority. A rule of this magnitude cannot lawfully be moved on a record this thin and this opaque.

III. What I Respectfully Request

1. Decline to advance the May 1, 2026 proposal as written.
2. Require written confirmation from NCBAHM and, as applicable, NCCA, regarding examination eligibility for any proposed Oregon-only pathway.
3. Require a 50-state portability analysis with written responses from at minimum Washington, California, Idaho, Nevada, and Arizona acupuncture-licensing authorities.
4. Require an independent reimbursement and credentialing study covering CMS (Medicare NCD 30.3.3 / CAG-00452N), the Oregon Health Plan (OAR 410-130-0220), commercial payers, PIP / Workers' Comp carriers, and all major Oregon hospital systems and FQHCs.
5. Require written underwriting position statements from the three principal acupuncture malpractice carriers (ACA / APIS, HPSO / CNA, NCMIC) regarding insurability of Oregon-only graduates.

6. Require a formal fiscal and legal analysis of OMB's statutory authority, staffing model, fee structure, program-review standards, appeal rights, site-visit protocols, and Oregon APA compliance.
7. Convene a transparent stakeholder workgroup — including patient-safety advocates, hospital credentialing officers, payer medical directors, and dissenting Oregon practitioners — before any rulemaking proceeds.

Oregon patients deserve the same evidence-based standards of clinical competence and the same insurability protections as patients in every other state. Oregon students deserve a credential they can actually use — portable, certifiable, reimbursable, and insurable. The proposal as drafted **provides none of these assurances**. I respectfully request that the Committee and the Board **pause this rulemaking until those assurances exist in writing**. Thank you for your attention and for your service to the public.

Respectfully submitted,

Christopher A. Beardall, DC, L.Ac.

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Electronically signed: **/s/ Christopher A. Beardall, DC, L.Ac.**
Date: **May 21, 2026**

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DOCUMENT 2 OF 3 | ON-THE-RECORD QUESTION LIST

JUNE 5, 2026 — AAC PUBLIC HEARING
QUESTIONS FOR THE RECORD

Submitted by Christopher A. Beardall, DC, L.Ac. • Beardall Acupuncture & Chiropractic Clinic, PC • Canby, OR • May 21, 2026

The following questions are designed to develop the administrative record on the seven highest-yield opposition themes: **public safety, interstate portability, reimbursement uncertainty, rushed process, unresolved NCBAHM eligibility, OMB administrative burden, the scope-expansion contradiction, and malpractice insurability**. Each question cites the specific regulatory, statutory, or clinical authority on which it rests so that the AAC's answers (or non-answers) are preserved for any subsequent Oregon ORS 183.482 judicial review.[19]

A. Public Safety and Clinical Education

1. What independent, peer-reviewed evidence supports the proposition that an 1,300-hour state-approved pathway plus post-graduation private mentorship produces patient-safety outcomes equivalent to the current ACAHM master's-level model[9] with institutionally supervised clinical hours?
2. How will the Oregon Medical Board verify **Clean Needle Technique (CNT) compliance** — the foundational infection-control standard for needle-based practice and the principal bulwark against bloodborne pathogen transmission — outside the CCAHM-administered CNT framework currently embedded in ACAHM curricula?[15]
3. What specific safeguards will vet post-graduation supervision sites, supervisor credentials, patient-mix appropriateness, documentation quality, and adverse-event reporting? Will OMB require supervisors to carry tail coverage or excess malpractice limits to indemnify the supervisee's training-stage patient interactions?
4. What is OMB's plan for verifying biomedical red-flag recognition competencies — including the differential diagnosis of cauda equina syndrome, vertebrobasilar insufficiency, deep vein thrombosis, and acute coronary syndromes — that ACAHM standards[9] currently embed across multiple 100-hour course modules?
5. Has OMB consulted with the Oregon Health Authority's Public Health Division regarding the infection-control implications of decentralizing clinical training away from regulated institutional clinic environments, particularly given documented acupuncture-related adverse events such as pneumothorax (ICD-10-CM J93.0–J93.9)[17,18] reported in the peer-reviewed literature?

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B. NCBAHM Exam Eligibility and Interstate Portability

6. Has NCBAHM[8] issued any written commitment that graduates of the proposed Oregon Board-approved pathway will be permitted to sit for the Foundations of Oriental Medicine, Acupuncture with Point Location, Biomedicine, and Chinese Herbology examinations under any current or contemplated Route?
7. If NCBAHM has not so committed, what is the Board's legal theory for adopting a rule that mandates an examination the applicant is structurally barred from taking under NCBAHM's published Route 1 educational requirements?[8]
8. Has the Board, or the proponents, obtained written reciprocity confirmations from the licensure authorities of Washington (WAC 246-803-150),[21] California (B&P § 4938),[22] Idaho (IDAPA 24.05.01),[23] Nevada (NRS § 634A.140),[24] or any other jurisdiction?
9. Has NCCA[12] evaluated whether modifying NCBAHM eligibility in the manner the proposal[30] contemplates would preserve NCBAHM's NCCA accreditation under the NCCA Standards for the Accreditation of Certification Programs?
10. If the long-term fallback is a new NCCA-accredited Oregon-specific examination, what is the projected timeline (industry experience suggests five to seven years for psychometric validation), funding source, and ownership structure? Note: ORS 677.785(4) requires the Committee to recommend an exam meeting NCCA standards or equivalent.[5]
11. What mandatory written disclosure will be required at the point of student enrollment, warning prospective students that the Oregon-only credential may not permit licensure in any other U.S. jurisdiction and may render them ineligible for the Medicare auxiliary-personnel pathway under CMS Decision Memo CAG-00452N?[1]

C. Reimbursement, Credentialing, and Employability

12. Has the Oregon Health Authority issued written confirmation that graduates of the proposed pathway would qualify for OHP credentialing under OAR 410-130-0220[25] and would face no enrollment, reimbursement, or recognition issues?
13. Has any commercial payer operating in Oregon (Regence BlueCross BlueShield, Moda Health, Providence Health Plan, PacificSource, Kaiser Permanente NW) issued written confirmation that network credentialing under NCQA Standard CR 3, Element B[13] will remain unchanged?
14. Has any Personal Injury Protection or Workers' Compensation carrier confirmed that ORS 656.245 reimbursement and ORS 742.524 PIP medical-expense recovery[26] will be unaffected by the pathway?
15. How does the Board reconcile this proposal with CMS Decision Memo CAG-00452N (National Coverage Determination 30.3.3),[1,2] which limits Medicare-covered acupuncture (CPT 97810 / 97811 / 97813 / 97814)[4] furnished by auxiliary personnel to those holding a master's- or doctoral-level acupuncture degree from an ACAOM-accredited (now ACAHM) institution with appropriate supervision under 42 CFR §§ 410.26 and 410.27?[3]

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16. Has any Oregon hospital system (OHSU, Providence, Legacy Health, Salem Health, Asante), FQHC, or VA facility issued written confirmation that it will credential and privilege graduates of this pathway on terms equivalent to ACAHM / NCBAHM-credentialed providers under The Joint Commission Standard MS.07.01.03?[14]
17. Given VHA Qualification Standards (VA Handbook 5005/100, Part II, Appendix G36, issued under 5 U.S.C. § 7402)[10,11] requiring graduate-level ACAHM education and board certification for federal acupuncturist appointments, what evidence does the Board have that the proposal will not narrow federal employment options for Oregon graduates?

D. Malpractice Insurability — The Underwriting Question

18. Has any of the three principal acupuncture malpractice carriers — the Acupuncture Council of America / APIS,[27] HPSO / CNA,[28] or NCMIC[29] — provided a written underwriting position statement on whether Oregon-only graduates of a non-ACAHM, non-NCBAHM pathway will be eligible for standard professional liability coverage at standard rates?
19. If carriers respond with declination, premium loading, or exclusionary endorsements, has the Board modeled the impact on practitioners' ability to obtain hospital privileges (which require uninterrupted occurrence-form coverage at $1M / $3M minimums under most institutional bylaws) and the secondary effect on integrated-care employment?
20. In the event of an adverse outcome, will the lack of standardized national training and certification be discoverable as evidence of substandard training under ORS 31.730 expert-testimony rules[26] in any subsequent Oregon civil action — thereby exposing pathway graduates to elevated malpractice judgments and elevated future premiums?
21. What is the Board's contingency plan in the event that pathway graduates are forced into the surplus-lines market or self-insurance pools — neither of which satisfies most hospital credentialing standards under The Joint Commission MS.07.01.03?[14]

E. OMB Authority, Workload, and Legal Defensibility

22. What is OMB's legal theory, under ORS Chapter 677 and ORS Chapter 183,[5,19] for acting as a curriculum approver and de facto programmatic accreditor for non-ACAHM acupuncture programs?
23. What are the objective, written standards for program approval, denial, monitoring, probation, and withdrawal of approval? Will those standards be promulgated by formal rule under ORS 183.335 or by informal Board practice?[19]
24. What due-process rights, including a contested-case hearing under ORS 183.413–183.470,[19] will program operators have to challenge adverse OMB decisions?
25. How many additional full-time staff, site-visit days per year, and external subject-matter experts will OMB require to operate this function, and what is the projected annual cost? Where in the OMB biennial budget is this funded?

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26. Has the Oregon Department of Justice reviewed the proposed rule for compliance with ORS 183.335(2)(b)(E) fiscal-impact-statement requirements and ORS 291.055[19,20] fiscal-review requirements?
27. Why is the Board being asked to authorize examination recognition "by order without further rulemaking"?[30] Does this not contravene the public-notice and comment requirements of ORS 183.335?[19]

F. Process and Evidence Quality

28. Why is the employer-need evidence base limited to six interviews, reported only in aggregate,[30] when ORS 183.482(8)(c) substantial-evidence review on judicial appeal would demand a markedly more robust record?[19]
29. Will OAA disclose the full interview instrument, the names of the six employer respondents, the date of each interview, and the underlying notes or transcripts?
30. Was there a formal OAA membership vote authorizing the May 1, 2026 submission? When was the final text of the proposal first circulated to OAA members, and when were dissenting members notified?
31. What alternatives short of creating a parallel Oregon-only pathway were considered (for example, state loan-repayment programs, 3+2 bachelor-to-master's articulation models, NUNM-led tuition restructuring, or emergency teach-out rules)?

G. Scope Contradiction and Policy Coherence

32. Is the AAC concurrently considering any scope-expansion proposal — including Point Injection Therapy or related modalities involving the introduction of pharmacological substances — in this same policy cycle? If so, will both items appear on the same June 5, 2026 agenda?
33. Given that Oregon previously stated point injection therapy with pharmacological substances is not within scope "at this time," what change in evidence, training rigor, or risk profile would justify both expanding invasive scope and simultaneously truncating foundational education from the current 2,500–3,500-hour Oregon standard[5] down to 1,800 hours?
34. If NCBAHM's newly issued Acupuncture Injection Therapy Certificate of Qualification[8] will be invoked to support future scope expansion, how can the Board simultaneously rely on, and undermine, the same national credentialing system?

DELIVERY INSTRUCTIONS

These questions will be submitted in writing to the Acupuncture Advisory Committee and the Oregon Medical Board **in advance of the June 5, 2026 hearing** and read aloud, in whole or in part, during the public-comment period. The Committee's answers — or its refusal to answer — will be preserved in the administrative record and may be cited in any subsequent rulemaking comment, contested case, or judicial review under ORS 183.482.[19]

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Respectfully submitted,

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Date: **May 21, 2026**

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2. Centers for Medicare & Medicaid Services. National Coverage Determination 30.3.3: Acupuncture for Chronic Lower Back Pain. Medicare National Coverage Determinations Manual; 2020.
3. 42 CFR § 410.26 (Services and supplies incident to a physician's professional services); 42 CFR § 410.27 (Outpatient hospital services furnished incident to a physician's service).
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21. Wash Admin Code 246-803-150 — Acupuncture and Eastern Medicine Practitioner Licensing Requirements. Washington State Department of Health.
22. Cal Bus & Prof Code § 4938 — California Acupuncture Board licensure educational requirements.
23. Idaho Admin Code 24.05.01 — Rules of the State Board of Acupuncture.
24. Nev Rev Stat § 634A.140 — Nevada acupuncturist licensure requirements.
25. Or Admin R 410-130-0220 — Oregon Health Plan provider enrollment standards. Oregon Health Authority.
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27. Acupuncture Council of America (ACA), administered by Allied Professionals Insurance Services (APIS). Professional liability underwriting requirements for licensed acupuncturists.
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29. NCMIC Insurance Company. Professional liability underwriting for chiropractic and acupuncture providers.
30. Oregon Acupuncture Workforce Sustainability Proposal. Oregon Association of Acupuncturists, Education Task Force, in coordination with the Acupuncture Workforce Alliance; May 1, 2026.

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DOCUMENT 3 OF 3 | ONE-PAGE COALITION HANDOUT

PAUSE THE OREGON PROPOSAL

Protect Patients. Protect Portability. Protect Insurability.

WHAT IS BEING PROPOSED?

A new **Oregon-only** licensure pathway built on **1,300 clock hours** plus up to **500 post-graduation supervised hours** — **bypassing ACAHM accreditation**[6] and with NCBAHM exam eligibility *openly unresolved* by the proponents themselves.[5,16]

WHY IT IS DANGEROUS

It **strands students** with a credential other states will not recognize, **threatens reimbursement** under Medicare NCD 30.3.3 (CAG-00452N)[1] and NCQA-credentialed payers,[9] and — critically — may render practitioners **uninsurable** in the standard malpractice market.[13,14,15]

Seven Reasons Oregon Practitioners Should Oppose

1. PATIENT SAFETY

Acupuncture is **invasive** — risk endpoints include pneumothorax (ICD-10-CM J93.0), nerve injury, infection. CNT compliance lives inside ACAHM curricula. Decentralizing training degrades a measurable safety control.

2. PORTABILITY — "OREGON TRAP"

WA, CA, ID, NV all require ACAHM + NCBAHM. An Oregon-only credential = **non-portable debt** and trapped graduates.

3. REIMBURSEMENT CLIFF

CMS NCD 30.3.3 (CAG-00452N) requires **master's or doctoral ACAOM** degree for Medicare-covered acupuncture (CPT 97810/97811/97813/97814). NCQA Standard CR 3 binds commercial payers. **No payer guarantee exists.**

4. MALPRACTICE UNINSURABILITY

ACA/APIS, HPSO/CNA, NCMIC all underwrite on ACAHM + NCBAHM standards. Off-standard credentials = **declination, premium loading, exclusionary endorsements**. Practitioners could be left **without coverage.**

5. NCBAHM EXAM PARADOX

The rule **requires** the NCBAHM exam — but NCBAHM Route 1 **disqualifies** non-ACAHM graduates from sitting. The rule is **legally**

6. UNFUNDED OMB MANDATE

Proponents admit they are *"not regulators"* and *"learning as we go."* OMB asked to be a **shadow accreditor** with **no ORS 183.335 fiscal note**.

unimplementable on day one.	
7. SCOPE CONTRADICTION Asking for **Point Injection Therapy** authority *while truncating foundational training from 2,500–3,500 hr to 1,300 hr* is clinically indefensible — Exhibit A in any malpractice action.	**→ THE BOTTOM LINE** **Six employer interviews** cannot lawfully sustain dismantling a national accreditation framework that anchors Medicare, VA, NCQA, and **every major malpractice carrier** in the United States.

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WHO TO CONTACT

Oregon Medical Board / AAC: 1500 SW 1st Avenue, Suite 620, Portland, OR 97201

Hearing Date: Friday, June 5, 2026 — see OMB published 2026–27 committee schedule

Public Records Requests: Request all OMB/AAC ↔ OAA/AWA correspondence, the six employer-interview names and notes, all NCBAHM/NCCA exchanges, fiscal-impact drafts, and any June 5 agenda packet including scope-expansion items.

Respectfully submitted,

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Date: **May 19, 2026**

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15. NCMIC Insurance Company. Professional liability underwriting for chiropractic and acupuncture providers.
16. Oregon Acupuncture Workforce Sustainability Proposal. Oregon Association of Acupuncturists, Education Task Force, in coordination with the Acupuncture Workforce Alliance; May 1, 2026.

OPPOSITION TO THE OREGON ACUPUNCTURE WORKFORCE SUSTAINABILITY PROPOSAL

Proposed Amendments to OAR 847-070-0016 and Proposed New OAR 847-070-[XXXX]

TO: Acupuncture Advisory Committee and Oregon Medical Board
FROM: Jen Kearns, DACM, LAc
OAA Board Member at Large (speaking in an individual capacity)
DATE: May 20, 2026
RE: Formal Opposition to the Workforce Sustainability Proposal (May 1, 2026)

Introduction

To the Acupuncture Advisory Committee and the Oregon Medical Board:

My name is Jen Kearns, DACM, LAc. I am an OAA Board Member speaking in my individual capacity. I have practiced acupuncture for more than twenty years across multiple states and healthcare settings, including urban hospital systems treating both inpatient and outpatients, as well as primary care clinics serving predominantly Medicaid patient populations.

Since this proposal first came to my attention, I have consulted with our national organizations, graduate-level acupuncture educators in more than 4 states, licensed practitioners across more than 14 states, and leaders of accredited acupuncture institutions in 8 states. While there has not been sufficient time for comprehensive stakeholder review, my discussions strongly suggest that a substantial number of practitioners, educators, and professional leaders have serious concerns regarding both the substance and the process underlying this proposal.

The proposed rule changes would create a parallel Oregon-only licensure pathway based on substantially reduced educational requirements outside the nationally recognized accreditation and certification framework currently relied upon throughout the United States. Such a departure raises significant concerns regarding interstate portability, payer recognition, malpractice insurability, public protection, reimbursement eligibility, and the long-term stability and credibility of the profession.

I respectfully urge the Committee and the Board not to advance the Oregon Acupuncture Workforce Sustainability Proposal as currently drafted. At minimum, I urge the Board to pause rule making based on lacking independent review of the proposal's legal, educational, reimbursement, portability, malpractice, and patient-safety implications, as well as broader stakeholder participation. Many practitioners in Oregon and nationally value the consistency and accountability provided by established national educational and certification standards, and there is substantial concern that this proposal would weaken those safeguards.

I. Importance of Maintaining Rigorous Educational Standards

1. The Educational Situation at Hand

The proposal describes federal policy shifts and changes to graduate loan programs under the One Big Beautiful Bill Act, (signed July 4, 2025; effective July 1, 2026) and the Department of Education's AHEAD Framework Notice of Proposed Rule making on earnings accountability, (issued April 20, 2026) that pose genuine threats to the financial viability of acupuncture education programs. However, I disagree that this proposal is a solution and find it quite hazardous to students, patients and the profession at large.

One of the recurring assertions surrounding this proposal is that the educational changes do not meaningfully reduce training standards. I respectfully disagree.

Current ACAHM minimum educational requirements involve approximately 1,905 program hours in addition to sixty semester credits of undergraduate prerequisite coursework, generally equivalent to two years of college-level education prior to entry into the acupuncture program. In practice, many programs, including those historically operating in Oregon, have aligned with California educational standards exceeding 3,000 total instructional hours plus undergraduate prerequisites. A pathway consisting of approximately 1,300 institutional hours followed by 500 post-graduate mentorship clinical hours is not equivalent to the acupuncture educational structure currently in place nationally, **but is over 2 years less and nearly half of what has been the majority in Oregon** and is not what expected of independent healthcare professionals in the United States. A five-year educational pathway more closely resembles the standards historically utilized internationally, including in China.

Additionally, this proposal appears to rely heavily upon individualized mentorship models for clinical education. While mentorship is valuable, replacing structured institutional clinical training with potentially inconsistent mentor-based training raises concerns regarding standardization, accountability, and educational oversight, particularly in a healthcare environment increasingly saturated with unregulated wellness and coaching models. **At present, the proposed pathway also lacks any clearly identified national accrediting structure nor board certification exam pathway.**

Other independently practicing healthcare professions including physicians, chiropractors, physical therapists, and nurse practitioners continue to rely upon nationally recognized accreditation systems and substantial graduate level education. Acupuncture should not move toward reduced educational standardization and especially not while simultaneously seeking greater healthcare integration, reimbursement inclusion, and expanded scope recognition. Are we prepared to also decrease the training for medical doctors, physician associates and nurse practitioners?

Additionally, if the current situation were truly so urgent that immediate restructuring was necessary, one would expect similar widespread movement nationally and this is not the case. **In fact, Washington state schools and acupuncture association oppose this pathway.**

My understanding is that many states and institutions are instead exploring multiple alternative solutions. These include national educational collaboration models, institutional restructuring, creative administrative and clinic solutions that decrease overhead, the provision of Asian body work licenses partway through the program, altered curriculum structure to make it easier for employment during school and other gradual adaptation strategies. Many strategies are being employed to help lower tuitions. Additionally, an acupuncture education model already exists in Oregon that is ACAHM accredited, low cost and does not rely on federal loans for students. This is ORCCA/Poca Tech. An additional school that is also ACAHM accredited, low cost and students do not rely on federal loans already exists in Bellingham, Washington called Middle Way.

Further, **25 states have already filed a lawsuit to block the RISE rule. The AHEAD rule will meet the same fate,** in that lawsuits will be filed once the comment period closes on May 20, 2026. The Association of American Universities (AAU), the National Education Association (NEA), and the American Council on Education are likely to join as parties in an eventual lawsuit. There is a push towards public comment related to the AHEAD ruling and its relationship to acupuncture earnings metrics and an ask to increase the timeline. There are many reasons that the earnings metrics have not been met outside of ACAHM and education failure, some as basic as the length of time it may take to receive licensure post graduation and the length of time it may take to get credentialed and contracted with insurance companies as independent employers. **There is no hurry to implement rash changes to our entire educational structure and degree designation.** There is a high probability that these cases will be held up in the court for years with injunctions.

This proposal describes a failing ACAHM and proponents suggest that 98% of schools will close and that even the loss of one school will cause the accreditor to collapse. Based on ACAHM tax reports and their own letter of admission, **there is no current concern regarding ACAHM stability**. It is the case that many schools would be in jeopardy if they did nothing, which is why no one is doing nothing. Some schools may in fact, close, and it will be ok. As a comparison, there are currently about 50 acupuncture schools in the US and only about 20 chiropractic schools and yet there are more chiropractors than acupuncturists.

There has also been acknowledgment from the OMB that flexibility may exist to help currently operating programs continue functioning during periods of transition should our infrastructure falter. For these reasons, it is unclear why Oregon must pursue such a rapid and unprecedented restructuring pathway before broader national outcomes become clearer.

2. The Value of Foundational and Liberal Arts Education

The undergraduate prerequisite component should not be dismissed as irrelevant merely because it exists outside the acupuncture curriculum itself. Research shows that those years contribute to many foundational competencies that are essential for independent clinical practice and healthcare collaboration.

A strong liberal arts and sciences foundation contributes meaningfully to healthcare professionalism, cultural competence, communication, ethics, adaptability, and interdisciplinary collaboration. Research consistently demonstrates that liberal arts education supports critical thinking and diagnostic reasoning, written and oral communication, ethical decision-making, interdisciplinary teamwork, career resilience, civic engagement, and social responsibility.

National employer surveys conducted by the Association of American Colleges and Universities have repeatedly shown that employers value broad-based educational preparation alongside technical competence.

These competencies are particularly important in acupuncture and integrative medicine, where practitioners routinely collaborate with physicians, physical therapists, behavioral health providers, and other healthcare professionals. Reducing educational breadth in favor of a narrower vocational pathway risks weakening the analytical, ethical, and professional foundations necessary for safe independent practice.

Ironically, research also suggests that liberal arts education improves long-term economic mobility for lower-income students. This raises questions regarding whether reducing educational breadth truly advances equity goals, or instead risks narrowing future professional opportunities for students entering the field.

II. Major Concerns With the Proposed Rule Changes

1. Interstate Licensure and Professional Portability

Most health care professions rely on nationally recognized accreditation systems and board certifications. Most states currently rely upon nationally recognized accreditation and certification standards tied to ACAHM accredited education and NCBAHM certification for licensure or licensure by endorsement. This proposal would have you believe that several states already allow for alternative pathways, but this is not the case. Nearby states including Washington, California, Idaho, and Nevada maintain licensure structures tied to these national educational standards. Additionally, states that have various hours less than the national requirements of 1905 plus 60 prerequisites written into statute or rule, are generally very old and are dismissed based in the requirements for ACAHM/NCBAHM involvement. As an example, Washington's 1700 hours appears to be written back in the 1980's. Therefore, to go below our national requirements is a step backwards. Our requirements are not arbitrary.

Creating an Oregon-specific pathway outside those established systems risks creating graduates whose credentials may not transfer outside Oregon, thereby limiting professional mobility and economic opportunity. Students deserve credentials that are nationally recognizable, portable, and professionally durable. Not only this, but this isolated pathway could inhibit the ability of these graduates to move on towards master's or doctoral education should they desire, because the degree requirements and accreditation status would not be comparable with other programs and schools in the field and therefore would not easily segue in.

There are also broader implications for the profession nationally. If Oregon becomes the first state to substantially reduce educational standardization for independently practicing acupuncturists, there is concern that this could negatively affect reimbursement recognition, professional credibility, and future scope negotiations in other states as well.

2. Reimbursement and Credentialing Risks

The proposal may create substantial uncertainty regarding eligibility for Medicare-related reimbursement structures, Oregon Health Plan participation, commercial insurance credentialing, hospital privileging, workers' compensation networks, and federal employment systems such as the VA. At the least, reducing the degree designation could result in lowered reimbursement rates for all providers, even those with more advanced degrees. This could drastically impact the current workforce and interfere with patient care. Education, cost of doing business and market rate all appear to be factors in the construction of reimbursement rates.

Current reimbursement and credentialing systems frequently reference nationally recognized educational and certification standards. To date, there does not appear to be written confirmation from CMS, major insurers, hospital systems, or credentialing organizations affirming recognition of graduates from the proposed alternative pathway. While some proponents have stated that insurance companies "have never ask for diplomas," insurance credentialing applications routinely request educational history, degree attainment, licensure background, and training information as part of the provider enrollment process.

3. Malpractice Insurance and Professional Liability

Professional liability carriers commonly evaluate educational background, accreditation status, and national certification during underwriting. The proposal does not appear to include formal consultation with malpractice carriers regarding insurability, premium impacts, underwriting eligibility, or hospital privileging implications. Without such analysis, Oregon risks creating a pathway that may leave future graduates facing increased liability barriers, limited employment opportunities, or reduced access to standard malpractice markets.

4. Public Safety and Educational Oversight

Independent accreditation systems currently provide standardized curriculum review, psychometrically validated examination systems, ethics enforcement, site visit protocols, disciplinary coordination, continuing competency oversight, and nationally recognized educational benchmarks.

The proposed framework would substantially shift educational oversight responsibilities onto the Oregon Medical Board despite no clear indication that additional staffing, funding, or infrastructure currently exists to support a state-operated educational approval system of this magnitude.

5. Educational Reduction While Pursuing Greater Independence and Expanded Scope

Acupuncturists in Oregon currently practice with a relatively high degree of professional independence, including independent evaluation and treatment, the ability to see patients without physician referral, participation in PIP and workers' compensation systems, and independent clinical practice authority.

Most independently practicing healthcare professions with comparable autonomy, scope and diagnostic ability now require graduate level education at the master's or doctoral level. For example, physical therapy transitioned from bachelor's-level education to master's and eventually doctoral-level preparation as the profession expanded integration and responsibility within healthcare systems. Other bachelor's entry providers do not practice independently, such as RNs, PT assistants, Chiropractic assistants. Massage therapy is a technical certificate that does not have diagnostic ability and has billing and practice limitations. Direct entry midwifery also has scope limitations.

At the same time educational requirements are proposed to be reduced, the profession is also exploring expansion into more invasive procedures, including Point Injection Therapy (PIT).This creates a significant policy contradiction. Reducing foundational educational standards while simultaneously seeking expanded procedural scope raises legitimate patient-safety, liability, and regulatory concerns that warrant careful evaluation before any rule changes proceed.

While proponents argue that professional independence is protected by statute, statutes are inherently subject to amendment over time. Educational standards directly influence how professions are viewed by legislators, regulators, insurers, healthcare systems, and the public.

6. Inadequate Workforce Data

The proposal appears to rely on limited undisclosed employer interviews and does not include comprehensive statewide workforce analysis. The proposal lacks the conduction of a comprehensive survey of licensed acupuncturists statewide, workforce supply and demand analysis, educational outcomes review and independent economic modeling. The proposal also draws attention to an Oregon acupuncture workforce decline, when in fact, the OHA data displays that the workforce continues to increase. The proposal draws attention to the dilemma related to earnings metrics and yet proponents have expressed on social media that they are paid well by medicaid reimbursements and have practices based largely in medicaid populations. If a provider is paid well per patient but yet cannot meet the earnings metric, then it seems as if the issue is not related to high tuition nor lack of workforce.

Major regulatory changes should be supported by broad, transparent, and methodologically sound data.

7. Stakeholder Transparency and Process Concerns

Many practitioners have expressed concern regarding the limited opportunity for meaningful member input, insufficient circulation of proposal drafts, not only lack of but blatant disregard of broad stakeholder consultation, and inadequate engagement with neighboring state boards, insurers, healthcare systems, and patient-safety stakeholders. Many providers also feel that opportunities for discussion occurred only after the proposal had already been substantially developed and submitted. Several practitioners who raised concerns reported feeling dismissed or discouraged from participating in the conversation or were directly informed that they were

wrong and it was not up for debate. Whether intentional or not, this has contributed to a perception among some stakeholders that the process has lacked transparency and inclusiveness.

This proposal is being pushed by a group of providers that does not represent the OAA membership at large, and especially does not represent the larger LAc community of Oregon. The OAA itself only represents about 10% of the 1,546 licensed Acupuncturists in Oregon.

Given the magnitude of these proposed changes, a more collaborative and transparent process is imperative.

III. Requested Actions

I respectfully request that the Acupuncture Advisory Committee and the Oregon Medical Board:

1. Decline to advance the proposal.

Conclusion

Oregon patients deserve safe, evidence informed, and professionally accountable care on par with the national expectations. Oregon students deserve educational pathways that produce credentials that are portable, insurable, reimbursable, and nationally recognized. The current proposal is the antithesis. I respectfully request that the Committee and the Board oppose this proposal.

Thank you for your consideration and for your service to the public.

Respectfully submitted,

Jen Kearns, DACM, LAc

REFERENCES and apologies that I ran out of time to properly create citations.

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2. Oregon Revised Statutes §§ 677.785, 183.335(2)(b)(E), 291.055; Oregon Administrative Rules 847-070-0016.
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An Open Letter to the Acupuncture Community

From Washington Acupuncture and Eastern Medicine Association (WAEMA), Seattle Institute of East Asian Medicine (*SIEAM), Bastyr University, and Middle Way Acupuncture Institute*

May 2026

Dear Colleagues,
On July 4, 2025, the One Big Beautiful Bill Act (OBBBA) was signed into law, resulting in changes to federal student aid programs. Some of these changes went into effect immediately, while others will go into effect in 2026 and beyond. The impact of the One Big Beautiful Bill Act (OBBBA) on the acupuncture profession and other health care practitioners are being reviewed and appropriate actions to respond are being discussed. WAEMA has been involved in these discussions on a national, as well as a state level with our schools and other impacted stakeholders.

If you would like more information about the Department of Education's initiatives and the ASA professional response, please see the March 18th meeting where it was discussed: https://vimeo.com/1176603478?fl=pl&fe=sh, hosted by the Acupuncture and Herbal Medicine (AHM) Coalition—a collaboration among the ASA, NCBAHM, CCAHM, ACAHM and AHVC.

This letter addresses claims in the white paper "Preserving Washington's Acupuncture Licensure Pipeline Through State-Level Regulatory Reform," prepared by Bex Groebner, DAc, LAc and Debbie Yu, DAOM, LAc, and submitted in March 2026. Although WAEMA shares the authors' concern about the educational pipeline into the profession, the association does not endorse the white paper at this time.

The white paper proposed a rule change to the WA State Administrative Code (WAC) 246-803-240 that would allow Washington State to approve acupuncture licensure exams outside the standard pathway, which runs through the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM) and the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM, formerly NCCAOM). The authors of the white paper have put a great deal of work and heart into their advocacy efforts, and the pressures they're responding to are real.

Federal loan caps under the One Big Beautiful Bill Act (OBBBA) take effect July 1. Multiple programs have closed nationally. Debt loads are unsustainable for many of our students, and 42.6% of Washington's active practitioners are over 55, which means more acupuncturists will require training to take their place. These are all problems we need to solve.

The Washington schools unanimously support WAEMA; together, Washington's acupuncture and herbal medicine (AHM) professional association and AHM schools are speaking as one. The question isn't about whether something must change. It's about what to change, when, and at what cost.

What's already in motion

The story circulating among practitioners is that there's a crisis and nothing is being done. The first half of that perception is true. Thankfully, the second half is not correct. Much is being done at nearly every level.

ACAHM completed its Professional Competencies review in early 2026 and is now running a structured review of minimum program length and hours, with stakeholder input. The agency's review by the National Advisory Committee on Institutional Quality and Integrity (NACIQI) is this summer, with a committee meeting in July and a final decision expected in September. The Acupuncture and Herbal Medicine (AHM) Coalition—which brings together ACAHM, NCBAHM, the American Society of Acupuncturists, and the Council of Colleges of Acupuncture and Herbal Medicine—has submitted coordinated comments to the Department of Education defending AHM programs' access to federal student aid.

Where we differ with the White Paper

The proposed rule would authorize the Washington Department of Health to approve an alternative licensure exam, but currently, no such exam exists. The white paper offers no plan for who would build that exam or how it would be funded. California's state exam took years to develop. Previously, Washington had a state-run acupuncture licensing exam that was problematic. NCBAHM replaced it. That change helped reduce the Washington state budget for licensing and overseeing acupuncturists, helping to decrease licensure fees.

NCBAHM certification is the basis for licensures in 46 states and the District of Columbia. A practitioner licensed in Washington under an alternative path couldn't practice elsewhere without further testing. Most prospective students will read that as a meaningful career limitation, and rightly so.

The proposed change also doesn't address the actual aid crisis. Federal student aid (Title IV) eligibility turns on graduate earnings outcomes and federal loan caps. Swapping the licensure exam doesn't move either lever. Not a single Washington student would gain or keep federal aid because of WAC 246-803-240.

Finally, dismantling ACAHM and NCBAHM standards in Washington would weaken our position in scope-of-practice negotiations elsewhere. Other professions seeking to expand into acupuncture and dry needling would have major obstacles to co-opting the medicine removed.

Many people are talking about what a core acupuncture educational foundation must include. Researchers from across the country have joined to do a six-month study built on four conditions for reliable collective judgment: diverse perspectives, independent contributions, distributed knowledge, and an aggregation method that doesn't reproduce institutional hierarchy. The output will be a transparent reading of what practitioners and employers consider essential acupuncture competencies, published without institutional advocacy.

An article introducing the proposal will be published soon in the Journal of Integrative and Complementary Medicine. Outreach regarding the study has gone to ACAHM, NCBAHM, the AHM Coalition, the Society for Acupuncture Research (SAR), Oregon College of Community Acupuncture, the authors of the white paper, and many others. Everyone in our field will be invited to contribute from their specific area of expertise.

NCBAHM has confirmed a combination route to the national exam: 1,000 hours of formal training plus two years of apprenticeship under a licensed acupuncturist, with state authorization. Washington would need new legislation to create an acupuncture assistant role, but the exam pathway exists.

In Washington, House Bill 1572 from the current legislative session allows the state to approve a professional program directly if a federally recognized accreditor becomes unavailable. That's a backstop, not a workaround. Losing accreditation would be a huge setback for the profession, but the provision of HB 1572 gives us room to maneuver if national infrastructure does end up being dismantled.

The schools are doing a great deal of work too. For example, SIEAM launched the Certificate in Applied Massage and Bodywork, the first program of its kind approved to lead to Washington massage licensure, so students can earn while they train. Most schools are reducing program hours and cost. WAEMA and advisors are working with allied health professions on standards for the use of acupuncture modalities, so we define that ground rather than cede it.

Oregon and Washington boards are in active conversation about how an interstate compact might work in the future. We want to reduce barriers that currently keep qualified out-of-state practitioners from licensing in Washington. A pre-medical track

concept, shared across acupuncture, nursing, and other professions at the community-college level, is being explored as a way to reduce student cost without lowering clinical preparation.

Where we go from here

WAEMA is discussing the potential for a facilitated, in-person work session with the The schools, NCBAHM, and ideally ACAHM and other potential stakeholders. The goal is a written agreement on the basics, ahead of any public-facing event.

We want all interested parties at the table. The questions the white paper authors have raised deserve serious engagement, and the work ahead is too consequential to hand to any single faction. Differing perspectives are welcome. Personal attacks, in any direction, harm our profession. There are not so many of us, and we need to collaborate and cooperate with each other.

What you can do

Please, engage with WAEMA and let us know what your thoughts are on this issue. Watch ACAHM's process and tell them what you think. And please, approach proposals such as agency rulemaking, which affect the long-term health of our profession, with the same thoughtful, careful consideration as you've approached your own hard-won practice of acupuncture.

We look forward to working with all parties interested in preserving the Acupuncture profession as this process evolves.

Thank you.

With respect,

Washington Acupuncture and Eastern Medicine Association (WAEMA)
Bastyr University
Middle Way Acupuncture Institute
Seattle Institute of East Asian Medicine (SIEAM)

PUBLIC COMMENT IN OPPOSITION TO THE OREGON ACUPUNCTURE WORKFORCE SUSTAINABILITY PROPOSAL

Proposed Amendments to OAR 847-070-0016 and New OAR 847-070-[XXXX]

Submitted to: **elizabeth.ross@omb.oregon.gov**

TO: Acupuncture Advisory Committee (AAC)
Oregon Medical Board (OMB)
1500 SW 1st Avenue, Suite 620, Portland, OR 97201

FROM: Peter Martin, LAc
Balance Medicine

DATE: May 20, 2026
RE: Formal Opposition — Workforce Sustainability Proposal (May 1, 2026); Public Hearing of June 5, 2026

Hello, I am Peter Martin, I respectfully request that this proposal be tabled until the points at the bottom of my letter have been addressed. This proposal is being rushed by a well-intentioned group of providers that do not represent the OAA members, and only a small fraction of the 1546 licensed Acupuncturists in Oregon. There needs to be a much more focused and un-biased attempt to survey all the licensed acupuncturists in Oregon on this critical issue.

1. **Legal Challenges to RISE rule and AHEAD rule:** Since Jan 21, 2025, the Trump Administration has been sued over 750 times on different issues. Of these cases, 165 cases have had a final decision. Of these final decisions in these lawsuits, 37 of these cases have been ruled in favor of the plaintiffs and against the Trump administration. Currently, a coalition of 24 states and DC have filed a lawsuit to block the RISE rule. Legal experts estimate there is a **moderate to high probability (roughly 60% - 75%)** that the legal challenges will successfully delay or alter the Department of Education's RISE rule over the next two years. For the AHEAD rule, the same case can be made that similar lawsuits will be filed once the comment period has completed on May 20, 2026. The same coalition of states has signaled that they will also sue the federal government over the AHEAD rule. Additionally, Association of American Universities (AAU), National Education Association (NEA), and the American Council on Education are likely to join as parties in an eventual lawsuit. CONCLUSION: There is NO RUSH to implement a bachelor degree program in Oregon. There is a high probability these cases will be held up in the court for years with injunctions.
2. **Rushed Process and Stakeholder Opacity**

Dr. Jen Kearns and other Oregon practitioners have raised documented concerns that the proposal was developed and submitted **without a transparent OAA membership vote**, **without meaningful circulation** of the final text, and **without consultation** with neighboring state boards, payers, malpractice carriers, hospital systems, or the Oregon Health Authority. A rule of this magnitude cannot lawfully be moved on a record this thin and this opaque.

I Respectfully Request that the Acupuncture Advisory Committee:

1. Decline to advance the May 1, 2026 proposal as written.

2. Require written confirmation from NCBAHM and, as applicable, NCCA, regarding examination eligibility for any proposed Oregon-only pathway.
3. Require a 50-state portability analysis with written responses from at minimum Washington, California, Idaho, Nevada, and Arizona acupuncture-licensing authorities.
4. Require an independent reimbursement and credentialing study covering CMS (Medicare NCD 30.3.3 / CAG-00452N), the Oregon Health Plan (OAR 410-130-0220), commercial payers, PIP / Workers 'Comp carriers, and all major Oregon hospital systems and FQHCs.
5. Require written underwriting position statements from the three principal acupuncture malpractice carriers (ACA / APIS, HPSO / CNA, NCMIC) regarding insurability of Oregon-only graduates.
6. Require a formal fiscal and legal analysis of OMB's statutory authority, staffing model, fee structure, program-review standards, appeal rights, site-visit protocols, and Oregon APA compliance.
7. Convene a transparent stakeholder workgroup — including patient-safety advocates, hospital credentialing officers, payer medical directors, and dissenting Oregon practitioners — before any rulemaking proceeds.

Oregon patients deserve the same evidence-based standards of clinical competence and the same insurability protections as patients in every other state. Oregon students deserve a credential they can actually use — portable, certifiable, reimbursable, and insurable. The proposal as drafted **provides none of these assurances**. I respectfully request that the Committee and the Board **pause this rulemaking until those assurances exist in writing**. Thank you for your attention and for your service to the public.

Respectfully submitted,

Peter Martin, LAc

Balance Medicine

Current staff at Heraya Insurance Group (formerly Complementary Health Plan)

[redacted]

The North Portland Wellness Center

[redacted] • Portland, OR 97217 • [p[redacted]
www.northportlandwellness.com

PUBLIC COMMENT IN OPPOSITION TO THE OREGON ACUPUNCTURE WORKFORCE SUSTAINABILITY PROPOSAL

Proposed Amendments to OAR 847-070-0016 and New OAR 847-070-[XXXX]

TO: Acupuncture Advisory Committee (AAC)
Oregon Medical Board (OMB)
1500 SW 1st Avenue, Suite 620, Portland, OR 97201

FROM: Annabelle Snow, DAOM, LAc
North Portland Wellness Center
[redacted] Portland, OR 97217 • Ph: [redacted]

DATE: May 21, 2026

RE: Formal Opposition — Workforce Sustainability Proposal (May 1, 2026); Public Hearing of June 5, 2026

Dear Members of the Acupuncture Advisory Committee and Oregon Medical Board,

I write this as a Licensed Acupuncturist practicing in Oregon for over twenty years and as owner of North Portland Wellness Center, which employs 15–20 clinicians and staff. I respectfully oppose the May 1, 2026 Workforce Sustainability Proposal in its current form and urge the Committee and Board to pause any further consideration until independent analyses and written assurances are obtained.

As you know, this proposal would create an Oregon-only licensure pathway based on a reduced 1,800-clock-hour curriculum with decentralized clinical mentorship outside ACAHM accreditation. As drafted, it may endanger patient safety, interstate portability, reimbursement, malpractice insurability, and statutory and administrative law compliance. The proposal lacks essential written confirmations from national certifying and credentialing bodies, a rigorous evidentiary base, and a transparent stakeholder process.

The North Portland Wellness Center

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www.northportlandwellness.com

My concerns are broad, and I know that my concerns are echoed by many others in our community.

Lack of Transparency + Oregon Acupuncture Input

This proposal was developed and submitted by a small group of individuals without Oregon Acupuncturist stakeholder input, without a transparent OAA membership vote, and without meaningful circulation of the final text. Many Licensed Acupuncturists in Oregon do not want this, do not feel that the OAA is representing their best interest in this and believe there may be irreparable harm done if it is to move forward as written. Town Halls ostensibly intended to gather member input occurred after the proposal was already submitted to the OMB — with minimal advance notice. Practitioners who have raised concerns at the Town Halls and over Facebook forums have repeatedly been told that they are categorically wrong, that no other options exist, and that the Board must act immediately, even though no other state is acting on a comparable timeline. Anyone who has voiced opposition to the Proposal is quickly and publicly shamed and shut down. They are also citing the OAA board vote as evidence of democratic legitimacy while simultaneously foreclosing meaningful member deliberation. This has not been a transparent stakeholder process. A rulemaking of this magnitude cannot possibly proceed on a foundation this thin.

Work Force Pipeline Crisis?

As an employer of many Acupuncturists over many years, I can attest to the fact that we do not have a workforce issue. There are always many more LAcs looking for work than we have space for. There are always less patients than we want. We do not have anything to worry about.

Lack of pre-requisites. Do undergraduate credits matter?

I would argue yes, they absolutely matter. This proposal not only reduces the number of didactic hours to 1300, but it also eliminates the requirement for any pre-requisites. Proponents of the proposal argue that pre-requisites are useless, that they don't add value to education, etc. Being the parent of teenagers, I can attest that going straight from high school

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into a certificate program for Acupuncture that may not even require a 4-year bachelor's degree would not be good for our patients or our profession.

Public-Safety Dilution — Bypassing Independent Accreditation

NCBAHM has formally warned Oregon that weakening any element of the accreditation → examination → certification → ethics chain diminishes patient protection. The Oregon Medical Board has acknowledged that it does not maintain programmatic accreditation staff. The proposal asks the Board to invent one — with neither budget appropriation, statutory authorization, nor administrative track record. The proposal further relies on individual and potentially unvetted mentors to provide the entirety of clinical education, with no confirmed program accreditor.

Independence of practice and degree parity

Oregon acupuncturists practice with a level of clinical independence — including unsupervised patient care, PIP acceptance without referral, and broad scope — that is comparable to no other healthcare provider category that does not hold a master's degree or above. Physical therapy moved from a bachelor's to a master's and then to a doctoral entry-level standard precisely because clinical independence demands it. A bachelor's-level entry credential creates foreseeable pressure on scope statutes that are not, as proponents assert, immutable.

Marketability in a competitive landscape

As physical therapists and chiropractors — many holding doctoral degrees — increasingly seek to provide acupuncture services, Oregon-trained practitioners may find themselves competing for jobs and patients from a credential that is structurally inferior to those of their competitors. Proponents assert the pathway will produce "safe and competent" providers; the question of whether those providers will be effective and competitive in the current market has not been addressed.

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ACAHM financial stability

Proponents assert that ACAHM's collapse is inevitable, yet ACAHM's 2024 tax filings reflect a decade of minimal change in financial position. With approximately fifty accredited programs (compared to twenty chiropractic schools serving a comparable number of practitioners), ACAHM likely has capacity to weather significant enrollment contraction. The premise of urgency underlying this proposal has not been established by the evidence.

Cost implications of the proposed pathway

Proponents argue that a certificate or bachelor's-level credential unlocks undergraduate federal loan eligibility and reduces cost. Education costs, however, are driven by program content and faculty requirements, not degree designation alone. Specialty clinical programs may carry equivalent or higher per-credit costs regardless of degree level. Meanwhile, existing ACAHM-accredited schools are actively collaborating on tuition-reduction strategies — a path foreclosed to any program that adopts this non-accredited alternative.

What I Respectfully Request:

1. Decline to advance the May 1, 2026 proposal as written. If you choose to advance it, consider the following.

2. Require written confirmation from NCBAHM and, as applicable, NCCA, regarding examination eligibility for any proposed Oregon-only pathway.

3. Require a 50-state portability analysis with written responses from at minimum Washington, California, Idaho, Nevada, and Arizona acupuncture-licensing authorities.

4. Require an independent reimbursement and credentialing study covering CMS (Medicare NCD 30.3.3 / CAG-00452N), the Oregon Health Plan (OAR 410-130-0220), commercial payers, PIP / Workers' Comp carriers, and all major Oregon hospital systems and FQHCs.

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5. Require written underwriting position statements from the three principal acupuncture malpractice carriers (ACA / APIS, HPSO / CNA, NCMIC) regarding insurability of Oregon-only graduates.

6. Require a formal fiscal and legal analysis of OMB's statutory authority, staffing model, fee structure, program-review standards, appeal rights, site-visit protocols, and Oregon APA compliance.

7. If the Committee does choose to advance the proposal, I urge you to convene a transparent stakeholder workgroup — including patient-safety advocates, hospital credentialing officers, payer medical directors, and dissenting Oregon practitioners — before any rulemaking proceeds.

Oregon patients deserve the same evidence-based standards of clinical competence and the same insurability protections as patients in every other state. Oregon students deserve a credential they can actually use — portable, certifiable, reimbursable, and insurable. The proposal as drafted **provides none of these assurances**. I respectfully request that the Committee and the Board **reject this rulemaking or at the very least pause until a completely new Proposal from a different group can be submitted and/or these assurances exist in writing**.

Thank you for your attention and for your service to the public.

Respectfully submitted,

Annabelle Snow, DAOM, LAc

Crystal Covelle
[redacted]
Portland, OR. 97211
([redacted]
[redacted]

21st May 2026

Acupuncture Advisory Committee
Oregon Medical Board
1500 SW 1st Ave., Suite 620.
Portland, OR 97201-5847
info@omb.oregon.gov

Dear Members of the Acupuncture Advisory Committee,

I am writing as a patient who receives acupuncture care in Oregon. I am writing in support of the Oregon Acupuncture Workforce Sustainability Proposal and to urge the Committee to move forward with the process of developing an OMB-approved educational pathway for entry-level acupuncture training in Oregon.

I've been receiving acupuncture for over 20 years. Acupuncture has greatly improved my quality of life and supported me with hormonal changes, headaches, a foot injury, a shoulder injury, stress, and anxiety. Acupuncture has been the most effective tool I've found for managing my pain, without relying on medications that come with side effects and risks. I would truly be devastated without it.

My acupuncturist is the most important person on my healthcare team. I see them more regularly than any other provider, and they help me coordinate and make sense of everything else that's happening with my health. They listen to me in a way that I haven't experienced in other healthcare settings. They treat me as a whole person, not just a set of symptoms.

I'm fortunate to have acupuncturists in my community and chosen family. I realize that acupuncturists likely graduated with six figures of student debt and earn far less than most other licensed healthcare providers. That isn't justifiable for someone doing work this important.

I want there to be enough acupuncturists in Oregon for everyone who needs this kind of care, including people on the Oregon Health Plan, people in rural areas, and people who can't afford to pay out of pocket. If training becomes inaccessible, that access disappears.

I hope that the OMB and AAC commit to the process of working with all stakeholders in Oregon to ensure that there are affordable, accessible routes for people to train in acupuncture and

become licensed. The standards for that training should be set by the OMB, because the OMB is responsible for public safety in Oregon. I will follow this process and I look forward to seeing what Oregon can build.

Thank you for your time and your service to Oregon's public health.

Sincerely,

Crystal Covelle

Portland, Oregon

ICEAM.ORG

Memorandum of Support

To Whom It May Concern:

My name is Arnaud Versluys. I am an acupuncturist licensed in Oregon. I practice Chinese medicine since 1999 and have taught at the tertiary level since 2003. I have served on the Oregon DHHS pain management commission and am a Priority Expert for Chinese medicine with the World Health Organization. I support the proposed Acupuncture Program Competency Standards, and offer the following rationale.

Preamble:

Until recently, I was unaware of upcoming changes to student-loan borrowing for Chinese medicine programs and the likely impact on education. I had, however, noticed a wave of school closures, including Oregon College of Oriental Medicine (OCOM), a nearly 50-year institution. As a former professor at NCNM in Portland (now NUNM), this trend is deeply concerning.

Reason One: Resiliency of the Education Pipeline

As I investigated these closures, I learned that if a few more schools shut down due to recent federal changes (the RISE rule and AHEAD Earnings Benchmarks under the One Big Beautiful Bill Act), our accrediting body (ACAHM) could face financial instability and failure. In such scenario, Oregon would lose a reliable pathway to licensure for future acupuncturists. Proactively establishing a state Acupuncture Program Competency Standard will help protect continuity, independent of national disruptions.

This is not a radical step: Oregon would be joining 28 states with similar standards. Adopting a state standard does not replace the current model of attending accredited programs and passing the NCBAHM (formerly NCCAOM) exams; it simply creates a backup licensure pathway if the existing system is interrupted.

Reason Two: Future Affordability

The underlying driver of risk to the education pipeline is ballooning tuition. Recent federal changes respond to a pattern in which graduates borrowed heavily for a master's degree yet, five years later, did not earn at a level comparable to bachelor's-degree holders, contributing to defaults at taxpayer expense. By limiting future borrowing, the One Big Beautiful Bill Act will likely reduce enrollment at many acupuncture schools and accelerate school closures. If only a few high-cost programs remain, the profession in Oregon, and public access to care, will suffer.

An Oregon-specific competency standard can support development of more affordable, curricula that can still lead to Oregon licensure without compromising educational quality.

China Standard:

I completed all my Chinese medicine training in China, in Chinese, earning a bachelor's, master's, and doctor of medicine degree. Over 12 years (1990s–early 2000s), my training included 2,754 hours of Chinese medicine coursework, 1,083 hours of Western medicine, and 5,368 hours of clinical internship/residency, preparing me for multidisciplinary primary-care practice in Chinese medicine. I share this to illustrate that the proposed Oregon standards are not exaggerated.

In China today, entry-level training typically consists of a five-year Bachelor of Medicine program plus one year of residency, after which graduates may sit for the National Medical Licensing Exam (NMLE). After licensure, many complete a three-year Standard Residency Training (SRT) program. (https://pmc.ncbi.nlm.nih.gov/articles/PMC10783844/)

WHO Standard:

In 2020, the World Health Organization set minimum benchmarks for acupuncture education: 480 hours of acupuncture, 192 hours of general Chinese medicine, 416 hours of Western medicine, 80 hours of jurisprudence and other related coursework, and 400 hours of supervised clinical practice (total minimum 1,568 hours). This level supports safe, effective practice but does not qualify one as a physician. Notably, it also does not include herbal medicine or East Asian bodywork, both within the scope of practice for Oregon acupuncturists and therefore appropriate to include in Oregon's competency standard.
(https://www.who.int/publications/i/item/9789240017962)

Oregon Standard:

The Oregon Acupuncture Association Education Taskforce and the Acupuncture Workforce Alliance reviewed standards across all U.S. states and presented findings at town halls and public forums. The current proposal includes 450 hours of Western biomedicine, 750 hours of acupuncture and East Asian medicine, and 600 hours of clinical training (1,800 hours total). It exceeds the WHO minimum because it includes herbal medicine training, and because it requires longer clinical training. As a minimum benchmark, it supports safe and effective practice in a multidisciplinary healthcare setting.

The proposal suggests for the 500 hours of supervised practice to optionally be completed within 18 months under a board-approved clinical supervisor, outside of the institution, and therefore not supported by tuition. I support this training model because it limits the expenditure for the student. Students would be able to get paid for the supervisorship, and thus not add to their tuition burden. They would gain valuable real-life experience in Oregon clinics. And it also helps Oregon employers train future employees.

Clinical Proficiency:

As a clinician for more than 25 years, and as a continuing-education instructor for thousands of acupuncturists, advanced clinical skills are the strongest predictor of safe, effective practice and professional success. The proposed 600 hours of clinical training in the program represents the minimum benchmark that should be met for safety and basic efficacy. However, I would respectfully suggest a further 400-500 hours of supervised practice after graduation to be essential to the long-term career success of Oregon's future acupuncturists. This is the formula for success.

Finally, the competency standard is a minimum. Many stakeholders will have differing opinions about program content etc. Schools may exceed the standard and will continue to have the freedom to develop distinctive curricula. But the primary objective at hand is to ensure continuity of the acupuncture profession in Oregon by strengthening the resiliency of the licensing pipeline.

In closing, I would like to thank the acupuncture advisory committee for their work on this important matter. I remain at your disposal for further feedback or elucidation.

Collegially,

Arnaud Versluys, PhD, MD (China), LAc
Director, Institute of Classics in East Asian Medicine, LLC
Medical Director, Ky Acupuncture and Botanical Medicine, LLC
[redacted]
New Orleans, LA 70118
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Oregon
Tina Kotek, Governor

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Board approved January 8, 2026

ACUPUNCTURE ADVISORY COMMITTEE
DECEMBER 5, 2025
VIDEOCONFERENCE MEETING AGENDA
NOON

The mission of the Oregon Medical Board is to protect the health, safety, and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.

PUBLIC SESSION

1	**Call to Order**	Behall

Dr. Behall, Chair, called the meeting to order at 12:03 p.m. and called the roll.

The following members were present:

Diane Behall, LAc, DAOM, Chair
Dilip Babu, MD
Carli Gaines, LAc, RN (left around 2:05 p.m.)
Lisa Tongel, LAc
Jill Shaw, DO, Board Liaison

A quorum of the Committee was confirmed. There were no conflicts of interest or biases to declare.

The following members were absent by prior notification:

Paul Yutan, MD

Staff present:

Elizabeth Ross, Legislative & Policy Analyst
Shayne Nylund, Committee Coordinator
Nicole Krishnaswami, JD, Executive Director
Netia N. Miles, Licensing Manager
Jordana Gaumond, MD, Medical Director

2	Executive Sesson Announcement	Behall

CHAIR: *Pursuant to ORS 192.660(2)(f), the Acupuncture Advisory Committee will convene in Executive Session to consider records that are exempt by law from public disclosure, including:*

- *information received in confidence by the Board,*
- *information of a personal nature, the disclosure of which would constitute an invasion of privacy,*
- *and records which are otherwise confidential under Oregon law.*

Designated staff and members of the news media (via link) shall be allowed to attend the Executive Session. Other public officials may be permitted to attend at the Board's discretion. All others are excluded from Executive Session. Pursuant to ORS 192.660(4), members of the news media and public officials are directed not to report on the specific information discussed during the Executive Session, share the Executive Session link outside of their organization, or record the Executive Session by audio or video means. The Board will reconvene in Public Session prior to taking any final action.

APPLICANT REVIEWS

EXECUTIVE SESSION

3	Executive Session	Entity ID: 1075976	Tongel

Ms. Tongel presented the application for licensure. The Committee discussed the Applicant's need for an exam waiver, their length of time out practice, and their re-entry plan to practice acupuncture under the mentorship of an acupuncturist. The Committee discussed issuance of a Consent Agreement for Re-Entry to Practice requiring 120 contact hours under a Board-approved mentor and documentation of 45 continuing education units (CEUs).

4	Executive Session	Entity ID: 1016469	Gaines

Ms. Gaines presented the application for licensure. The Committee discussed concerns with the Applicant's prior history with the Board and lack of good moral character.

PUBLIC SESSION

RECOMMENDATION: Ms. Tongel moved that, in the case of Entity ID 1075976, the Committee recommend waiving OAR 847-070-0016 based on OAR 847-070-0016(2)(C)(ii) and granting an active license via a Consent Agreement for Re-Entry to Practice. Ms. Gaines seconded the motion. Dr. Behall, Ms. Tongel, Ms. Gaines, and Dr. Babu voted "aye." Dr. Yutan was absent. The motion passed 4-0-0-1.

Note: All vote tallies are shown as follows: Ayes – Nays – Abstentions – Absentees.

RECOMMENDATION: Ms. Gaines moved, that in the case of Entity ID 1016469, the Committee recommend issuing a Notice of Intent to Deny for failure to satisfy the requirements for licensure in ORS 677.100(1)(d). Ms. Tongel seconded the motion. Dr. Behall, Ms. Tongel, and Ms. Gaines voted "aye." Dr. Babu voted "nay." Dr. Yutan was absent. The motion passed 3-1-0-1.

5	Lee, Michelle ChengMae	Entity ID: 1075589	Behall

Dr. Behall presented the application for licensure. The Committee discussed the Applicant's length of time out practice and their re-entry plan to practice acupuncture under the mentorship of an acupuncturist. The Committee discussed issuance of a Consent Agreement for Re-Entry to Practice requiring 600 contact hours under a Board-approved mentor and documentation of 225 continuing education units (CEUs).

RECOMMENDATION: Ms. Tongel moved, that in the case of Applicant Lee, the Committee grant an active license via a Consent Agreement for Re-Entry to Practice. Ms. Gaines seconded the motion. Dr. Babu seconded the motion. Dr. Behall, Ms. Tongel, Ms. Gaines, and Dr. Babu voted "aye." Dr. Yutan was absent. The motion passed 4-0-0-1.

OREGON ADMINISTRATIVE RULES (OAR)

6	Chapter 847, Divisions 070, 008, and 010	**FINAL REVIEW**	Gaines

The rulemaking implements SB 874 (2025) adding a definition for "Traditional Eastern medicine" to provide cohesion and clarify the OMB's authority to regulate acupuncturists. The bill replaced the term "Oriental medicine" with "Traditional Eastern medicine" throughout ORS chapter 677. The bill also clarifies the definition of "acupuncture" and updates the Oregon Association of Acupuncturists name. SB 874 did not change the scope of practice for acupuncturists in Oregon.

Additionally, the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) is changing their name to the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) in January 2026. The rule amendment also makes this update. Their exam titles, including Foundations of Oriental Medicine, will remain the same.

No public comments were received for this rulemaking.

The Committee reviewed chapter 847, divisions 70, 8, and 010 amendments to implement SB 874. There was no further discussion from the Committee.

RECOMMENDATION: Ms. Gaines moved the Committee recommend adopting OAR chapter 847 division 70 rules 5, 16, 17, 19, 22, 33, 37, 45, and 60, division 8 rule 70, and division 10 rule 73 as written. Dr. Babu seconded the motion. Dr. Behall, Ms. Tongel, Ms. Gaines, and Dr. Babu voted "aye." Dr. Yutan was absent. The motion passed 4-0-0-1.

7	Five-Needle Protocol	**FINAL REVIEW**	Babu

The Oregon Legislature passed House Bill 2143 (2025) and Governor Kotek signed the bill into law. This legislation allows individuals with specific training and registration to provide five-needle protocol (5NP) treatments beginning March 1, 2026, without additional licensure.

The law directs the Oregon Medical Board to establish rules for training qualifications and safety standards. The OMB's role is to implement the law that has already been enacted. The rulemaking establishes the qualifications for registration of 5NP technicians and creates sanitation and best practice standards for 5NP treatments.

In August and September 2025, the OMB convened a Workgroup of acupuncturists, physicians, and community members to provide recommendations on the draft rules. The Board's Acupuncture Advisory Committee reviewed during a special meeting held September 12, 2025. The Oregon Medical Board reviewed on October 2, 2025. Meeting minutes along with public comments received during this process are available on the 5NP website, omb.oregon.gov/5NP.

During the Workgroup and Acupuncture Advisory Committee meetings, there were discussions and comments provided related to requiring supervision of 5NP technicians, ranging from direct supervision to indirect supervision, and ranging from supervision by a physician or acupuncturist to supervision by other licensed health care providers. Workgroup and Committee members who supported a supervision requirement expressed patient safety concerns related to 5NP Technicians working in isolation. Workgroup and Committee members who opposed adding a supervision requirement highlighted the intent of HB 2143 to allow low-barrier access to 5NP treatments and the lack of evidence supporting public safety concerns. OMB Staff noted that under ORS 183.400 an agency can only write rules pursuant to constitutional authority or statutory authority granted through enabling legislation. Agencies cannot exceed the authority granted by the legislature. The absence of statutory language does not create implied authority for agencies to write rules in that area. HB 2143 does not impose supervision requirements or authorize the OMB to write rules requiring supervision. Also, in response to discussion during the prior Committee meeting regarding how other states regulate 5NP treatment, OMB staff compiled an overview of state 5NP regulations and accountability frameworks provided with these materials.

Additionally, HB 2143 authorizes the OMB to establish registration and renewal fees 5NP technicians. The rulemaking sets fees at $100 for initial registration and $50 annually ($100 biennially) for renewal. The Board determined and provided the fee amounts during the legislative process based on estimated costs to implement HB 2143. The Board will apply its

existing Criminal Records Check Fee to 5NP technicians during the initial application process and as needed for renewals or investigations, as permitted under HB 2143.

The OMB held a public hearing to accept oral comments on November 18, 2025, and accepted written comments through November 24, 2025, see Hearing Officer Report.

The Committee reviewed five-needle protocol (5NP) rules. Dr. Behall noted the research into other states' regulations. Of the twenty-seven states allowing 5NP treatments by non-acupuncturists, two require no licensure at all for acupuncturists. Among the remaining twenty-five states, sixteen require supervision by a licensed acupuncturist or physician. Many also require technicians to maintain a previous healthcare license or limit the practice to licensed healthcare facilities. She also noted that in Oregon, individuals performing cartilage ear piercing require seven hundred and fifty hours of training, providing context for her concerns about the 5NP's training requirements.

Ms. Gaines acknowledged reading all public comments from both meetings and expressed appreciation for community input.

RECOMMENDATION: Dr. Babu moved the Committee recommend adopting OAR chapter 847, division 71, rules 0, 5, 7, 20, 25, 30, 35, 40, and 50, and division 5, rule 5 as written. Ms Tongel seconded the motion. Ms. Tongel, Ms. Gaines, and Dr. Babu voted “aye.” Dr. Behall voted “nay.” Dr. Yutan was absent. The motion passed 3-1-0-1.

8	Public Comments	Behall

Dr. Behall opened the floor to public comments.

Public attendee Travis Kern, LAc, and former board chair of the Oregon College of Oriental Medicine, addressed the committee regarding the acupuncture profession's challenges. He discussed the decline in training program enrollment, closure of training institutions, and rising tuition costs. He further expressed concern that new federal loan restrictions will negatively impact schools and related national entities. He suggested NCCAOM’s Route 4 apprenticeship as a competent pathway to addressing the problems that the acupuncture profession faces. He asked the committee to consider establishing a workgroup to review and develop recommendations for apprenticeships.

There were other members of the public in attendance; however, they did not comment.

DISCUSSION ITEMS

9	Acupuncture Apprenticeship Programs	Tongel

Ms. Tongel introduced a request to accept the National Certification Commission for Acupuncture and Oriental Medicine’s (NCCAOM) Route 4 pathway. She noted that the updated information regarding NCCAOM’s Route 4 Apprenticeship pathway provided more information than was previously available. The

Committee noted the low number of applicants who have utilized this route, attributing it to lack of awareness.

The Committee recommend forming a workgroup to explore whether Route 4 pathway should be approved as a qualification for acupuncture licensure in Oregon.

10	Inserting Needles Through Clothing	Behall

Dr. Behall presented a scope of practice inquiry asking whether an acupuncturist may insert needles through clothing.

The Committee acknowledged the spirit of the request as supporting community acupuncture and promoting accessibility in community settings. However, it was noted that the required standard for practitioners, the Council of Colleges of Acupuncture and Herbal Medicine's Clean Needle Technique, explicitly states that needles should only be used where skin is clean and free of disease and should never be inserted through clothing.

The Committee confirmed that Clean Needle Technique states no needling through clothing, and that is the standard by which acupuncturists in Oregon practice.

11	Number of Acupuncture Students That Can be Supervised in a Clinical Setting	Gaines

Ms. Gaines presented a request to amend OAR 847-070-0017 to allow board-approved clinical supervisors to supervise four residents per shift, per site while they await examination results for licensure. The requestor further proposes a new formal training program that would allow for clinical residency and mentorship using a community acupuncture model. Board staff clarified that the current rule does not allow waivers or alternative requirements.

The Committee recommends exploring further and requests that the topic be brought to a future meeting with information regarding the intent of the current rule and options available for meaningful post graduate education.

12	Using Manual Therapy Techniques for Masseter and Pterygoid Muscles, Intra-Oral, for TMJ Dysfunction and Pain	Gaines

Ms. Gaines presented a scope of practice inquiry as to whether acupuncturists may perform intraoral work, specifically manual therapy techniques for the masseter and pterygoid muscles done intraorally for TMJ dysfunction and pain.

The Committee reviewed the definition of acupuncture as a healthcare practice used to promote health and treat various disorders by stimulating specific points on the body surface through needle insertion. The definition includes the use of electrical, thermal, mechanical, or magnetic devices with or without needles to stimulate acupuncture points and meridians.

The Committee confirmed there are acupuncture points within mouth and massage is within the definition of acupuncture. Manual therapy techniques for masseter and pterygoid muscles, intra-oral, for TMJ dysfunction and pain are within the current scope of practice for acupuncturists. The Committee further confirmed that all practitioners should obtain proper training in the performance of the technique and consent.

13	Unlicensed Personnel Assisting with Cupping and Electric Moxa	Behall

Dr. Behall presented an inquiry in regard to unlicensed personnel's ability to perform cupping and electric moxa, if an acupuncturist marked specific areas of the body.

The Committee reviewed the OMB's current Statement of Philosophy on Use of Unlicensed Healthcare Personnel in Acupuncture, which the Committee drafted and the Oregon Medical Board adopted in 2021 as guidance for licensed acupuncturists.

The Committee discussed how the guidance statement allows unlicensed personnel to perform supportive tasks such as removing needles and turning on e-stim machines. However, they emphasized that these tasks differ significantly from applying therapies such as cupping. Applying therapies requires a higher level of clinical discernment and provider awareness.

The Committee affirmed that unlicensed personnel may not perform acupuncture procedures or therapies.

14	Using Therapeutic Ultrasound, Specifically for Clogged Breast Ducts with Breastfeeding	Babu

Dr. Babu presented an inquiry regarding acupuncturists' use of therapeutic ultrasound, specifically for clogged breast ducts with breastfeeding. The Committee discussed this was an electrical device using sound waves in connection with acupuncture points.

The Committee confirmed that therapeutic ultrasound therapy is within the current scope of practice for acupuncturists, noting that all practitioners should obtain proper training and patient consent.

15	Using Extracorporeal Shockwave Therapy (ESWT)	Tongel

Ms. Tongel presented a request for acupuncturists to perform extracorporeal shockwave therapy (ESWT) on patients. The request clarifies that therapy uses acoustic sound waves, similar to ultrasound, creating a shockwave that neutralizes or overwhelms sensations to decrease pain, potentially similar to TENS or electroacupuncture. The therapy is performed with a wand focused on the area in question.

The Committee discussed the similarities in modalities and clarified that TENS is an approved practice within an acupuncturist's scope. As a result, the Committee confirmed extracorporeal shockwave therapy is within the scope of practice for acupuncturists, noting that all practitioners should obtain proper training in the performance of the techniques.

INFORMATIONAL ITEMS

16	Investigative Update from Walter Frazier, Investigations Manager	Behall

Dr. Behall introduced the investigative update.

There were no comments from the Committee.

17	Approved Clinical Supervisors	Behall

Dr. Behall presented the list of approved clinical supervisors.

There were no comments from the Committee.

18	Review of Board-Approved Minutes from June 6, 2025, and September 12, 2025	Behall

Dr. Behall reviewed the Board-approved minutes from the June 6, 2025, and September 12, 2025, Acupuncture Advisory Committee meetings.

There were no comments from the Committee.

19	Future Committee and Board Meeting Dates	Behall

Dr. Behall reviewed the future meeting dates for the Acupuncture Advisory Committee.

The Committee noted no conflicts or concerns with the information presented.

ADJOURN @2:11 p.m.

Oregon
Tina Kotek, Governor

Oregon Medical Board
1500 SW 1st Ave. Ste 620
Portland, OR 97201-5847
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www.oregon.gov/OMB

Approved by Board April 2, 2026

ACUPUNCTURE ADVISORY COMMITTEE
FEBRUARY 13, 2026
VIDEOCONFERENCE MEETING AGENDA
NOON

The mission of the Oregon Medical Board is to protect the health, safety, and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.

PUBLIC SESSION

1	**Call to Order**	Behall

Dr. Behall, Chair, called the meeting to order at 12:02 p.m. and called the roll.

The following members were present:

Diane Behall, LAc, DAOM, Chair
Dilip Babu, MD
Lisa Tongel, LAc
Paul Yutan, MD
Jill Shaw, DO, Board Liaison

A quorum of the Committee was confirmed. There were no conflicts of interest or biases to declare.

Staff present:

Nicole Krishnaswami, JD, Executive Director
Netia N. Miles, Licensing Manager
Shayne Nylund, Committee Coordinator
Jordana Gaumond, MD, Medical Director

Guests present:

Rebecca (Bex) Groebner, LAc, DAc

APPLICANT REVIEW

2	Anderson, Sarah Christina	Entity ID: 1076116	Tongel

Ms. Tongel presented the application for licensure. The Committee discussed the Applicant's length of time out practice and their re-entry plan to practice acupuncture under the mentorship of an acupuncturist. The Committee discussed issuance of a Consent Agreement for Re-Entry to Practice requiring 480 contact hours under a Board-approved mentor and documentation of 180 continuing education units (CEUs).

RECOMMENDATION: Dr. Behall moved, that in the case of Applicant Anderson, the Committee recommend granting an active license via a Consent Agreement for Re-Entry to Practice. Ms. Tongel seconded the motion. Dr. Behall, Ms. Tongel, Dr. Babu, Dr. Yutan and Dr. Shaw voted "aye." The motion passed 5-0-0-0.

3	Public Comments	Behall

No members of the public provided comment.

ADJOURN @12:07 p.m.

Approved by the Board on October 2, 2025

2026 - 2027 Board and Committee Meeting Dates

Meetings are held hybrid, virtual, or in person at
Crown Plaza, 1500 S.W. 1st Ave., Suite 620, Portland, 97201

Board — 8:00 AM

1st Thursday of January, April, July, and October - in person
Friday after the October Board meeting - in person training

January 8, 2026	April 2-3, 2026	July 2, 2026	October 1-2, 2026
January 7, 2027	April 1, 2027	July 1, 2027	October 7-8, 2027

Investigative Committee — 8:00 AM

1st Thursday of every month without Board a meeting – in person

Full Board Conference-Call Meeting, 5:00 PM

February 5, 2026	March 5, 2026	May 7, 2026	June 4, 2026
August 6, 2026	September 3, 2026	November 5, 2026	December 3, 2026

Administrative Advisory Committee — 5:00 PM

2nd Wednesday of March, June, September, and December - virtual

March 11, 2026	June 10, 2026	September 9, 2026	December 9, 2026
March 10, 2027	June 9, 2027	September 8, 2027	December 8, 2027

Acupuncture Advisory Committee — 12:00 PM

1st Friday of June and December - virtual

Application Filing Deadline – 6 weeks in advance of meeting. File Completion Deadline – 3 weeks in advance of meeting.

June 5, 2026	December 4, 2026	June 4, 2027	December 3, 2027

Emergency Medical Services(EMS) Advisory Committee — 9:00 AM

3rd Friday of February, May, August, and November - virtual

February 20, 2026	May 15, 2026	August 21, 2026	November 20, 2026
February 19, 2027	May 21, 2027	August 20, 2027	November 19, 2027

Legislative Advisory Committee — TBD

Meets at the call of the Chair - virtually

2026

JANUARY

- Board — 8th — 8:00 AM

FEBRUARY

- Investigative Committee — 5th — 8:00 AM
- EMS Advisory Committee — 20th — 9:00 AM

MARCH

- Investigative Committee — 5th — 8:00 AM
- Administrative Affairs Committee — 11th — 5:00 PM

APRIL

- Board/Board Training — 2nd – 3rd — 8:00 AM

MAY

- Investigative Committee — 7th — 8:00 AM
- EMS Advisory Committee — 15th — 9:00 AM

JUNE

- Investigative Committee — 4th — 8:00 AM
- Acupuncture Advisory Committee — 5th — 12:00 PM
- Administrative Affairs Committee — 10th — 5:00 PM

JULY

- Board — 2nd — 8:00 AM

AUGUST

- Investigative Committee — 6th — 8:00 AM
- EMS Advisory Committee — 21st — 9:00 AM

SEPTEMBER

- Investigative Committee — 3rd — 8:00 AM
- Administrative Affairs Committee — 9th — 5:00 PM

OCTOBER

- Board/Board Retreat — 1st – 2nd — 8:00 AM

NOVEMBER

- Investigative Committee — 5th — 8:00 AM
- EMS Advisory Committee — 20th — 9:00 AM

DECEMBER

- Investigative Committee — 3rd — 8:00 AM
- Acupuncture Advisory Committee — 4th — 12:00 PM
- Administrative Affairs Committee — 9th — 5:00 PM