Oregon
Tina Kotek, Governor

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Public agenda

ACUPUNCTURE ADVISORY COMMITTEE
SEPTEMBER 12, 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.

Committee Members:
Diane Behall, LAc, DAOM, Chair
Dilip Babu, MD
Carli Gaines LAC, RN
Lisa Tongel, LAc
Paul Yutan, MD
Jill Shaw, DO, 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

PUBLIC SESSION

1	Call Meeting to Order – Introductions/Attendance	Behall

2	Public Comments	Behall

OREGON ADMINISTRATIVE RULES (OAR)

3	Chapter 847, Division 070, 008, and 010	**FIRST REVIEW**	Gaines

The proposed 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 proposed rule also makes this update. Their exam titles, including Foundations of Oriental Medicine, will remain the same.

4	Five-Needle Protocol	**FIRST 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 proposed 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. Their meeting minutes are attached along with public comments received during their review.

Additionally, HB 2143 authorizes the OMB to establish registration and renewal fees 5NP technicians. The proposed fee rulemaking sets fees at $100 for initial registration and $50 annually ($100 biennially) for renewal starting March 1, 2026. 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.

5	Review of 5NP Supporting Materials	Babu

ADJOURN

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 070, 008, and 010 – OREGON MEDICAL BOARD

First Review – October 2025

The proposed 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 proposed rule also makes this update. Their exam titles, including Foundations of Oriental Medicine, will remain the same.

847-070-0005
Definitions

As used in the rules regulating the practice of acupuncture:

(1)(a) "Acupuncture" **has the meaning given in ORS 677.757,** as~~means an Oriental health care practice used to promote health and to treat neurological, organic or functional disorders by the stimulation of specific points on the surface of the body by the insertion of needles. "Acupuncture" includes the treatment method of moxibustion, as well as 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.~~

(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.

(~~b~~c) The ~~practice of acupuncture also includes the following~~ modalities as authorized by the Oregon Medical Board:

(A) Traditional **Eastern medicine** and ~~modern Oriental Medical and~~ acupuncture techniques of diagnosis and evaluation;

(B) ~~Oriental massage~~**Traditional Eastern medicine manual therapy**, exercise and related therapeutic methods; and

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

(2) "Board" means the Oregon Medical Board for the State of Oregon.

(3) "Clinical training" means supervised clinical training which consists of diagnosis and actual patient treatment which includes insertion of acupuncture needles.

(4) "Committee" means the Acupuncture Advisory Committee.

(5) "Licensed Acupuncturist" means an individual authorized by the Board to practice acupuncture pursuant to ORS Chapter 677.

(6)(a) "**Traditional Eastern medicine manual therapy**~~Oriental massage~~" means methods of manual therapy, including manual mobilization, manual traction, compression, rubbing, kneading and percussion, with or without manual implements, for indications including limited range of motion, muscle spasm, pain, scar tissue, contracted tissue and soft tissue swelling, edema and inflammation, as described in instructional programs and materials of **Traditional Eastern medicine** ~~Oriental~~ or Asian health care.

(b)(A) **Traditional Eastern medicine manual therapy** ~~Oriental massage~~ as practiced in Oregon does not include high-velocity, short-amplitude, manipulative thrusting procedures to the articulations of the spine or extremities.

(B) **Traditional Eastern medicine manual therapy**~~Oriental massage~~ as practiced in Oregon does not include internal pelvic massage (intravaginal, intra-anal, or intra-rectal) or genital massage.

(7) "Physician" means an individual licensed to practice medicine as a medical doctor or doctor of osteopathic medicine pursuant to ORS Chapter 677.

(8) "Traditional Eastern medicine" has the meaning given in ORS 677.010, as acupuncture and traditional Chinese medicine, regulated by ORS chaper 677 if the medicine is practiced within the context of a person's license to practice acupuncture issued under ORS 677.757 to 677.770.

Statutory/Other Authority: ORS 677.265 & 677.759
Statutes/Other Implemented: ORS 677.265, 677.757, 677.759 & 677.780

847-070-0016

Qualifications

(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~~ **Board** for Acupuncture and ~~Oriental~~Herbal Medicine (~~NCCAOM~~**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.

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

(A) The applicant must pass three (3) **NCBAHM**~~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 **NCBAHM**~~NCCAOM~~ Certification Exam listed in subsection (A) of this section. If the applicant does not pass each component of the **NCBAHM**~~NCCAOM~~ Certification Exam within four attempts, the applicant is not eligible for licensure.

(C) An applicant who has passed each component of the **NCBAHM**~~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 **Traditional Eastern**~~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 **NCBAHM**~~NCCAOM~~. An applicant will be deemed certified in Acupuncture by the **NCBAHM**~~NCCAOM~~ if the applicant has passed the **NCBAHM**~~**NCCAOM**~~ Acupuncture Certification Examinations or has been certified through the **NCBAHM**~~NCCAOM~~ Credentials Documentation Examination.

(A) The applicant must pass three (3) **NCBAHM**~~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 **NCBAHM**~~NCCAOM~~ Certification Exam listed in subsection (A) of this section. If the applicant does not pass each component of the **NCBAHM**~~NCCAOM~~ Certification Exam within four attempts, the applicant is not eligible for licensure.

(C) An applicant who has passed each component of the **NCBAHM**~~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.

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

(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 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 **NCBAHM**~~NCCAOM~~ written acupuncture examination in English, or if in a foreign language, must also have passed an English language proficiency examination:

(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 TOFEL 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 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**~~NCCAOM~~ 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

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 ~~Commission~~ **Board** for Acupuncture and ~~Oriental~~ **Herbal** Medicine (**NCBAHM**~~NCCAOM~~) 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**~~NCCAOM~~ Certification Standards for Documentation will be used. All clinical supervisors under this section are subject to Board approval.

(2) Board approved clinical supervisors, acupuncturists or physicians may supervise no more than two acupuncture students in an informal private clinical setting.

(3) An "acupuncture student" is an individual:

(a) Enrolled in a school approved to offer credit for post-secondary clinical education in Oregon; or

(b) A practitioner licensed to practice acupuncture in another state or foreign country who is enrolled in clinical training provided by a clinical supervisor approved by the Oregon Medical Board.

(4) An acupuncture student must comply with OAR 847-070-0005 to 847-070-0055.

(5) An acupuncture student may not perform any act that constitutes the practice of medicine or the practice of acupuncture, except under direct supervision of a person approved by the Board as a clinical supervisor to provide clinical training as described in this rule.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.060(3)

847-070-0019
Interview and Examination

(1) In addition to all other requirements for licensure, the Board may require an applicant to appear for a personal interview regarding information received in the application process. Unless excused in advance, failure to appear before a Committee of the Board for a personal interview violates ORS 677.190(17) and may subject the applicant to disciplinary action.

(2) If there is reasonable cause to question the qualifications of an applicant, the Board in its discretion may require the applicant to do one or more of the following:

(a) Obtain certification or re-certification in Acupuncture or Oriental Medicine by the National Certification ~~Commission~~ **Board** for Acupuncture and ~~Oriental~~ **Herbal** Medicine (**NCBAHM**~~NCCAOM~~);

(b) Pass an evaluation which may be written, oral, practical, or any combination thereof;

(c) Provide documentation of current **NCBAHM**~~NCCAOM~~ Acupuncture certification;

(d) Complete 15 hours of continuing education acceptable to the Board for every year the applicant has ceased practice prior to application for Oregon licensure. Continuing education that meets **NCBAHM**~~NCCAOM~~'s recertification requirements would qualify as Board-approved continuing education;

(e) Complete a Board-approved mentorship tailored to the applicant's time out of practice under a Board-approved mentor who must individually supervise the applicant. The mentor must report the successful completion of the mentorship to the Board.

(3) An applicant must pass an open-book examination on the Medical Practice Act (ORS Chapter 677) and Oregon Administrative Rules (OAR chapter 847, division 70). If an applicant fails the examination three times, the applicant must attend an informal meeting with a Board member, the Executive Director, a Board investigator and/or the Medical Director of the Board to discuss the applicant's failure of the examination before being given a fourth and final attempt to pass the examination. If the applicant does not pass the examination on the fourth attempt, the applicant may be denied licensure.

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

847-070-0022
Documents to be Submitted for Licensure

The documents submitted must be legible and no larger than 8 ½" x 11". All documents and photographs will be retained by the Board as a permanent part of the application file. If original documents are larger than 8 ½" x 11", the copies must be reduced to the correct size with all wording and signatures clearly shown. Official translations are required for documents issued in a foreign language. The following documents are required:

(1) Application: Completed formal application provided by the Board. Required dates must include month, day and year.

(2) Birth Certificate: A copy of birth certificate and a copy of Change of Name documentation, Marriage Certificate, or Divorce Decree if the applicant's name has been changed by court order, adoption, marriage, divorce, etc.

(3) Acupuncture School Diploma: A copy of a diploma showing graduation from an approved school of acupuncture for those applicants who qualify under OAR 847-070-0016(1).

(4) Photograph: A close-up, passport-quality photograph, front view, head and shoulders (not profile), with features distinct, taken within 90 days preceding the filing of the application.

(5) A letter from the Dean of the applicant's program of acupuncture for those applicants who qualify under OAR 847-070-0016(1).

(6) A letter from the National Certification ~~Commission~~ **Board** for Acupuncture and ~~Oriental~~ **Herbal** Medicine (**NCBAHM**~~NCCAOM~~) verifying current certification in acupuncture by the **NCBAHM**~~NCCAOM~~ for those applicants who qualify under OAR 847-070-0016(1) or (2).

(7) If requested by the Board, a letter verifying licensure in good standing from the state or states of all prior and current health-related licensure.

(8)(a) A letter from the Director or other official for practice and employment to include a statement regarding eligibility for rehire and specific beginning and ending dates of practice and employment, for the past five (5) years only.

(b) If the applicant has ceased practice for more than two (2) years, employment verifications will be required for the past ten (10) years or redacted patient logs from the past five (5) years.

(c) If such verification is unavailable or incomplete, and for acupuncturists who have been or are in solo practice, three reference letters from acupuncturists in the local treatment community who are familiar with the applicant's practice and who have known the applicant for more than six months.

Statutory/Other Authority: ORS 677.265 & 677.759
Statutes/Other Implemented: ORS 677.275 & 677.759

847-070-0033
Visiting Acupuncturist Requirements

(1) The Oregon Medical Board may grant approval for a visiting acupuncturist to demonstrate acupuncture needling as part of a seminar, conference, or workshop sponsored by an Oregon school or an Oregon school's program of acupuncture or **Traditional Eastern**~~oriental~~ medicine, or professional organization of acupuncture, or any seminar, conference, or workshop approved by the National Certification ~~Commission~~ **Board** for Acupuncture and ~~Oriental~~ **Herbal** Medicine (**NCBAHM**~~NCCAOM~~) to provide continuing education training for a period up to ten days no more than three times a year. The visiting acupuncturist who requests additional time beyond the ten days, or submits more than three requests in a year, must apply for and obtain a license to practice in the state of Oregon. An Oregon licensed acupuncturist must be in attendance at the seminar, conference or workshop.

(2) Prior to being granted approval, the following information must be submitted to the Oregon Medical Board:

(a) A letter from the school or program of acupuncture or **Traditional Eastern**~~oriental~~ medicine, or organization which will have an out-of-state acupuncturist demonstrate needling as part of a seminar, conference, or workshop with the following information:

(A) Dates of the seminar, conference, or workshop in which the visiting acupuncturist will be demonstrating acupuncture needling;

(B) Description of the seminar, conference or workshop;

(C) Name of the responsible Oregon acupuncturist, licensed under ORS 677, actively registered and in good standing with the Board, who will be in attendance and responsible for the conduct of the visiting acupuncturist at the seminar, conference or workshop.

(D) A curriculum vitae for the visiting acupuncturist; and

(b) If the visiting acupuncturist is licensed, certified or registered to practice as an acupuncturist in the state in which the acupuncturist is practicing, the visiting acupuncturist must provide documentation that their license, certificate, or registration is active and in good standing.

(3) The request for approval to practice in the state of Oregon as a visiting acupuncturist must be received at least two weeks prior to the beginning date of such practice.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.265(1) & (2)

847-070-0037
Limited License, Pending Examination

(1) An acupuncturist who meets all requirements for Oregon acupuncture licensure but has not yet passed the acupuncture certification examination given by the National Certification ~~Commission~~ **Board** on Acupuncture and ~~Oriental~~ **Herbal** Medicine (**NCBAHM**~~NCCAOM~~) may be issued a Limited License, Pending Examination for the purpose of obtaining clinical training in Oregon under the supervision of a Board approved clinical supervisor if the following criteria are met:

(a) The application file is complete to the satisfaction of the Board with the exception of pending certification by the **NCBAHM**~~NCCAOM~~;

(b) The applicant has not previously failed the **NCBAHM**~~NCCAOM~~ examination;

(c) The clinical supervisor approved to supervise the applicant meets the qualifications in OAR 847-070-0017 and is on-site and available to supervise at all times when the applicant is training; and

(d) The applicant has submitted the appropriate form and fee prior to being issued a Limited License, Pending Examination.

(2) Any person obtaining clinical training under a Limited License, Pending Examination must identify themselves to patients as an acupuncture trainee and wear a name tag identifying themselves as a trainee.

(3) A Limited License, Pending Examination may be granted for a period of six months.

(4) Upon receipt of verification that the applicant has passed the acupuncture certification examination given by the **NCBAHM**~~NCCAOM~~, and if the applicant's application file is otherwise satisfactorily complete, the applicant shall be scheduled for approval of permanent licensure.

(5) The Limited License, Pending Examination will automatically expire if the applicant fails the acupuncture certification examination given by the **NCBAHM**~~NCCAOM~~.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.759

847-070-0045
Inactive Registration and Re-Entry to Practice

(1) Any acupuncturist licensed in this state who changes location to some other state or country shall be listed by the Board as inactive.

(2) If the acupuncturist wishes to resume active status, the acupuncturist must file an Affidavit of Reactivation and pay a processing fee, satisfactorily complete the reactivation process and be approved by the Board before beginning active practice in Oregon.

(3) The Board may deny active registration if it judges the conduct of the acupuncturist during the period of inactive registration to be such that the acupuncturist would have been denied a license if applying for an initial license.

(4) If an acupuncturist applicant has ceased practice for a period of 12 or more consecutive months immediately preceding the application for licensure or reactivation, the applicant may be required to do one or more of the following:

(a) Obtain certification or re-certification in Acupuncture or Oriental Medicine by the National Certification ~~Commission~~ **Board** for Acupuncture and ~~Oriental~~ **Herbal** Medicine (**NCBAHM**~~NCCAOM~~);

(b) Provide documentation of current **NCBAHM**~~NCCAOM~~ Acupuncture or Oriental Medicine certification;

(c) Complete 15 hours of continuing education acceptable to the Board for every year the applicant has ceased practice;

(d) Complete a Board-approved mentorship tailored to the applicant's time out of practice under a Board-approved mentor who must individually supervise the licensee. The mentor must report the successful completion of the mentorship to the Board; and

(e) Additional requirements as determined appropriate by the Board.

(5) The acupuncturist applicant who has ceased practice for a period of 24 or more consecutive months may be required to complete a re-entry plan to the satisfaction of the Board. The re-entry plan must be reviewed and approved through a Consent Agreement for Re-entry to Practice prior to the applicant beginning the re-entry plan. Depending on the amount of time out of practice, the re-entry plan may contain one or more of the requirements listed in section (4) of this rule and such additional requirements as determined appropriate by the Board.

Statutory/Other Authority: ORS 677.265 & ORS 677.759
Statutes/Other Implemented: ORS 677.759 & ORS 677.175

847-070-0060
License Application Withdrawals and Denials

(1) An applicant may withdraw an application for licensure prior to review by the Board's Administrative Affairs Committee or Acupuncture Advisory Committee. The Board will not report the withdrawal to the National Certification ~~Commission~~ **Board** for Acupuncture and ~~Oriental~~ **Herbal** Medicine (**NCBAHM**~~NCCAOM~~). The applicant may submit a new application for licensure at any time.

(2) An applicant may withdraw an application for licensure up to 30 days after the Board has voted to deny the application on the basis that the applicant is not eligible for licensure for reason(s) other than the applicant's failure to demonstrate good moral character. The Board will not report the withdrawal to the **NCBAHM**~~NCCAOM~~. The applicant may submit a new application for licensure at any time.

(3) An applicant may request to withdraw an application for licensure after review by the Administrative Affairs Committee. If the Board grants the request, the withdrawal will be reported to the **NCBAHM**~~NCCAOM~~. The applicant may submit a new application for licensure no sooner than two years after the date of withdrawal.

(4) An applicant may request to withdraw an application for licensure after review by the Board's Investigative Committee. If the Board grants the request, the applicant may withdraw their application only through issuance of a Stipulated Order of suspended judgment of license denial. The suspension of judgment is based on the applicant's withdrawal of their application and agreement not to reapply for licensure for at least two years after issuance of the Stipulated Order. The order will be reported to the **NCBAHM**~~NCCAOM~~ and the National Practitioner Databank.

(5) An applicant whose application has been denied may submit a new application for licensure as stated in the Board's Order, but no sooner than two years after the date of denial.

Statutory/Other Authority: ORS 677.265
Statutes/Other Implemented: ORS 677.265, ORS 677.100, ORS 677.190, ORS 677.220 & ORS 677.759

847-008-0070
Continuing Medical Competency (Education)

The Oregon Medical Board is committed to ensuring the continuing competence of its licensees for the protection, safety and well being of the public. All licensees must engage in a culture of continuous quality improvement and lifelong learning.

(1) Licensees renewing registration who had been registered with Active, Administrative Medicine Active, Locum Tenens, Military/Public Health Active, Telemedicine Active, Telemonitoring Active, or Teleradiology Active status for the previous registration period must demonstrate ongoing competency to practice medicine by:

(a) Ongoing participation in a program of recertification or maintenance of certification by an American Board of Medical Specialties (ABMS) board, the American Osteopathic Association's Bureau of Osteopathic Specialists (AOA-BOS), the American Board of Podiatric Medicine (ABPM), the American Board of Foot and Ankle Surgery (ABFAS), the National Commission on Certification of Physician Assistants (NCCPA), or the National Certification ~~Commission~~ **Board** for Acupuncture and ~~Oriental~~ **Herbal** Medicine (**NCBAHM**~~NCCAOM~~); or

(b) 60 hours of continuing medical education (CME) per two years relevant to the licensee's current medical practice, or 30 hours of CME if licensed during the second year of the biennium, as follows:

(A) American Medical Association (AMA) Category 1;

(B) American Osteopathic Association (AOA) Category 1-A or 2-A;

(C) American Podiatric Medical Association's (APMA) Council on Podiatric Medical Education approved sponsors of continuing education; or

(D) American Academy of Physician Associates (AAPA) Category 1 (pre-approved); or

(c) 30 hours of **NCBAHM**~~NCCAOM~~-approved courses per two years relevant to the licensee's current practice, or 15 hours if licensed during the second year of the biennium.

(2) Licensees renewing registration who had been registered with Emeritus status for the previous registration period must demonstrate ongoing competency by:

(a) Ongoing participation in re-certification by an ABMS board, the AOA-BOS, the ABPM, the ABFAS, the NCCPA, or the **NCBAHM**~~NCCAOM~~; or

(b) 15 hours of CME per year as follows:

(A) AMA Category 1 or 2;

(B) AOA Category 1-A, 1-B, 2-A or 2-B;

(C) APMA-approved continuing education; or

(D) AAPA Category 1 or 2; or

(c) 8 hours of **NCBAHM**~~NCCAOM~~-approved courses.

(3) Licensees who have lifetime certification without participation in a program of recertification or maintenance of certification with the ABMS, AOA-BOS, ABPM, ABFAS, or NCCPA must submit the required CME in section (1) (b) of this rule or section (2) (b) of this rule if renewing with Emeritus status.

(4) Licensees who have lifetime certification without participation in a program of recertification or maintenance of certification with the **NCBAHM**~~NCCAOM~~ must submit the required CME in section (1) (c) of this rule or section (2) (c) of this rule if renewing with Emeritus status.

(5) Licensees serving in the military may provide documentation of military training or experience that is substantially equivalent to the continuing education required by the Board to meet the requirements of this rule.

(6)(a) CME in cultural competency is considered relevant CME for the current practice of all licensees and may be used toward satisfying the required CME hours and the cultural competency continuing education hours required in OAR 847-008-0077.

(b) CME in suicide risk assessment, treatment and management is considered relevant CME for the current practice of all licensees and may be used toward satisfying the required CME hours.

(c) CME in the detection and early diagnosis of Alzheimer's disease and in the appropriate prescribing of antipsychotic drugs to treat patients with Alzheimer's disease is considered relevant CME for the current practice of all physician and physician associate licensees and may be used toward satisfying the required CME hours. Licensees practicing in primary care or geriatric care are encouraged to obtain the CME described here.

(7) Licensees who perform Level II office-based surgical procedures and who are not eligible or maintaining certification with an ABMS, AOA-BOS, ABPM, ABFAS, or NCCPA specialty board, must obtain 50 hours of CME each year. The CME hours must be relevant to the surgical procedures to be performed in the office-based facility and must be accredited as described in section (1)(b) of this rule. This requirement may not be satisfied with cultural competency CME or other CME that is only generally relevant to the licensee's practice.

(8) The Board may audit licensees for compliance with CME. Audited licensees have 60 days from the date of the audit to provide course certificates. Failure to comply or misrepresentation of compliance is grounds for disciplinary action.

(9) As the result of an audit, if licensee's CME is deficient or licensee does not provide adequate documentation, the licensee will be fined $250 and must comply with CME requirements within 120 days from the date of the audit.

(a) If the licensee does not comply within 120 days of the date of the audit, the fine will increase to $1000; and

(b) If the licensee does not comply within 180 days of the date of the audit, the licensee's license will be suspended for a minimum of 90 days.

(10) The following licensees are exempt from this rule:

(a) Licensees in residency training; and

(b) Volunteer Camp licensees.

Statutory/Other Authority: ORS 677.265, ORS 676.850 & ORS 676.860
Statutes/Other Implemented: ORS 677.265, ORS 677.512, ORS 677.759, ORS 677.837, ORS 676.850, ORS 676.860 & ORS 677.487

847-010-0073
Reporting Requirements

(1) Board licensees and health care facilities must report to the Board as required by ORS 676.150, 677.092, 677.190, and 677.415. These reports include, but are not limited to, the following:

(a) A licensee must self-report to the Board:

(A) Any conviction of a misdemeanor or felony or any arrest for a felony crime to the Board within 10 days after the conviction or arrest;

(B) Any adverse action taken by another licensing jurisdiction or any peer review body, health care institution, professional or medical society or association, governmental agency, law enforcement agency or court for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action as described in ORS chapter 677;

(C) Any official action taken against the licensee within 10 business days of the official action; or

(D) A voluntary withdrawal from practice, voluntary resignation from the staff of a health care facility or voluntary limitation of the licensee's staff privileges at a health care facility if the

licensee's voluntary action occurs while the licensee is under investigation by the health care facility or its committee for any reason related to possible medical incompetence, unprofessional conduct or physical incapacity or impairment within 30 calendar days.

(b) A licensee who has reasonable cause to believe that another state licensed health care professional has engaged in prohibited or unprofessional conduct must report the conduct within 10 working days to the board responsible for the other professional unless disclosure is prohibited by state or federal laws relating to confidentiality or protection of health information.

(c) A licensee must report within 10 business days to the Board any information that appears to show that a licensee is or may be medically incompetent or is or may be guilty of unprofessional or dishonorable conduct or is or may be a licensee with a physical incapacity.

(d) A health care facility must report to the Board:

(A) Any official action taken against a licensee within 10 business days of the date of the official action; or

(B) A licensee's voluntary withdrawal from practice, voluntary resignation from the staff of a health care facility or voluntary limitation of the licensee's staff privileges at a health care facility if the licensee's voluntary action occurs while the licensee is under investigation by the health care facility or its committee for any reason related to possible medical incompetence, unprofessional conduct or physical incapacity or impairment within 30 calendar days.

(2) For purposes of the statutes, reporting to the Board means making a report to the Board's Investigation Unit or the Board's Executive Director or the Board's Medical Director. Making a report to the Board's Health Professionals' Services Program (HPSP) or HPSP's Medical Director does not satisfy the duty to report to the Board.

(3) For the purposes of ORS chapters 676 and 677, the terms medical incompetence, unprofessional conduct, and impaired licensee have the following meanings:

(a) Medical Incompetence: A licensee who is medically incompetent is one who is unable to practice medicine with reasonable skill or safety due to lack of knowledge, lack of ability, or impairment. Evidence of medical incompetence shall include:

(A) Gross or repeated acts of negligence involving patient care.

(B) Failure to achieve a passing score or satisfactory rating on a competency examination or program of evaluation when the examination or evaluation is ordered or directed by the Board or a health care facility.

(C) Failure to complete a course or program of remedial education when ordered or directed to do so by the Board or a health care facility, or a medical education or training program.

(b) Unprofessional conduct: Unprofessional conduct includes the behavior described in ORS 677.188(4), defined as conduct which is unbecoming to a person licensed by the Board or detrimental to the best interest of the public, and which includes:

(A)(i) Any conduct or practice contrary to recognized standards of ethics of the medical, podiatric, or acupuncture professions, or

(ii) Any conduct which does or might constitute a danger to the health or safety of a patient or the public, to include a violation of patient boundaries, or

(iii) Any conduct or practice which does or might adversely affect a provider's ability to safely and skillfully practice medicine, podiatry, or acupuncture; or

(iv) Practicing with a condition that is adversely affecting a provider's ability to safely and skillfully practice medicine, podiatry, or acupuncture.

(B) Willful performance of any surgical or medical treatment which is contrary to acceptable medical standards.

(C)(i) Willful and repeated ordering or performance of unnecessary laboratory tests or radiologic studies; or

(ii) Administration of unnecessary treatment; or

(iii) Employment of outmoded, unproved, or unscientific treatments, except as allowed in ORS 677.190 (1)(b); or

(iv) Failing to obtain consultations when failing to do so is not consistent with the standard of care; or

(v) Otherwise utilizing medical service for diagnosis or treatment which is or may be considered inappropriate or unnecessary.

(D) Fraud in the performance of, or the billing for, medical procedures.

(E) Repeated instances of disruptive behavior in the health care setting that could adversely affect the delivery of health care to patients.

(F) Sexual misconduct: Licensee sexual misconduct is behavior that exploits the licensee-patient relationship in a sexual way. The behavior is non-diagnostic and non-therapeutic, may be verbal, physical or other behavior, and may include expressions of thoughts and feelings or gestures that are sexual or that reasonably may be construed by a patient as sexual. Sexual misconduct includes but is not limited to:

(i) Sexual violation: Licensee-patient sex, whether or not initiated by the patient, and engaging in any conduct with a patient or the patient's immediate family that is sexual or may be reasonably interpreted as sexual, including but not limited to:

(I) Sexual intercourse;

(II) Genital to genital contact;

(III) Oral to genital contact;

(IV) Oral to anal contact;

(V) Genital to anal contact;

(VI) Kissing in a romantic or sexual manner;

(VII) Touching breasts, genitals, or any sexualized body part for any purpose other than appropriate examination or treatment, or where the patient has refused or has withdrawn consent;

(VIII) Encouraging the patient to masturbate in the presence of the licensee or masturbation by the licensee while the patient is present; or

(IX) Offering to provide practice-related services, such as medications, in exchange for sexual favors.

(ii) Sexual impropriety: Behavior, gestures, or expressions that are seductive, sexually suggestive, or sexually demeaning to a patient or the patient's immediate family, to include:

(I) Sexually exploitative behavior, to include taking, transmitting, viewing, or in any way using photos or any other image of a patient, their family or associates for the prurient interest of others.

(II) Intentional viewing in the health care setting of any sexually explicit conduct for prurient interests.

(III) Having any involvement with child pornography, which is defined as any visual depiction of a minor (a child younger than 18) engaged in sexually explicit conduct.

(IV) Sexually explicit communication in person, by mail, by telephone, or by other electronic means, including but not limited to text message, e-mail, video or social media.

(G) Conduct not otherwise allowed by Oregon law which is contrary to or inconsistent with recognized standards of ethics of the medical, podiatric, or acupuncture professions, specifically conduct that is contrary to or inconsistent with:

(i) Any principle, opinion, or provision of the American Medical Association's 2016 Code of Ethics.

(ii) Ethical standards established by a specialty board as defined in OAR 847-020-0100:

(I) In which the licensee is certified, and

(II) Which were in place at the time the conduct occurred.

(iii) Ethical standards established by the medical college or specialty society:

(I) In which the licensee practices or practiced at the time of the conduct, and

(II) Which were in effect as of April 7, 2022.

(iv) Any provision of the American Osteopathic Association's 2016 Code of Ethics.

(v) Any provision of the American Podiatric Medical Association's 2017 Code of Ethics.

(vi) Any provision of the 2008 (reaffirmed in 2013) American Association of Physician Assistants' Guidelines for Ethical Conduct for the Physician Assistant Profession.

(vii) Any provision of the Oregon Association of Acupuncturists' ~~e and Oriental Medicine's~~ 2008 Code of Ethics.

(viii) Any provision of the National Certification ~~Commission~~ Board for Acupuncture and ~~Oriental~~ Herbal Medicine's 2023 Code of Ethics.

(H) Intentionally contacting the known complainant or allowing any person authorized to act on behalf of the licensee to contact the known complainant in regard to the complaint or investigation unless and until the licensee has requested a contested case hearing and the Board has authorized the taking of the complainant's deposition pursuant to ORS 183.425.

(I) In the practice of acupuncture, the failure to meet the standard of care of a reasonably prudent, careful, and skillful practitioner of acupuncture under the same circumstances, in the same or similar community. In the practice of acupuncture, errors of such repetition or magnitude that a willful disregard of practice standards or patient safety may be inferred.

(J) Discrimination in the practice of medicine, podiatry, or acupuncture resulting in differences in the quality of healthcare delivered that is not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.

(c) Licensee Impairment: A licensee who is impaired is a licensee who is unable to practice medicine with reasonable skill or safety due to factors which include, but are not limited to:

(A) The use of alcohol, drugs, prescribed medication, or other substances while on or off duty which causes impairment when on duty, including taking call or supervising other healthcare professionals, regardless of practice setting.

(B) Mental or emotional illness.

(C) Physical deterioration or long term illness or injury which adversely affects cognition, motor, or perceptive skills.

(4) For the purposes of the reporting requirements of this rule and ORS 677.415, licensees shall be considered to be impaired if they refuse to undergo an evaluation for mental or physical competence or chemical impairment, or if they resign their privileges to avoid such an evaluation, when the evaluation is ordered or directed by a health care facility or by this Board.

(5) For the purposes of the reporting requirements of this rule and ORS 677.415, official action does not include administrative suspensions of seven or fewer calendar days for failure to maintain or complete records. Administrative suspensions described in this section must be reported as an official action when the suspensions occur more than three times in any 12-month period.

(6) A report made by a board licensee or the Oregon Medical Association or other health professional association, to include the Osteopathic Physicians and Surgeons of Oregon, Inc, or the Oregon Podiatric Medical Association to the Board under ORS 677.415 shall include the following information:

(a) The name, title, address and telephone number of the person making the report;

(b) The information that appears to show that a licensee is or may be medically incompetent, is or may be guilty of unprofessional or dishonorable conduct or is or may be a licensee with an impairment.

(7) A report made by a health care facility to the Board under ORS 677.415 (5) and (6) shall include:

(a) The name, title, address and telephone number of the health care facility making the report;

(b) The date of an official action taken against the licensee or the licensee’s voluntary action withdrawing from practice, voluntary resignation or voluntary limitation of licensee staff privileges; and

(c) A description of the official action or the licensee’s voluntary action, as appropriate to the report, including:

(A) The specific restriction, limitation, suspension, loss or denial of the licensee’s medical staff privileges and the effective date or term of the restriction, limitation, suspension, loss or denial; or

(B) The fact that the licensee has voluntarily withdrawn from the practice of medicine or podiatry, voluntarily resigned from the staff of a health care facility or voluntarily limited the licensee's privileges at a health care facility and the effective date of the withdrawal, resignation or limitation.

(8) A report made under ORS 677.415 Section 2 may not include any information that is privileged peer review data, see ORS 41.675.

(9) All required reports shall be made in writing.

(10) Any person who reports or provides information in good faith as required by the statutes is immune from civil liability for making the report.

Statutory/Other Authority: ORS 677.265 & 677.417
Statutes/Other Implemented: ORS 676.150, 677.092, 677.190, 677.205, 677.265 & 677.415

Enrolled
Senate Bill 874

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with presession filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Governor Tina Kotek for Oregon Medical Board)

CHAPTER .....

AN ACT

Relating to Oriental medicine; amending ORS 677.010, 677.275, 677.757, 677.759, 677.761 and 677.780.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 677.010 is amended to read:

677.010. As used in this chapter, subject to the exemptions in ORS 677.060 and unless the context requires otherwise:

(1) "Approved internship" means the first year of post-graduate training served in a hospital that is approved by the **Oregon Medical** Board or by the Accreditation Council [*of*] **for** Graduate Medical Education **or its successor organization**, the American Osteopathic Association **or its successor organization** or the Royal College of Physicians and Surgeons of Canada **or its successor organization**.

(2) "Approved school of medicine" means a school offering a full-time resident program of study in medicine or osteopathic medicine leading to a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, such program having been fully accredited or conditionally approved by the Liaison Committee on Medical Education, or its successor agency, or the American Osteopathic Association, or its successor agency, or having been otherwise determined by the board to meet the association standards as specifically incorporated into board rules.

[*(3) "Board" means the Oregon Medical Board.*]

[*(4)*] **(3)** "Diagnose" means to examine another person in any manner to determine the source or nature of a disease or other physical or mental condition, or to hold oneself out or represent that a person is so examining another person. It is not necessary that the examination be made in the presence of such other person; [*it*] **the examination** may be made on information supplied either directly or indirectly by such other person.

[*(5)*] **(4)** "Dispense" means the preparation and delivery of a prescription drug, pursuant to a lawful order of a practitioner, in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.

[*(6)*] **(5)** "Dispensing physician" means a physician or podiatric physician and surgeon who purchases prescription drugs for the purpose of dispensing them to patients or other individuals entitled to receive the prescription drug and who dispenses them accordingly.

[*(7)*] **(6)** "Drug" means all medicines and preparations for internal or external use of humans, intended to be used for the cure, mitigation or prevention of diseases or abnormalities of humans, which are recognized in any published United States Pharmacopoeia or National Formulary, or otherwise established as a drug.

[*(8)*] **(7)** "Fellow" means an individual who has not qualified under ORS 677.100 (1) and (2) and who is pursuing some special line of study as part of a supervised program of a school of medicine, a hospital approved for internship or residency training, or an institution for medical research or education that provides for a period of study under the supervision of a responsible member of that hospital or institution, such school, hospital or institution having been approved by the board.

[*(9)*] **(8)** "Intern" means an individual who has entered into a hospital or hospitals for the first year of post-graduate training.

[*(10)*] **(9)** "License" means permission to practice, whether by license, registration or certification.

[*(11)*] **(10)** "Licensee" means an individual holding a valid license issued by the board.

[*(12)*] **(11)** "Physical incapacity" means a condition that renders an individual licensed under this chapter unable to practice under that license with professional skill and safety by reason of physical illness or physical deterioration that adversely affects cognition, motor or perceptive skill.

[*(13)*] **(12)** "Physician" means a person who holds a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, or a person who holds a degree of Doctor of Podiatric Medicine if the context in which the term "physician" is used does not authorize or require the person to practice outside the scope of a license issued under ORS 677.805 to 677.840.

[*(14)*] **(13)** "Podiatric physician and surgeon" means a physician licensed under ORS 677.805 to 677.840 to practice podiatry.

[*(15)(a)*] **(14)(a)** "Podiatry" means:

(A) The diagnosis or the medical, physical or surgical treatment of ailments of the human foot, ankle and tendons directly attached to and governing the function of the foot and ankle, and treatment involving the use of a general or spinal anesthetic if that treatment is performed in a hospital licensed under ORS 441.025 or in an ambulatory surgical center licensed by the Oregon Health Authority and is under the supervision of or in collaboration with a podiatric physician and surgeon;

(B) Assisting in the performance of surgery, as provided in ORS 677.814; and

(C) The treatment of skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle.

(b) "Podiatry" does not include administering general or spinal anesthetics or the amputation of the entire foot.

[*(16)*] **(15)** "Prescribe" means to direct, order or designate the use of or manner of using by spoken or written words or other means.

[*(17)*] **(16)** "Resident" means an individual who, after the first year of post-graduate training, in order to qualify for some particular specialty in the field of medicine, pursues a special line of study as part of a supervised program of a hospital approved by the board.

(17) "Traditional Eastern medicine" means the practice of medicine, specifically acupuncture and traditional Chinese medicine, regulated by this chapter if the medicine is practiced within the context of a person's license to practice acupuncture issued under ORS 677.757 to 677.770.

SECTION 2. ORS 677.275 is amended to read:

677.275. Each administrative law judge conducting hearings on behalf of the **Oregon Medical** Board is vested with the full authority of the board to schedule and conduct hearings on behalf and in the name of the board on all matters referred by the board, including issuance of licenses, proceedings for placing licensees on probation and for suspension and revocation of licenses, and shall cause to be prepared and furnished to the board, for decision thereon by the board, the complete written transcript of the record of the hearing. This transcript shall contain all evidence introduced at the hearing and all pleas, motions and objections, and all rulings of the administrative law judge. Each administrative law judge may administer oaths and issue summonses, notices and subpoenas, but may not place any licensee on probation or issue, refuse, suspend or revoke a license.

SECTION 3. ORS 677.757 is amended to read:

677.757. As used in ORS 677.757 to 677.770:

[*(1)(a) "Acupuncture" means an Oriental health care practice used to promote health and to treat neurological, organic or functional disorders by the stimulation of specific points on the surface of the body by the insertion of needles. "Acupuncture" includes the treatment method of moxibustion, as well as 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.*]

[*(b) The practice of acupuncture also includes the following modalities as authorized by the Oregon Medical Board:*]

[*(A) Traditional and modern techniques of diagnosis and evaluation;*]

[*(B) Oriental massage, exercise and related therapeutic methods; and*]

[*(C) The use of Oriental pharmacopoeia, vitamins, minerals and dietary advice.*]

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

SECTION 4. ORS 677.759 is amended to read:

677.759. (1) [*No person shall*] **A person may not** 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*] **may** 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"*] **"Traditional Eastern 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.

SECTION 5. ORS 677.761 is amended to read:

677.761. Nothing in ORS 677.757 to 677.770 is intended to:

(1) Prevent, limit or interfere with an individual licensed or certified by the Oregon Medical Board from practicing health care other than acupuncture within the scope of the license or certification of the individual.

(2) Limit any other licensed or certified health care practitioner from practicing acupressure or other therapy within the scope of the license or certification of the individual.

(3) Limit the activities of any person who engages in the business of providing [*Oriental massage*] **Traditional Eastern medicine manual therapy**, exercise and related therapeutic methods or who provides substances listed in [*an Oriental*] **Traditional Eastern medicine** pharmacopoeia, or vitamins or minerals or dietary advice, so long as the activities of the person are not otherwise prohibited by law.

(4) Limit the ability of practitioners from outside Oregon to demonstrate the practice of acupuncture as part of a recognized and limited duration educational program, lecture or event within this state under rules adopted by the board.

SECTION 6. ORS 677.780 is amended to read:

677.780. (1) There is established an Acupuncture Advisory Committee consisting of six members appointed by the Oregon Medical Board. Of the committee members appointed by the board:

(a) One shall be a person who is a current member of the board.

(b) Two shall be physicians licensed under ORS chapter 677.

(c) Three shall be acupuncturists licensed under ORS [*677.759*] **677.757 to 677.770**. In appointing the three acupuncturists, the board may receive nominations from the [*Oregon Association of Acupuncture and Oriental Medicine*] **Oregon Association of Acupuncturists, or its successor organization,** and other professional acupuncture organizations.

(2) The term of office of each committee member is three years, but a committee member serves at the pleasure of the board. A committee member may not serve more than two consecutive terms. A committee member serves until a successor is appointed and qualified. If there is a vacancy for any cause, the board shall make an appointment to become immediately effective for the unexpired term.

(3) A committee member is entitled to compensation and expenses as provided for board members in ORS 677.235.

(4) A majority of the members of the committee constitutes a quorum for the transaction of business.

NCCAOM Name Change to NCBAHM

Frequently Asked Questions (FAQ)

We are pleased to share with you the following Frequently Asked Questions (FAQ) to help clarify and support our plan for a name change from the **National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)** to the **National Certification Board for Acupuncture and Herbal Medicine (NCBAHM).** We recognize that such a transition raises questions, and we are committed to providing clarity, transparency, and support throughout this process. This FAQ was developed to address the most common inquiries we've received and to offer guidance on what name change means for our Diplomates, candidates, Providers and the broader acupuncture and herbal medicine community.

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1. What is the new name of the organization and when will the name change go into effect?

   The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) will be the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) effective January 2026. Until then, the NCCAOM will continue to use its current name, logo, digital badges and credentials. The NCCAOM will unveil its new logo and digital badges in January 2026. Until then, all Diplomates can continue to use the current digital badge. The future Professional Designations for active Diplomates to use starting in 2026:

   John Smith, Dipl. Ac. (NCBAHM)™

   John Smith, Dipl. C.H. (NCBAHM)™

   John Smith, Dipl. ABT (NCBAHM)™

   John Smith, Dipl. A.H.M. (NCBAHM) ™

Rationale for Name Change

2. Why was the name changed?

   The name change marks an important step in the continued evolution of our organization and the profession we serve. It reflects our commitment to more accurately represent the full scope of practice, while embracing inclusive, modern, and culturally respectful language. In addition, we are recognizing the name change of our national standards organization, Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM) and Council of Colleges for Acupuncture and Herbal Medicine (CCAHM).

3. Does this change affect the organization's mission and does the name affect the NCCAOM's work as a credentialing organization?

   No. Our mission remains unchanged: to assure the safety and well-being of the public and to advance and advocate for the professional practice of NCCAOM Board-Certified Acupuncturists™ through national standards focused on competence and credentialing. NCCAOM will continue its work to fulfill its mission through its national certification programs, exam development and professional development activity programs.

4. Why is the NCCAOM using the term "Herbal Medicine" as opposed to Chinese medicine to replace Oriental medicine in its new name?

   The NCCAOM will continue to certify practitioners specifically in Chinese herbal medicine as part of our mission, which has been the case since our inception. The updated name is intended to accurately represent the current certifications we offer —

which include acupuncture, Chinese herbal medicine, and related modalities — while aligning with national and international recognition standards for the profession.

While we recognize and respect the many rich traditions of herbal medicine practiced worldwide, NCCAOM certification is focused on the competencies and standards related to Chinese herbal medicine. Much of TCM is also used in other herbal medicine traditions (ie, Japanese/Kanoo & Korean traditions for example). The name change is meant to convey the depth and breadth of our existing credentials more clearly, not to imply certification in other traditions. In addition, the new name is in sync with recent name changes by national leadership organizations in AHM.

Feedback from Stakeholders

5. ### Was the public consulted before making this decision?

   Yes. In May 2025, we invited public comments and received extensive feedback from Diplomates and stakeholders. The **majority supported the change**, highlighting its relevance, accuracy, and cultural sensitivity.

6. ### What were the main concerns from those who opposed the change?

   Some stakeholders expressed concerns about potential regulatory and legislative impacts, such as the need to update state or federal language that references the former name. Please see Question 8.

Regulatory Impact of Name Change

7. ### How will NCBAHM address potential regulatory issue

   We are actively working with **state associations and regulatory bodies** to support the transition. Our team is committed to helping stakeholders update language in laws and regulations to reflect the new organizational name. We understand the complexities and challenges involved with updating state legislation to reflect the new name, and we are well aware that this work will need to be done gradually, carefully and strategically. We are fully prepared to work with each state to address these changes gradually. Our approach will be collaborative and tailored to each state's circumstances, ensuring that we move forward in a way that protects the profession and minimizes vulnerability.

   The intent behind the name change is to strengthen recognition of the full scope of the profession nationally and internationally, and we are committed to supporting states throughout the transition process.

How will the Name Change Affect Diplomates?

8. Does this affect certification or credentialing for current Diplomates?

   No. Your certification remains valid and unchanged. While the organization's name has been updated, all current exams, policies and processes continue under the same accredited national standards.

9. Will the credential "Diplomate of Oriental Medicine" change?

   The NCCAOM is planning to change "Diplomate of Oriental Medicine (OM)" to "Diplomate of Acupuncture and Herbal Medicine" in 2026. We will provide **guidance to Diplomates** of OM on how to reference their board certification appropriately during this transition. We will also be updating the "Diplomate of Oriental Medicine" designation. Until then, Diplomates of OM will continue to use this credential until the announcement in 2026.

10. Will I receive a new certificate when the name change goes into effect?

    We anticipate beginning the rollout of the new branding — including Diplomate digital badges and certificates — in January 2026. At that time, certificates with the updated name and logo will be issued to **newly certified Diplomates and to those completing their recertification process. Diplomates recertified prior to 2026 will use their wall certificates and ID cards until their next recertification process, at which point they will receive their updated credentials with the new NCCAOM name and logo.** Digital badges will be uploaded to **all certified Diplomates** by the end of the first quarter in 2026.

Name Change Impacting Profession

11. What does this change mean for the profession as a whole?

    This name change is a significant step in helping acupuncture and herbal medicine gain greater **visibility, integration, and respect** in mainstream U.S. healthcare. The name better represents the **full scope of practice** and helps unify our field nationally and internationally. The NCCAOM has been working actively with the American Society of Acupuncturists on advocating and promoting acupuncturists with federal and state policy makers.

    The name change is just one part of a broader, long-term strategy to strengthen the identity of our profession, support licensure, and protect the public. Much of our work is focused on initiatives that directly benefit practitioners and patients, including:

- Collaborating with state and national associations to expand scope of practice and access to services.
- Advocating for Medicare recognition for licensed acupuncturists.
- Partnering with organizations and agencies, such as the Department of Veterans Affairs, to bring acupuncture care to veterans.
- Supporting research, education, and public outreach to increase awareness of the profession's benefits.

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12. Who can I contact for more information or support during the transition?

Please reach out to NCCAOM via email publicrelations@thenccaom.org for any questions or assistance related to the name change.

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 071 – OREGON MEDICAL BOARD

First Review – October 2025

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 proposed 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. Their meeting minutes are attached along with public comments received during their review.

[The following language is new. For readability, it is not bolded/underlined.]

Division 71: Five-Needle Protocol

847-071-0000
Purpose Statement

Five-needle protocol (5NP) represents a unique fusion of ancient Eastern healing practices with modern healing and social justice movements. In Oregon, 5NP is a standardized, supportive treatment for individuals experiencing substance use disorders, mental health conditions, and trauma. The five points are the shen men, sympathetic, liver, kidney and lung points on the human outer ear. The Oregon Medical Board is responsible for establishing training and registration requirements and regulating the practice of 5NP technicians in order to expand access to safe, standardized, low-barrier treatment in a manner that protects individuals in Oregon accessing 5NP treatments.

847-071-0005
Definitions

As used in division 71 rules regulating five-needle protocol:

(1) “Acupuncture” has the meaning given in ORS 677.757.

(2) “Board” means the Oregon Medical Board.

(3) “Five-needle protocol” or “5NP” has the meaning given in Oregon Laws 2025, chapter 296, section 2, the standardized five-needle treatment protocol in which five points on the human outer ear are stimulated with sterile, single-use disposable needles, ear seeds or ear beads for the purpose of achieving temporary relief from the symptoms of substance use disorder, mental health conditions or trauma. The five points are the shen men, sympathetic, liver, kidney and lung points.

(4) “5NP technician” means an individual registered by the Oregon Medical Board to provide five-needle protocol treatments in Oregon.

Statutory/Other Authority: OL 2025, chapter 296, section 2 (HB 2143), ORS 677.265
Statutes/Other Implemented: OL 2025, chapter 296, section 2 (HB 2143)

847-071-0007
Five-Needle Protocol Registration Required
(1) Except as provided in sections (2) and (3) of this rule, no person may provide five-needle protocol (5NP) treatment without first obtaining a registration from the Oregon Medical Board.

(2) An acupuncturist licensed under ORS 677.757 to 677.770 may provide 5NP treatment without additional 5NP registration.

(3) A physician licensed to practice medicine as a medical doctor or doctor of osteopathic medicine pursuant to ORS Chapter 677 may provide 5NP treatment without additional 5NP registration.

Statutory/Other Authority: OL 2025, chapter 296, section 2 (HB 2143), ORS 677.265
Statutes/Other Implemented: OL 2025, chapter 296, section 2 (HB 2143)

847-071-0020
Qualifications
(1) An applicant for registration as a five-needle protocol (5NP) technician must:

(a) Be at least 18 years of age;

(b) Have successfully completed a training program as described in OAR 847-071-0025. If the program was completed more than ten years before the date of application the applicant must demonstrate current competency through relevant courses or 5NP treatments; and

(c) Have good moral character as those traits would relate to the applicant's ability to provide 5NP treatments. Substance use disorder in remission, mental health conditions, or other lived experiences alone are not a reflection of current moral character.

(2) Criminal history is not an automatic disqualification for registration. The Board evaluates each applicant's background and experience and will consider additional information provided by the applicant.

(3) No applicant is entitled to registration who:

(a) Has had a registration, license, or certificate in a health-related field revoked or suspended unless the registration, license, or certificate has been restored or reinstated and the applicant is in good standing in the state which previously revoked the registration, license, or certificate;

(b) Has been refused a registration, license, or certificate in a health-related field on any grounds other than failure of a licensure examination; or

(c) Has been guilty of conduct similar to that which would be prohibited by or to which ORS 677.190 would apply.

Statutory/Other Authority: OL 2025, chapter 296, section 2 (HB 2143), ORS 677.265
Statutes/Other Implemented: OL 2025, chapter 296, section 2 (HB 2143)

847-071-0025
Five-Needle Protocol Training
(1) Before training five-needle protocol (5NP) technicians in Oregon, a 5NP trainer must:

(a) Request board approval by providing required documentation demonstrating qualifications under this section, and

(b) Meet one of the following requirements:

(A) Be an actively licensed Oregon acupuncturist or a physician licensed under ORS 677.100 to 677.133 who is in good standing with the Oregon Medical Board and has been practicing auricular acupuncture for a period of at least two years; or

(B) Hold active 5NP technician registration issued by the Oregon Medical Board for a minimum of two years and co-teach a minimum of two 5NP training programs described in section (2) of the rule. The 5NP trainer that co-taught must provide the Oregon Medical Board a letter of recommendation and evaluation of the individual seeking approval as a 5NP trainer; or

(C) Be an active National Acupuncture Detoxification Association (NADA) Registered Trainer or People's Organization of Community Acupuncture (POCA) Auricular Acu-Technician (AAT) Trainer.

(2) The 5NP training program must include at least 30 hours of didactic and 40 ears needled during supervised clinical training, mechanisms to monitor a participant's engagement, and contain the following elements:

(a) Sanitation and hygiene techniques,

(b) Infection control precaution procedures,

(c) Consent documentation and the individual's rights,

(d) Ear needling and point location,

(e) Plans to address potential risks, side effects, and complications,

(f) Collaboration with other 5NP technicians, health care providers, and community resources,

(g) Trauma informed care,

(h) Origins of 5NP,

(i) Maintaining professional boundaries, and

(j) Reporting requirements.

(3) Training programs completed prior to the first adoption of this rule may be substantially similar to the requirements described in section (2) of this rule.

(4) A "5NP student" is an individual enrolled in a 5NP training program described in section (2) of this rule. This chapter does not prohibit a 5NP student from providing 5NP treatments rendered in the course of the training program.

Statutory/Other Authority: OL 2025, chapter 296, section 2 (HB 2143), ORS 677.265
Statutes/Other Implemented: OL 2025, chapter 296, section 2 (HB 2143)

847-071-0030
Application

(1) An application for registration as a five-needle protocol (5NP) technician may be accessed on the Board's website.

(2) When applying for registration, the applicant must submit to the Board:

(a) A complete application provided by the Board,

(b) Registration and criminal records check fees as outlined in OAR 847-005-0005,

(c) National fingerprint-based background check as provided in OAR 847-008-0068, and

(d) The following documentation:

(A) Legal Name and Age: A copy of a birth certificate, state issued identification card, or other documentation as approved by the Board,

(B) Five-Needle Protocol Training: A copy of a certificate showing completion of a training program as described in OAR 847-071-0025 and if applicable documentation to demonstrate current competency as described in OAR 847-071-0020(1)(b),

(C) Photograph: A close-up, passport-quality photograph, front view, head and shoulders (not profile), with features distinct, taken within 90 days preceding the filing of the application, and

(D) Verification of other Health-Related Registration, License, or Certificate: If requested by the Board, verification from all states or territories in which the applicant currently or previously held a health-related license, registration, or certification to practice and evidence that the applicant is in good standing and not subject to any disciplinary action or pending investigations in that state or territory.

(3) An applicant may submit additional information on their background and experience for consideration.

(4) Every applicant must complete an application and document evidence of qualifications listed in OAR 847-071-0020 to the satisfaction of the Board before an applicant may be considered eligible for registration.

(5) The Board may query the National Practitioner Data Bank (NPDB) system during the application process.

(6) Omissions or providing false, misleading, incomplete, or deceptive statements or information on any Board application is grounds for denial of registration or disciplinary action by the Board.

(7) An application submitted with fees to the Board that is not complete within 90 days from application submission will expire.

(8) 5NP fees are not refundable and may not be credited toward other Board fees.

(9) An applicant whose application has been expired, withdrawn, or denied must submit a new application, documentation, and fees. While a new application and documentation is required, the Board may still consider information provided in previous applications.

Statutory/Other Authority: OL 2025, chapter 296, section 2 (HB 2143), ORS 677.265
Statutes/Other Implemented: OL 2025, chapter 296, section 2 (HB 2143)

847-071-0035
Registration
(1) Upon Board approval of an application, the Board will issue a registration and post the five-needle protocol (5NP) technician's name, registration, and other applicable information on the Board's website.

(2) A 5NP technician must hold an active registration to provide 5NP treatments.

(3) Registration expires December 31 of odd-numbered years and may be renewed biennially by:

(a) Submitting a Board-required renewal application;

(b) Paying the registration fee outlined in OAR 847-005-0005;

(c) Completing at least one hour of courses per registration period related to 5NP treatment or pain management; and

(d) Completing at least one hour per year of cultural competency courses or experiences that apply linguistic skills, use cultural information for therapeutic relationships, or elicit understanding and apply cultural and ethnic data in the process of clinical care, as provided in OAR 950-040-0020 or approved by the Oregon Health Authority under ORS 413.450.

(4) Upon failure to renew under section (3) of this rule, the registration will lapse.

(a) A 5NP technician may not provide treatments under a lapsed registration.

(b) Lapse of a registration is not discipline.

(c) A lapsed registration must be renewed within 90 days, or the registration will expire.

(5) A 5NP technician must keep a current mailing address on file with the Board.

(6) A 5NP technician who voluntarily chooses to not provide 5NP treatments in Oregon must be listed as expired.

(7) A 5NP technician with an expired registration must reapply by submitting a new application, documentation, and fees as outlined in OAR 847-005-0005.

(8) Failure to comply with laws and rules related to 5NP technicians may result in loss of registration.

Statutory/Other Authority: OL 2025, chapter 296, section 2 (HB 2143), ORS 677.265, ORS 676.850
Statutes/Other Implemented: OL 2025, chapter 296, section 2 (HB 2143), ORS 676.850, ORS 413.450

847-071-0040
Five-Needle Protocol Regulations
(1) Five-needle protocol (5NP) treatment must be practiced in accordance with Board rules and Oregon Laws 2025, chapter 296, section 2, including only:

(a) To provide temporary relief from the symptoms of substance use disorder, mental health conditions, or trauma; and

(b) Utilizing five ear points: shen men, sympathetic, liver, kidney, and lung points.

(2) A 5NP technician may not use the title “acupuncturist” or advertise or hold themselves out as being an acupuncturist or otherwise indicate they are authorized to practice acupuncture as defined in ORS 677.757.

(3) A 5NP technician must obtain written consent from the individual or the individual’s representative prior to providing treatment by:

(a) Clearly explaining the 5NP treatment, including needle placement, duration, and expected sensations;

(b) Discussing potential risks and realistic treatment outcomes;

(c) Respecting the individual's right to decline treatment or withdraw consent at any time; and

(d) Having the individual self-identify the reason(s) for the 5NP treatment and date of treatment.

(4) Written consent for a 5NP treatment must be retained for at least three years from date of treatment and provided to the individual or the individual's representative upon their request.

(5) For the individual and 5NP technician safety, a 5NP technician must:

(a) Use only sterile, single-use disposable needles, ear seeds, or ear beads;

(b) Adhere to sanitation and hygiene protocols;

(c) Meet community standards of care; and

(d) Establish clear procedures for handling complications or adverse reactions.

(6) A 5NP technician must set and maintain professional boundaries with all individuals receiving 5NP treatments and protect the individuals' privacy and dignity.

Statutory/Other Authority: OL 2025, chapter 296, section 2 (HB 2143), ORS 677.265,
Statutes/Other Implemented: OL 2025, chapter 296, section 2 (HB 2143), ORS 192.556

847-071-0050
Disciplinary Proceedings
(1) The Board may suspend or revoke the registration of a five-needle protocol (5NP) technician if the Board finds that the technician:

(a) Represented themself or allowed another person to represent them as a physician, acupuncturist, or other health care provider, unless the 5NP technician holds the appropriate license.

(b) Performed any act other than 5NP which constitutes the practice of acupuncture in violation of ORS 677.759 or Oregon Laws 2025, chapter 296.

(c) Engaged in conduct constituting gross or repeated negligence in providing 5NP treatments.

(d) Is incompetent to provide 5NP treatments.

(e) Violated any of the provisions of ORS 677.190 or OAR 847-071-0040.

(2) Any Board investigation or disciplinary proceeding must be held in accordance with ORS Chapter 183, ORS 676.150 to 676.180, and ORS 677.184 to 677.228.

Statutory/Other Authority: OL 2025, chapter 296, section 2 (HB 2143), ORS 677.265
Statutes/Other Implemented: OL 2025, chapter 296, section 2 (HB 2143)

OREGON ADMINISTRATIVE RULES

CHAPTER 847, DIVISION 005 – OREGON MEDICAL BOARD

First Review – October 2025

HB 2143 (2025) authorizes the Oregon Medical Board to establish registration and renewal fees for five-needle protocol (5NP) technicians. The proposed rulemaking sets fees at $100 for initial registration and $50 annually ($100 biennially) for renewal starting March 1, 2026. The Board determined and provided the fee amounts during the legislative process based on estimated costs to implement HB 2143.

Additionally, 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.

847-005-0005
Licensure Fees

(1) Doctor of Medicine (MD) and Doctor of Osteopathic Medicine (DO) Licensing Fees:

(a) Initial License Application — $375.

(b) Registration: Active, Administrative Medicine, Inactive, Locum Tenens, Military/Public Health, Telemedicine, Telemonitoring and Teleradiology — $314/year. Per ORS 677.290(3), fee includes $10/year for the Oregon Health and Science University Library.

(c) Registration: Emeritus — $50/year.

(d) Limited License, SPEX/COMVEX, Visiting Professor, Fellow, Medical Faculty, Postgraduate Application and Registration — $185.

(2) Acupuncture Licensing Fees:

(a) Initial License Application — $245.

(b) Registration: Active, Inactive, Locum Tenens and Military/Public Health — $201/year.

(c) Registration: Emeritus — $50/year.

(d) Limited License, Visiting Professor, Pending Examination Application and Registration — $75.

(3) Physician Associate Licensing Fees:

(a) Initial License Application — $245.

(b) Registration: Active, Inactive, Locum Tenens, Military/Public Health, and Telemedicine — $239/year.

(c) Registration: Emeritus — $50/year.

(d) Limited License, Pending Examination Application and Registration — $75.

(4) Doctor of Podiatric Medicine Licensing Fees:

(a) Initial Application — $340.

(b) Registration: Active, Administrative Medicine, Inactive, Locum Tenens, Military/Public Health, Telemedicine and Telemonitoring — $304/year.

(c) Registration: Emeritus — $50/year.

(d) Limited License, Postgraduate Application and Registration — $185.

(5) Other Application or Licensing Fees:

(a) Reactivation Application Fee — $50.

(b) Electronic Prescription Drug Monitoring Program — $35/year. Per ORS 431A.850-431A.895, fee is assessed to licensees authorized to prescribe or dispense controlled substances in Oregon for the purpose of creating and maintaining the Prescription Drug Monitoring Program administered by the Oregon Health Authority.

(c) Workforce Data Fee — $2/year. Per ORS 676.410, fee is assessed for the purpose of creating and maintaining a healthcare workforce data base administered by the Oregon Health Authority.

(d) Criminal Records Check Fee — $52. Per ORS 181A.195(9)(e), fee is the actual cost of acquiring and furnishing criminal offender information.

(e) Health Professionals' Services Program Fee — $25/year. Fee is assessed to sustain the Health Professionals' Services Program.

(6) Delinquent Registration Renewals:

(a) Delinquent MD/DO Registration Renewal — $195.

(b) Delinquent Acupuncture Registration Renewal — $80.

(c) Delinquent Physician Associate Registration Renewal — $80.

(d) Delinquent Doctor of Podiatric Medicine Registration Renewal — $195.

(7) All Board fees and fines are non-refundable and non-transferable.

(8) Registration fees in this rule and other fees described in section (5)(b), (5)(c), and (5)(e) for Active, Administrative Medicine, Inactive, Locum Tenens, Military/Public Health, Telemedicine, Telemonitoring and Teleradiology statuses are collected biennially except where noted in OAR chapter 847.

(9) Five-needle protocol (5NP) Technician Fees:

(a) Application & Registration — $100.

(b) Renewal Registration: Active — $50/year.

(c) 5NP applicants and technicians are exempt from fees outlined in other sections of this rule, except for the Criminal Records Check Fee in section (5)(d).

Statutory/Other Authority: ORS 677.265, 181A.195, 431A.880 & 676.410
Statutes/Other Implemented: ORS 677.265, 181A.195, 431A.880, 676.410 & 677.290, Oregon Laws 2025, chapter 296, section 2

Enrolled
House Bill 2143

Sponsored by Representative NOSSE; Representative NELSON (Presession filed.)

CHAPTER .....

AN ACT

Relating to five-needle protocol; creating new provisions; amending ORS 677.761; and prescribing an effective date.

Be It Enacted by the People of the State of Oregon:

SECTION 1. Section 2 of this 2025 Act is added to and made a part of ORS chapter 677.

SECTION 2. (1) As used in this section, "five-needle protocol" means the standardized five-needle treatment protocol in which five points on the human outer ear are stimulated with sterile, single-use disposable needles, ear seeds or ear beads for the purpose of achieving temporary relief from the symptoms of substance use disorder, mental health conditions or trauma. The five points are the shen men, sympathetic, liver, kidney and lung points.

(2) The Oregon Medical Board may establish by rule a registry of individuals who are qualified to provide the five-needle protocol. The board may adopt rules to establish:

(a) Qualifications for registration, including but not limited to education and training requirements;

(b) An application and registration fee;

(c) The form and manner of application;

(d) Sanitation and best practice standards;

(e) A schedule of violations and disciplinary actions; and

(f) Any other requirements or standards the board determines necessary.

(3) The board may issue a five-needle protocol registration to an applicant who meets the requirements established by the board by rule under this section.

(4) The board shall adopt rules regarding the renewal of a registration issued under this section.

(5) The board may, for the purpose of requesting a state or nationwide criminal records check under ORS 181A.195, require the fingerprints of an individual who is applying for or renewing a registration under this section or an individual who is under investigation by the board for a reason related to registration under this section.

(6)(a) Except as provided in paragraph (b) of this subsection, only an individual registered under this section may provide the five-needle protocol and shall use only objectively safe practices and materials, as further described by the board by rule.

(b) An acupuncturist licensed under ORS 677.757 to 677.770 may provide the five-needle protocol without registration under this section.

(7) Subject to ORS 677.759, unless an individual is an acupuncturist licensed under ORS 677.757 to 677.770, the individual may not hold themselves out as being an acupuncturist or

otherwise indicate that the individual is authorized to practice acupuncture, as defined in ORS 677.757.

(8)(a) Subject to paragraph (b) of this subsection, a proceeding for disciplinary action of an individual registered under this section must be substantially in accord with the following procedure:

(A) An individual, including a member of the board, may file a complaint to the board and the board shall verify the complaint; and

(B) A hearing must be given to the individual accused in the complaint in accordance with ORS chapter 183 as a contested case.

(b) Paragraph (a)(B) of this subsection does not apply if the individual accused in the complaint admits to the facts of a complaint described in paragraph (a) of this subsection so long as the complaint alleges facts that establish the individual is in violation of one or more grounds for suspension or revocation of a registration, as determined by the board by rule.

SECTION 3. ORS 677.761 is amended to read:

677.761. Nothing in ORS 677.757 to 677.770 is intended to:

(1) Prevent, limit or interfere with an individual licensed or certified by the Oregon Medical Board from practicing health care other than acupuncture within the scope of the license or certification of the individual.

(2) Limit any other licensed or certified health care practitioner from practicing acupressure or other therapy within the scope of the license or certification of the individual.

(3) Limit the activities of any person who engages in the business of providing Oriental massage, exercise and related therapeutic methods or who provides substances listed in an Oriental pharmacopoeia, or vitamins or minerals or dietary advice, so long as the activities of the person are not otherwise prohibited by law.

(4) Limit the ability of practitioners from outside Oregon to demonstrate the practice of acupuncture as part of a recognized and limited duration educational program, lecture or event within this state under rules adopted by the board.

(5) Prevent, limit or interfere with the provision of the five-needle protocol, as defined in section 2 of this 2025 Act, in compliance with the requirements of section 2 of this 2025 Act.

SECTION 4. (1) Section 2 of this 2025 Act and the amendments to ORS 677.761 by section 3 of this 2025 Act become operative on March 1, 2026.

(2) The Oregon Medical Board may take any action before the operative date specified in subsection (1) of this section that is necessary for the board to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the board by section 2 of this 2025 Act and the amendments to ORS 677.761 by section 3 of this 2025 Act.

SECTION 5. This 2025 Act takes effect on the 91st day after the date on which the 2025 regular session of the Eighty-third Legislative Assembly adjourns sine die.

Oregon
Tina Kotek, Governor

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Approved by the Board on October XXX, 2025.

OREGON MEDICAL BOARD
Meeting of the HB 2143 Five-Needle (5NP) Protocol Workgroup
September 3, 2025 • Held via Video Conference

PUBLIC SESSION

Welcome

Dilip Babu, MD, Workgroup Chair, called the meeting to order at 4:03 PM and called the roll. A quorum was confirmed.

The following Workgroup Members were present:

Sara Biegelsen, LAc	Eve Klein, MD
Letty Dogheart	Adrianna Locke, MAc, LAc
Maddie Foley, DACM, LAc	Nicole Noceto, LAc
Whitsitt Goodson, LAc	Jill Shaw, DO (left at 5:30pm)
Jen Kearns, DAOM, LAc	Dilip Babu, MD, Chair

Moss Roberts was absent by prior notice.

Oregon Medical Board (OMB) Staff present:

Elizabeth Ross, JD, Legislative & Policy Analyst	Gretchen Kingham, Executive Assistant

Dr. Babu welcomed Workgroup members, discussed ground rules for the meeting, provided an agenda overview, and invited public participation during the comment period or through written submissions to Board staff.

Dr. Babu read an Emily Dickinson poem:

"Hope is the thing with feathers
That perches in the soul,
And sings the tune without the words,
And never stops at all,
And sweetest in the gale is heard;
And sore must be the storm
That could abash the little bird
That kept so many warm.
I've heard it in the chillest land,
And on the strangest sea;
Yet, never, in extremity,
It asked a crumb of me"

Dr. Babu asked whether there was any discussion regarding the August 27, 2025, meeting minutes.

Staff noted there was a technological glitch that merged Rule 50 Disciplinary Proceedings and Rule 35 Registration. This has been corrected on the official draft minutes.

The Workgroup offered no comments.

Overview & Updates

Elizabeth Ross, OMB Legislative & Policy Analyst, provided updates on changes made since the previous meeting.

Staff clarified that after each meeting, OMB staff members reviewed meeting notes to identify areas where the workgroup had reached general consensus on additions or changes that would fit within the structure of the House Bill 2143 and align with Oregon Medical Board policies and mission to protect the health, safety, and wellbeing of Oregon citizens. Only changes meeting these criteria were implemented, though staff acknowledged that not every committee member might agree with every modification.

Specific Updates:

- Five-Point Clarification: Staff added the five specific acupuncture points (shenmen, sympathetic, liver, kidney, and lung points) directly into the purpose statement of the draft rules in order to address the frequent public inquiries about which five points are included in five-needle protocol.
- Definition Addition: Originally, the draft simply stated that "5-needle protocol has the meaning given in the Oregon law" and referenced House Bill 2143. However, due to confusion with how to access the definition in the statute or bill, staff added the exact definition directly in the rules, acknowledging this would require future updates if the legislature modified the statute.
- Informed Consent Form Revisions: Extensive changes were made to the form based on workgroup discussions from the previous meeting.
- FAQ Development: Staff created a FAQ document covering topics that emerged from the two previous meetings and questions they'd been fielding about what 5NP would look like in Oregon. The FAQ was based on current draft rules, HB 2143, and information publicly available about 5NP. Staff welcomed editing and feedback. Additionally, staff emphasized that FAQs are guidance documents, not enforceable law, and must be based on rule and statute.
- Resource Integration: The packet included additional resources provided by workgroup members, including the POCA Auricular Acu-Technician (AAT) Ethics Pledge and rules for Oregon Pharmacy Technicians and Traditional Health Workers.
- Public Input Process: Staff explained that all input received—whether oral, written, or from workgroup member statements during meetings—would be included in packets and given equal weight when presented to both the Acupuncture Advisory Committee and the Board for review.

Review of Draft Rules

The main discussion focused on the "good moral character" requirement for registration qualification.

Members reasoned that without defining what good moral character means specifically or establishing a clear assessment process, the requirement remained ambiguous. A member referenced reading about how segregationists used ethics violations to target NAACP lawyers after *Brown v. Board of Education* and contended that vague ethics and moral character requirements are avenues for people acting in bad faith to limit access in the future, even if current OMB members and staff were acting in good faith.

Additionally, members discussed expecting people with criminal justice system involvement to apply for and benefit from this registration, noting that a character requirement might exclude exactly the population the program was designed to serve.

Staff acknowledged that "good moral character" is challenging but explained that the requirement serves as a necessary third qualification criterion (beyond age and training completion) that allows the Board to deny registration in extreme cases involving criminal convictions that would be incompatible with providing 5NP treatments and the Board's mission to protect the public. Without such a provision, the Board would have no grounds to deny registration to applicants who meet the basic age and training requirements, regardless of any concerning criminal history, such as a recent conviction involving harm to children or hate crimes. Staff elaborated that the criminal background check rule requires applicants to submit a criminal background check, and the "good moral character" rule allows the OMB to consider information received from the criminal background check; the rules work together. Submitting a background check would be meaningless if there was not a rule providing the OMB with recourse for convictions that cause concern for public safety. Removing the "good moral character" requirement would eliminate the Board's ability to protect public safety in extreme cases.

Staff noted that the requirement includes language tying moral character assessments to the applicant's ability to provide 5NP treatments, and recent updates explicitly state that substance use disorders in remission, mental health conditions, or other lived experiences alone do not reflect current moral character. The provision exists in other OMB licensing rules, such as the acupuncture licensing qualifications.

Several members acknowledged understanding the structural need for some form of qualification criteria but remained concerned about the vagueness of "good moral character." One member conducted research during the meeting and found extensive literature critiquing good moral character requirements in professional licensing. Alternative language used by other jurisdictions includes concepts like "good judgment and trustworthiness" and "adhering to professional rules of conduct."

A workgroup member raised concerns about the first sentence of the purpose statement, which describes 5NP as "a unique fusion of ancient Eastern healing practices and modern social justice movements." The characterization potentially dismisses the community-based treatment traditions that have long existed in Chinese medicine. Other members noted that the sentence attempts to provide important historical context while maintaining professional regulatory language. The distinction was seen as important for understanding why 5NP technicians exist and for differentiating their practice from licensed acupuncturists. The historical development through the Black Panthers and Young Lords was viewed as genuinely unique, even while acknowledging broader traditions of community-based healing.

Additional suggestions included separating "Trauma-Informed Care" and "Origins of 5NP" into separate training requirement lines, as they represent different time periods and concepts; including healing justice movements alongside social justice movements in the description. It was also suggested throughout the rules clarifying that the five points referenced are specifically ear points to avoid confusion with other acupuncture points.

The discussion of good moral character requirements remained ongoing, with OMB staff open to exploring alternative language and appreciating suggestions from the workgroup.

Review of Supporting Materials

Review of Informed Consent Form

The discussion began with appreciation for changes that had removed previous requirements for treatment in a "quiet, clean, comfortable space."

Multiple workgroup members questioned whether the statement "ear seeds and ear beads should not be used for individuals with diabetes" represented a true medical contraindication. One member stated definitively that 5NP treatment is not actually contraindicated for diabetics, while another reported being unable to find supporting

research for this restriction. The group explored whether the concern related specifically to retained items like seeds and beads rather than the actual 5NP needle treatment itself. Members pointed out that 5NP treatment could actually benefit individuals managing diabetes, making the blanket contraindication potentially harmful by discouraging beneficial treatment. The workgroup also noted that the existing requirement limiting ear beads or seeds to no more than three days already addresses retention concerns for all individuals regardless of health status.

Questions arose about the language regarding needle disposal, particularly when an individual might remove their own needles. The group clarified that regardless of who removes needles, all needles must immediately go into sharps containers. They distinguished between immediate needle disposal (into sharps containers) and post-treatment disposal (the 5NP technician's responsibility for proper disposal of sharps containers). One member raised practical concerns about blood exposure when individuals self-remove needles, particularly regarding potential contamination if individuals don't properly manage any bleeding. The group addressed this by noting that 5NP technicians, being trained in sanitary practices, remain responsible for managing the treatment space and providing appropriate safety instructions. Additionally, the instructions direct individuals to wash or sanitize their hands after removing their needles.

Discussion arose about the language distinguishing between "washing" and "sanitizing" hands, with one member noting this seemed to imply different levels of cleanliness. The group clarified that this language stems from Clean Needle Technique guidelines accommodating settings without access to running water, and one member suggested clarifying that both "washing hands with soap and water" and "hand sanitizer" represent acceptable methods of hand hygiene rather than different categories of cleanliness.

OMB staff provided clarification about consent requirements, emphasizing that the informed consent form or substantially similar documentation containing the same information would be required for all treatments. They specifically noted that simply signing a sign-in sheet would not meet the informed consent requirement, as would be clarified in the FAQs. This led to broader discussion about practical considerations around identification and tracking of individuals receiving 5NP.

One member asked about translating the Informed Consent Form into languages other than English to serve diverse communities. OMB staff confirmed plans to translate the form into Oregon's top five languages initially, with additional translations available upon request. They noted this approach mirrors their current practice with other medical resources and leverages state translation resources.

The review concluded with identification of minor technical corrections, including a grammatical issue requiring the addition of "technician" to a sentence about needle removal directions. Overall, the workgroup expressed satisfaction with the informed consent form, with one member specifically appreciating the inclusion of "healing reaction" language that recognizes reactions are not necessarily negative outcomes. This language was seen as more appropriate than simply listing "side effects," as it acknowledges the complexity of healing responses.

Review of Frequently Asked Questions

The discussion opened with concerns about Question 21, which described 5NP treatment using traditional Chinese medicine diagnostic terminology. Members suggested removing the middle part and retaining the five points are believed to help restore balance and calm the nervous system and their effects on reducing cravings, anxiety, and withdrawal symptoms while promoting relaxation and mental clarity.

Another suggestion emerged to align the FAQs with earlier recommendations to clarify the five points are on the human outer ear.

The discussion shifted to training requirements in response to written public comments questioning the adequacy of current hour requirements. One member noted that Oregon's law necessarily builds on existing, well-established training courses and questioned how Oregon would modify requirements when working with established national programs that wouldn't change their curricula exclusively for one state.

This led to broader discussion about supervision requirements that exist in other states. One member advocated for supervision as a necessary safety measure given the bill's expansion beyond traditional controlled

environments. Other members disagreed and one member strongly opposed any supervision requirements. They contended that supervision would create unnecessary barriers without improving outcomes.

Technical suggestions included changing "whether" to "that" in Question 15 to clarify that individuals self-identify as seeking treatment for specific purposes rather than having to specify which particular purpose applies. Questions arose about minimum safety elements in Question 24, with suggestions to add proper needle disposal in sharps containers and trauma informed care within the community standards of care.

The workgroup addressed adverse event reporting procedures, clarifying the distinction between complaints to OMB about 5NP technician practice versus contributions to POCA's Adverse Event Reporting Database (AERD). Members learned that AERD serves as a voluntary, anonymous system for collecting safety data to build understanding of treatment outcomes over time, while OMB complaints focus on regulatory violations by 5NP technicians.

Discussion touched on reporting requirements, with OMB staff clarifying that 5NP technicians would not be mandatory child abuse or elder abuse reporters since those statutes list specific professions, but they would be subject to requirements for reporting criminal convictions and concerns about other licensed providers.

Questions arose about community standards of care, which members related back to disciplinary proceedings concepts. The standard was explained as accountability to the 5NP community—following training principles, ethics pledges, and practices that other 5NP practitioners would consider appropriate. Members acknowledged this creates similar vagueness to "good moral character" requirements but noted it empowers the community rather than solely the regulatory board to define standards.

The historical context discussion resurfaced around Question 1, with strong advocacy for specifically naming the Black Panther Party and Young Lords Party rather than using generic "modern social justice movements" language. One member emphasized these were revolutionary movements by people of color, not simply social justice activists, and argued for explicit recognition of their contributions. Another member suggested adding language about revolutionary grassroots activism and community-driven healthcare innovation emerging from communities of color in the 1970s.

Technical questions addressed registration fees, with OMB staff confirming a combined $150 initial fee (including background check) followed by $100 biennial renewals. Discussion covered the timing of renewal cycles and alignment with existing OMB practices.

Various smaller clarifications were proposed, including specifying that the five points are located on the ear to avoid confusion with other acupuncture points; excluding electro stimulation explicitly; and refining language about which healthcare providers need 5NP registration versus those whose existing licenses already permit the practice.

The workgroup expressed overall appreciation for the comprehensive FAQ document, recognizing it as valuable public education that addresses likely questions while maintaining regulatory appropriateness. Members noted the substantial work completed in developing these materials within a week’s timeframe.

Public Comment

Karina (Natalie) Arndt, Emeritus Licensed Acupuncturist, speaking in an individual capacity and for Jen Kearns and others with alternative perspectives. Karina began by explaining use of nonviolent communication principles. In this framework, everyone shares the same basic needs, with the most fundamental being to enrich life and make the world a better place. Karina acknowledged that while some people focus on making the world better for themselves, everyone present was devoted to helping their community. Karina then outlined her understanding f the primary goals of those supporting the current draft and apologized for not being able to verify these assumptions beforehand. Karina suggested the supporters' major goals included: first, ease and accessibility for both technicians and individuals receiving 5NP treatment; second, trust from the acupuncture community and the

OMB that practitioners would work ethically and maintain safety standards; and third, overall safety. Karina expressed ongoing confusion and disagreement with how the current law is written, specifically noting the contradiction that people would be "putting in acupuncture needles, but they're not doing acupuncture." Noting the law is difficult and contradictory, making it harder for the OMB to write effective rules.

Karina then presented three models. Model A represented minimal training with independent practitioners, similar to the current draft approach. Model C involved higher training requirements, specifically suggesting 500 hours, which was the minimum required for Licensed Massage Therapists to become independent practitioners in Oregon, combined with autonomy and independent practice status. Karina acknowledged this would likely be controversial. Karina endorsed Model B, which would allow technicians to qualify relatively quickly with minimal training but require supervision from licensed acupuncturists, MDs, DOs, RNs, or PAs. These supervisors would need to be authorized to practice acupuncture or have completed 5NP protocol training. Karina noted that supervision could be conducted off-site, noting that location itself wasn't the determining factor since EMTs start IVs on highways and medical personnel practice on battlefields while still delivering quality care. Karina emphasized that supervision should be particularly important for individuals with less experience, a graduated system where more experienced practitioners could work in mobile units or other settings with only phone connection to their supervisors. Karina concluded by acknowledging that ultimately, the OMB would make these decisions since they would be responsible for addressing any problems that might occur with the public.

Sara Farahat, speaking in an individual capacity and not representing any organization, asked whether informed consent forms would be required each time an individual comes in for treatment, expressing concern about the potential for excessive paperwork given that many people receiving 5NP treatments are repeat clients.

OMB Staff clarified that this was not the appropriate time for the workgroup to answer questions, but provided an Informed Consent Form would be required for each treatment session. Staff explained the rationale was that this documentation would serve as the only record of treatment received.

Closing Discussion

Dr. Dilip Babu opened the final agenda item, inviting any additional closing thoughts from workgroup members.

Adrianna Locke, MAc, LAc, inquired about future meeting schedules, specifically asking how to find information about upcoming Acupuncture Advisory Committee and OMB meetings and whether the OMB would announce these meetings for public signup. OMB Staff explained that OMB meeting notices are posted monthly, with the September notice currently posted. Staff offered to email workgroup members with meeting information.

Staff also clarified that workgroup members would participate as members of the public in future Committee and Board meetings, with opportunities for public comment, except for Dr. Dilip Babu who serves on the Acupuncture Advisory Committee along with Dr. Jill Shaw.

EL Dogheart confirmed the dates listed on the FAQ sheet were accurate, and staff confirmed that September 12th would be the next Acupuncture Advisory Committee meeting, followed by the October 2nd Board meeting.

Jen Kearns, DAOM, LAc, thanked Elizabeth for her patience with questions throughout the process, particularly from those unfamiliar with regulatory procedures and for how her concerns were summarized in meeting documentation. Jen also shared her closing thoughts, acknowledging the goal of improving access to care while expressing concerns about regulatory standards. Jen noted her concern about the broad scope of people who would be authorized to provide these services. Also noting this could set a precedent for reduced healthcare regulation, suggesting a shift toward a "buyer beware" healthcare system with less scope regulation across all medical fields.

Whitsitt Goodson, LAc, expressed appreciation for how the workgroup responded to concerns raised during discussions, particularly regarding moral character requirements. Whitsitt noted feeling heard and seeing responsive adjustments to feedback. Whitsitt shared enthusiasm for the historical significance of the initiative, describing how the original practitioners were essentially teenagers without formal acupuncture knowledge who were helping their community through difficult times, predating acupuncture licensure in the United States.

Whitsitt characterized the work as "returning 5NP back to the people" and creating justice by making 5NP available in communities as it originally started. Whitsitt thanked all participants for their detailed discussions and contributions.

Maddie Foley, DACM, LAc, expressed gratitude to the OMB and all participants for their time commitment over recent weeks, months, and years devoted to the project. Maddie described the process as an interesting exercise in balancing perfectionism with practical outcomes, noting that good regulation requires balancing usefulness and pragmatism with optimism. Maddie appreciated the thoroughness of the group and the opportunity for public discourse. Maddie expressed hope that the Acupuncture Advisory Committee and Oregon Medical Board would have a good understanding of the workgroup's discussions and deliberations.

EL Dogheart expressed gratitude to the original cohort that initiated the current process. EL shared their background as a peer educator, HIV test counselor, and community health worker and expressed excitement about 5NP being available for community members to care for one another.

Adrianna Locke, MAc, LAc, noted the exceptional diversity of the workgroup professionally and socioeconomically. Adrianna expressed appreciation for Oregon's willingness to prioritize care, acknowledge when efforts miss the mark, but continue trying and iterating. Adrianna praised the expertise and community experience evident among participants and expressed hope about seeing everyone in person someday. Adrianna also thanked Dilip for the heart-centered opening remarks at each meeting, noting a meaningful synchronicity with a recent reading.

Sara Biegelsen, LAc, acknowledged the significant undertaking for the OMB and Dilip as facilitator, praising how extensive discussions were transformed into comprehensive documentation. Sara thanked Elizabeth for work in this process.

Dilip Babu, MD, thanked all workgroup members for their time commitment and noted how they made his facilitation role manageable. Dilip praised the workgroup design that did not require consensus, allowing his focus to remain on ensuring all viewpoints were presented and every voice was heard. Dilip expressed personal motivation stemming from his belief in the great need for 5NP services in Oregon and felt hopeful that the thorough discussions with diverse voices moved the state significantly closer to providing this important care to fellow Oregonians.

Dilip concluded by announcing that workgroup recommendations would be presented to the Acupuncture Advisory Committee on September 12th and to the Oregon Medical Board on October 2nd. Dilip invited all participants to attend these meetings, with information available on the board's website or through board staff contact. Dilip thanked everyone for their participation and directed any additional written comments or questions to Elizabeth Ross at the email address provided in meeting materials.

Dr. Babu adjourned the meeting at 6:18pm.

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Approved by the Board on October XXX, 2025.

OREGON MEDICAL BOARD
Meeting of the HB 2143 Five-Needle (5NP) Protocol Workgroup
August 27, 2025 • Held via Video Conference

PUBLIC SESSION

Welcome

Dilip Babu, MD, Workgroup Chair, called the meeting to order at 4:03 PM and called the roll. A quorum was confirmed.

The following Workgroup Members were present:

Sara Biegelsen, LAc	Eve Klein, MD
Letty Dogheart	Adrianna Locke, MAc, LAc
Maddie Foley, DACM, LAc	Nicole Noceto, LAc
Whitsitt Goodson, LAc	Jill Shaw, DO
Jen Kearns, DAOM, LAc	Dilip Babu, MD, Chair

Moss Roberts was absent by prior notice.

Oregon Medical Board (OMB) Staff present:

Nicole Krishnaswami, JD, Executive Director	Netia N. Miles, Licensing Manager
Elizabeth Ross, JD, Legislative & Policy Analyst	Gretchen Kingham, Executive Assistant

Dr. Babu welcomed Workgroup members, discussed ground rules for the meeting, provided an agenda overview, and invited public participation during the comment period or through written submissions to Board staff.

Dr. Babu read a Maya Angelou poem:

"A Last love,
proper in conclusion,
should snip the wings
forbidding further flight.
But I, now,
reft of that confusion,
am lifted up
and speeding toward the light."

Dr. Babu asked whether there was any discussion regarding the August 13 meeting minutes. The Workgroup offered no comments.

HB 2143 Overview & Rule Development Process

Elizabeth Ross, OMB Legislative & Policy Analyst, reviewed HB 2143 (2025) in detail to outline what is in the bill setting the framework for the rules and the OMB's development of this new program. The bill allows an individual to provide 5NP treatments without a license to practice acupuncture beginning March 1, 2026. The law states:

- 5NP "means the standardized five-needle treatment protocol in which five points on the human outer ear are stimulated with sterile, single-use disposable needles, ear seeds or ear beads for the purpose of achieving temporary relief from the symptoms of substance use disorder, mental health conditions or trauma."
- OMB may establish a registry of individuals qualified to provide 5NP and adopt rules to establish:
    - Qualifications for registration
    - An application and registration fee
    - Sanitation and best practice standards
    - A schedule of violations and disciplinary actions
    - Any other requirements or standards the OMB determines necessary
- For requesting state or nationwide criminal records, OMB may require fingerprints of an individual who is applying for or renewing a 5NP registration.

In developing the rules, the requirements in HB 2143 are also aligned with the Board's mission 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.

Additionally, Ms. Ross discussed the rulemaking process, highlighting that Oregon law encourages state agencies to seek public input before giving notice to adopt rules. That this Workgroup is a key component of OMB's public engagement.

The Workgroup offered no comments.

Review of Draft Rules

Workgroup members reviewed and discussed the draft rules section by section.

Rule 00 Purpose Statement

The Workgroup discussed the revision replacing "patients" with "individuals" in the purpose statement. A member expressed concern that this change diminishes the medical nature of acupuncture treatment. Several members supported the language change, noting that 5NP technicians will not hold medical licenses, so "individuals" is more appropriate than "patients."

Netia N. Miles, Licensing Manager, provided a historical account of how acupuncture became established in Oregon, beginning with the Oregon Medical Board's support in the 1970s. Legislation in 1973 established acupuncture regulations within the Oregon Medical Board. The first licensed acupuncturist was in Lincoln City. Through the mid-1980s, acupuncturists worked under physician supervision. The regulatory landscape evolved significantly in the late 1980s and early 1990s, when acupuncturists gained the authority to practice independently.

Rule 05 Definitions

The Workgroup discussed the definitions but had no suggested changes.

Rule 07 Five-Needle Protocol Treatment

The discussion focused on who can provide 5NP treatment without additional registration. Currently, acupuncturists and physicians can provide 5NP based on existing training, while physician associates cannot Page 3 of 7 Updated August 28, 2025 practice acupuncture without separate certification. Members discussed whether all providers should be required to take specific 5NP training for cultural context reasons. Several members noted they did not want to increase barriers for providers already able to practice 5NP.

Rule 20 Qualifications

Discussion centered on criminal history provisions, age requirements, and practice location restrictions. Workgroup members praised the inclusion of language stating that criminal history would not automatically disqualify applicants from registration. However, members raised concerns about the "good moral character" requirement, with worry it could be misused. Members discussed refining the "good moral character" language, with suggestions to look at Community Health Worker and similar regulations and POCA ethics pledges as models. It was suggested to add a statement that lived experience with a history of substance use disorder in remission was not a reflection of current moral character.

The discussion shifted to safety concerns. A member noted concerns about the 18-year minimum age requirement, preferring 21 years old. Location concerns were also raised, noting that the program was originally presented as being for detox clinics, VA facilities, and community healthcare settings, but there were worries about practitioners working in other venues like malls or street corners.

OMB staff provided caution on regulating practice locations and age requirements. Any regulations must be focused exclusively on patient safety concerns and that regulatory agencies cannot restrict practice locations without direct patient safety concerns.

Rule 25 Five-Needle Protocol Training

Training requirements sparked discussion on whether the proposed 70 hours of training was adequate for safe practice. A member expressed concerns that these requirements were insufficient without medical supervision or licensed acupuncturist oversight while providing treatments. Other members noted that the 70-hour requirement aligned with established NADA and POCA training programs that had demonstrated good safety records for years.

Some members characterized additional supervision requirements as burdensome regulations that would increase barriers for providers. This discussion also covered the importance of balancing flexibility with appropriate safety boundaries for different practice contexts.

Participants agreed that 5NP providers should be exposed to the community-based origins and philosophy behind the practice, viewing this historical grounding as an important element of proper training.

Rule 30 Application

Members expressed appreciation for clarifying that applicants may submit additional background information and letters of recommendation for consideration, particularly relevant for populations with criminal history concerns.

Public Meetings Law Overview

Staff provided a brief overview of Oregon Public Meeting Law requirements, including notice requirements, public access, documentation, and prohibitions on private deliberations between meetings. Key points included that email discussions among all members could constitute illegal meetings, and all consensus-building must occur in a public meeting.

Rule 50 Disciplinary Proceedings

Members asked how the OMB defines "gross or repeated negligence" and "incompetence" in this context.

Staff explained that these standards are measured against other similarly situated practitioners in similar communities. When complaints about negligent care arise, the Board would ask another 5NP practitioner to review the care provided and assess its appropriateness. Gross negligence specifically refers to a willful disregard for patient well-being—a higher standard than simple negligence. The Board looks for patterns of negligence rather than single incidents, or cases of complete disregard for patient safety. For incompetence, the definition involves practitioners performing procedures far outside established standards, such as needling other body parts.

This led to concerns about how care could be reviewed without traditional medical documentation. OMB staff acknowledged this challenge but explained that trained investigators would use alternative methods, including interviewing witnesses, gathering patient statements, and obtaining corroborating medical records from other healthcare providers when relevant (such as medical records if the situation required medical care).

The discussion shifted to broader concerns about patient protection and safety. One participant worried that expanding 5NP practice to any 18-year-old without traditional medical safeguards could increase risks. They noted that unlike conventional medical procedures, 5NP practitioners typically do not carry malpractice insurance and patients lack traditional protections. In response, another member emphasized the importance of clear training standards and ensuring providers understand their responsibilities, including how to handle adverse events and respect participant rights.

Several Workgroup members highlighted that 5NP is inherently community-based, emphasizing that the community-based nature provides inherent safeguards, as communities self-regulate against unsafe practitioners. Members expressed appreciation that the disciplinary process would be grounded in community standards of care and involve people experienced with the 5NP practice. One member noted concern about potential bad faith complaints from those opposed to 5NP practice but felt reassured that the investigation process seemed robust and community-grounded enough to protect legitimate 5NP treatments.

Rule 35 Registration

The discussion centered on continuing education requirements for 5NP technicians. Staff reported that the Oregon Health Authority had confirmed 5NP technicians could participate in the existing pain management education course that acupuncturists and physicians currently take. Participants noted that pain is not listed as something 5NP treats but acknowledged that pain is interconnected with the conditions it does address (substance use disorder, mental health conditions, trauma). The pain management course was considered because it is free, accessible, and includes relevant content about acupuncture, cultural competency, and trauma-informed care. Other members emphasized that the pain education would be valuable for technicians working with populations heavily impacted by the opioid epidemic, many of whom ended up in that situation due to limited or outdated pain management options. Workgroup members discussed how 5NP technicians understanding pain treatment could help refer people to licensed acupuncturists.

Some participants expressed preference for eliminating continuing education requirements entirely in favor of simply requiring continued practice, which would align with POCA's maintenance requirements.

Rule 40 Five-Needle Protocol Regulations

The Workgroup discussion focused on documentation requirements and how to balance regulatory needs with practical implementation. Concerns emerged around the section (3)(d) requirement for individuals to self-identify their reasons for seeking 5NP treatment. Workgroup members preferred keeping this general rather than requiring people to specify exactly why they were seeking treatment, recognizing that 5NP is designed as a hands-off intervention where practitioners serve more as community health educators connecting people to resources and do not diagnose.

The conversation shifted to practical documentation methods, noting some use a single consent form with boilerplate language at the top and space for multiple signatures, functioning as both consent and sign-in sheet. This system simplifies record-keeping by eliminating the need to track whether someone is a new or returning patient, while still maintaining adequate documentation for regulatory purposes. The discussion revealed some concerns about HIPAA compliance and patient privacy. Participants acknowledged that certain settings serving vulnerable populations might need additional privacy protections.

The conversation also touched briefly on ear seeds and circulation concerns, with experienced practitioners noting that safety information is available through organizations like Acupuncturists Without Borders and is included with ear seed purchases.

The discussion concluded with the importance of clearly identifying that 5NP technicians are not acupuncturists. There was agreement that consent forms or other methods should explicitly state 5NP technicians are not licensed acupuncturists.

Review of Informed Consent Form

The Workgroup discussed a draft 5NP description and consent form, with the key question being whether this should be a required form or simply provided as an example. The consensus emerged that rather than mandating a specific form, certain required elements should be specified while allowing practitioners flexibility to create their own versions. This approach would accommodate needs like translation into other languages and adaptation to different practice settings and electronic formats.

The discussion revealed practical considerations about implementation. One concern was that since the consent form might be the only documentation retained for 5NP practice, standardization could be important for potential disciplinary proceedings. However, participants recognized that rigid requirements might not work in all settings—for example, guaranteeing a "quiet, clean, comfortable space" is not always feasible when practicing in community settings with limited resources.

A significant portion of the discussion focused on needle removal procedures. The draft form allowed either the technician or the patient to remove needles. Some workgroup members stated that only 5NP technicians should remove needles for safety and accountability reasons, while others noted that patient self-removal is common practice in many clinics, particularly busy ones where it helps with efficiency and can reduce needle stick injuries. The compromise suggested was clearer language about proper disposal in sharps containers regardless of who removes the needles.

Participants suggested adding specific timeframes for how long ear seeds could remain in place, clearer infection warnings especially for diabetic patients, and expanding the list of possible side effects to include nausea and vomiting. There was also discussion about making the side effects list more comprehensive by adding language like "but not limited to" since individual reactions can vary.

The group discussed hygiene protocols. The draft required hand washing and alcohol preparation of ears, but participants noted these are not always practical or necessary. In settings without running water, hand sanitizer is acceptable under clean needle technique standards. Similarly, alcohol wiping of ears is not universally practiced, particularly for ear seeds that do not break the skin. Some noted that alcohol can be triggering for people with medical trauma. The consensus moved toward making these practices optional rather than required.

The discussion also centered on how to describe the relationship between 5NP and acupuncture in the consent form. Participants acknowledged this is both a political and legal issue—while 5NP clearly derives from acupuncture and uses the same tools and points, legally it must be distinguished to avoid requiring acupuncture licensing. Various approaches were suggested, including describing it as a "standardized supportive treatment derived from acupuncture" or simply removing references to "acupuncture " when describing the needles. The group favored adding clear language that technicians are not licensed acupuncturists and directing patients to seek licensed acupuncturists for acupuncture treatment.

The final discussion was about whether to require a checkbox for patients to confirm they were seeking treatment within the allowance of the law (for substance use disorders, mental health conditions, or trauma) or allow the signature on the form to serve as the acknowledgment. Members worried the checkbox could create barriers. Some people receive 5NP for general wellness or as supportive companions to others receiving treatment. The group preferred removing the checkbox format and instead incorporating this as an "I understand" statement, recognizing that the purpose is already described elsewhere in the form.

Public Comment

Karina (Natalie) Arndt, a licensed acupuncturist, expressed frustration about not being aware of the earlier legislative process and discussions with the Oregon Acupuncture Association, explaining the questions and concerns are not because they are opposed to the idea of the program, but because this was new to them. Karina stated this is a confusing situation where people are performing acupuncture without being held to all the liability and requirements of an acupuncturist. She also shared that she doesn't want the acupuncture community divided over this issue.

Zachary Krebs, a licensed acupuncturist who owns a community clinic in Oregon City, offered enthusiastic support for the 5NP program and the Workgroup's efforts. Mr. Krebs expressed gratitude that people would finally have access to 5NP in Oregon, calling it an incredible achievement. Regarding training requirements, Zachary felt the proposed training hours were more than adequate, stating that in his opinion, someone could learn the protocol in a 4-hour workshop or less, though Zachary appreciated the broader scope of the training program. Zachary argued against supervision requirements as unnecessary obstacles to patient care, noting there is no evidence of harm or public safety issues with 5NP implementation in other states. Zachary compared the situation to other healthcare roles, pointing out that 18-year-olds can complete training to become phlebotomy technicians or certified nursing assistants. For the consent form, Zachary suggested language stating that "a 5-needle protocol practitioner is not a licensed acupuncturist" and is "trained to provide this specific ear protocol and are not licensed to practice acupuncture in general."

Lisa Rohleder, a licensed acupuncturist representing POCA Technical Institute (different from POCA cooperative), expressed appreciation for the Workgroup's efforts. As director of an accredited acupuncture school and manager of a voluntary adverse events reporting database for acupuncture, Lisa spoke about safety, emphasizing the importance of being specific about safety concerns. Lisa outlined the definite elements of 5NP safety: hygiene (including clean field and not leaving seeds or beads on too long), sterile single-use needles, needle management (immediate disposal in sharps containers), and management of adverse events including fainting, nausea, needle shock, and bleeding, plus social safety and de-escalation. Lisa emphasized that these safety elements do not change based on location and can be covered within the proposed training hours.

Winona (Noni) Vaitekunas, a licensed acupuncturist, provided historical context, noting that controlled clinical trials and outcome studies on the 5NP protocol have been appearing since the 1970s. Addressing supervision concerns, Noni cited National Institute of Health research showing that 8 states allow 5NP technicians to practice without supervision of licensed health professionals, 13 states require direct supervision, and 6 states delegate directly to licensed healthcare providers—putting supervision requirements in the minority. Noni noted that Colorado was removing their supervision requirement, indicating a trend away from such requirements. Noni described the advocacy during the legislative process for accessible community spaces like church basements, libraries, and shelters. Noni provided examples of successful 5NP delivery, including a recent collaboration with Portland Street Medicine that brought 5NP to a street corner at Southeast 82nd and Sandy, as well as treatments at churches, schools, nonprofit organizations, and the state capital.

Christopher Beardall, a chiropractic doctor and licensed acupuncturist, supports 5NP for behavioral problems and drug abuse, having practiced it on Portland streets and at a detox center. However, he expressed significant concerns about the proposed regulations. Christopher advocated for supervision requirements, especially for beginning practitioners, worrying about practitioners working alone without oversight. Christopher called for stronger background checks and vetting, arguing for a minimum age of 21 rather than 18, believing practitioners

need more professional and mental maturity when treating disadvantaged populations. Christopher suggested increased training requirements of at least 80 hours didactic plus 40 hours practical experience with supervision and emphasized the need for a formal adverse events reporting system. Christopher expressed concern that this would become "the largest unlicensed medical practice institution in Oregon" and stressed the need to avoid isolation of technicians, find regulatory blind spots, and provide legal and ethical processes to avoid vulnerabilities like HIPAA breaches.

Closing Remarks

Adrianna Locke, MAc, LAc, opened by reflecting on the historical presentation, describing Oregon's acupuncture history as a cautionary tale about allowing fear to override evidence and care. Adrianna expressed deep gratitude for the workgroup's focus on meeting diverse community needs during a time when healthcare access faces numerous challenges, emphasizing the importance of not repeating past gatekeeping mistakes.

Jen Kearns, DAOM, LAc, acknowledged the value of care while advocating for necessary legal protections and professional standards. Jen expressed concerns about relying solely on practitioner ethics, arguing that safeguards must be codified in law. While recognizing systemic problems in medical education and practice, Jen maintained that allowing unlicensed individuals to practice medicine could increase risks, even for generally safe practices like acupuncture.

Dilip Babu, MD, brought the discussion back to the central theme of community care. Drawing from his experience as a physician, Dilip highlighted what makes the 5NP approach special: its grassroots nature of community members caring for one another. Dilip expressed genuine excitement and emotional connection to the collective effort, viewing it as a meaningful step forward for community-driven healthcare.

Sara Biegelsen, LAc, concluded with appreciation for the collaborative process, noting how effectively previous meeting feedback had been incorporated into the workgroup's revisions. Sara’s comments reflected optimism about the ongoing work and anticipation for the final meeting.

Dr. Babu closed the meeting, noting that staff will work on any areas identified before the workgroup's next meeting on Wednesday, September 3, 4-7PM, and will send updated materials and draft rules by the end of the week. Workgroup members and the public were encouraged to email any questions regarding the rules and any possible questions to include in the draft frequently asked questions document.

Dr. Babu adjourned the meeting at 6:42pm.

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Approved by the Board on October XXX, 2025.

OREGON MEDICAL BOARD
Meeting of the HB 2143 Five-Needle (5NP) Protocol Workgroup
August 13, 2025 • Held via Video Conference

PUBLIC SESSION

Welcome

Dilip Babu, MD, Workgroup Chair, called the meeting to order at 4:00pm and called the roll. A quorum was confirmed.

The following Workgroup Members were present:

- Sara Biegelsen, LAc
- Letty Dogheart
- Maddie Foley, DACM, LAc
- Whitsitt Goodson, LAc
- Jen Kearns, DAOM, LAc
- Eve Klein, MD (arrived at 4:05)
- Adrianna Locke, MAc, LAc
- Moss Roberts
- Jill Shaw, DO
- Dilip Babu, MD

Nicole Noceto, LAc, was absent by prior notice.

OMB Staff present:

- Nicole Krishnaswami, JD, Executive Director
- Elizabeth Ross, JD, Legislative & Policy Analyst
- Netia N. Miles, Licensing Manager
- Gretchen Kingham, Executive Assistant

Dr. Babu welcomed Workgroup members, discussed ground rules for the meeting, provided an agenda overview, and invited public participation during the comment period or through written submissions to Board staff.

Dr. Babu read an Emily Dickinson poem:

"Pain has an element of blank;
It cannot recollect
When it began, or if there were
A time when it was not.
It has no future but itself,
Its infinite realms contain
Its past, enlightened to perceive
New periods of pain."

Dr. Babu explained that the Workgroup members have a shared desire to address and relieve the pain and suffering of fellow Oregonians. He asked the Workgroup members and those in attendance to remember this grounding purpose throughout the meeting to implement 5NP in Oregon.

Workgroup Member Introductions

Dr. Babu invited Workgroup members to introduce themselves:

- **Dilip Babu, MD:** Oncologist, OMB Acupuncture Advisory Committee, Workgroup Chair
- **Jill Shaw, DO:** OBGYN, Oregon Medical Board Chair
- **Eve Klein, MD:** Addiction Medicine, OMB Associate Medical Director
- **Maddie Foley, DACM, LAc:** Practicing Acupuncturist
- **Jen Kearns, DAOM, LAc:** Practicing Acupuncturist
- **Whitsitt Goodson, LAc:** Acupuncture Educator
- **Sara Biegelsen, LAc:** 5NP Trainer/Acupuncture Educator
- **Adrianna Locke, MAc, LAc:** Practicing Acupuncturist, Clinic Owner
- **Letty Dogheart:** Navy Veteran, trained in 5NP, performs 5NP on Tribal Lands in Puyallup Territory
- **Moss Roberts:** Community Member

Workgroup Charter

Workgroup members acknowledged the 5NP Protocol Workgroup Charter.

Background & HB 2143 Overview

Elizabeth Ross, OMB Legislative & Policy Analyst, discussed HB 2143 (2025), signed into law by Governor Kotek on June 11, 2025. The law allows individuals to provide five-needle protocol (5NP) treatments without a license to practice acupuncture beginning March 1, 2026.

The new law authorizes the Oregon Medical Board (OMB) to establish rules regarding:

- Qualifications for 5NP registration, including education and training
- A registry of individuals qualified to provide 5NP
- Sanitation and best practice standards
- A schedule of violations and disciplinary actions
- Any other requirements or standards the OMB determines necessary

To assist with drafting the rules, staff reviewed OMB's acupuncture rules, other states with 5NP regulations, and guidelines from the National Acupuncture Detoxification Association (NADA) and People's Organization of Community Acupuncture (POCA).

Review of Draft Rules

Workgroup members reviewed and discussed the draft rules section by section.

Rule 00 Purpose Statement

Discussion centered on the primary goal of expanding access to safe, standardized, and low-barrier treatment, with particular recognition that 5NP emerged from communities supporting and caring for themselves, especially communities of color.

One workgroup member raised concerns that the scope and boundaries were insufficient and could lead to commercialization of 5NP.

Most workgroup members noted that 5NP has traditionally not been limited to particular settings and should be flexible enough to encompass various applications, including AA meetings, mental health facilities, and community settings. Members noted that this modality serves as a gateway to accessing other health care and community resources, which can be particularly valuable for underserved populations like unhoused, veterans, and people without insurance.

The group discussed several proposed modifications to the draft purpose statement language.

- Replacing "patients" with "people" to better reflect the community-based nature of the treatment
- Adding "self-identified" before conditions to emphasize the non-diagnostic approach
- Including an acknowledgment of historical origins of 5NP in communities of color

The consensus was to emphasize this as "community medicine" rather than strictly medical treatment. Key principles of 5NP include:

- No diagnosis requirement
- Low-barrier access
- Community-based delivery
- Standardized training and safety protocols
- Connection to broader care networks

Rule 05 Definitions

Several Workgroup members noted their support of the draft language in OAR 847-071-0005, Definitions.

It was clarified that "5NP Technician" is used to describe individuals providing 5NP treatments, as agreed upon with the Oregon Association of Acupuncturists (OAA) during the legislative session.

A Workgroup member noted that in 5NP treatments, acupuncture needles are used, but 5NP treatments are not acupuncture.

Rule 07 Five-Needle Protocol Treatment

The Workgroup's discussion focused on clarifying training and registration requirements for medical doctors and acupuncturists who want to provide 5NP treatments, questioning whether medical doctors could perform 5NP without any training.

Staff provided context about physician oversight, explaining that while physicians have very broad scopes of practice and aren't restricted in what type of medicine they can practice, they are held to standards of care requiring proper training and experience in whatever treatment they provide. Using the example that a family medicine physician wouldn't be expected to perform orthopedic surgery without appropriate training, staff clarified that the same standard would apply to physicians wanting to provide 5NP—they would need to be trained and experienced in the protocol to include it as part of their practice, regardless of their broad scope of practice. However, they would not be required to receive the specific 5NP training as outlined in these rules or to register as a 5NP technician.

A suggestion was made to clarify that acupuncturists and physicians can offer 5NP "without additional 5NP registration."

Rule 20 Qualifications

Discussion focused on the Oregon Medical Board's "good moral character" requirement and background check processes for 5NP technicians.

Members expressed concern about how moral character standards might create barriers for people in recovery who have criminal histories but want to become 5NP technicians, questioning whether criminal history would be an automatic disqualifier. Workgroup members asked if there were "good moral character" definitions or rubrics.

Staff stated that the Oregon Medical Board has no automatic disqualifiers for criminal history. Instead, criminal history is only one component of an individualized review process that is focused on the applicant's ability to provide 5NP treatments. Applicants may provide additional information and circumstances as needed. To carry out its mission, the OMB has a duty to the public to ensure that 5NP practitioners are safe to practice.

Rule 25 Five-Needle Protocol Training

Discussion centered on the correct number of training hours with Workgroup members stating that the current trainings require 30 hours of didactic training and 40 ears during clinical training.

Participants emphasized the importance of maintaining accessibility through hybrid online/in-person training models while ensuring core competencies including:

- Ear anatomy
- Infection control
- Trauma-informed care
- The revolutionary history of 5NP

The Workgroup also discussed documentation practices, noting that 5NP involves minimal record-keeping since it's a non-verbal intervention using standardized points without making a diagnosis.

Members also discussed baseline standards that could accommodate both NADA and POCA training approaches.

Staff were asked to clarify the meaning and expectations of "collaboration with healthcare providers" and "reporting requirements." Staff clarified that training on collaboration would teach 5NP technicians how to seek resources or guidance from others and noted that reporting requirements remain undefined pending OMB's review of whether 5NP technicians would fall under mandatory reporting obligations that apply to other healthcare providers licensed or registered by the OMB.

Workgroup members asked about what the next steps are in the process, specifically how their comments would be included. OMB staff noted they are taking detailed notes to revise the draft rules, with the goal of creating requirements general enough to encompass existing training courses while ensuring safety and competency standards are met.

Rule 30 Application

The Workgroup's discussion centered on the necessity of criminal background checks, identity documents, and photographs. Staff acknowledged these concerns while explaining the proposed requirements represented the minimum information required to maintain the OMB's mission of patient safety and to create a public registry of verified qualified practitioners.

Staff explained the established procedures which allow for alternative documents and clarified several important points:

- Oregon explicitly does not consider citizenship status when granting licenses or registrations.
- The OMB already has processes for accepting alternative documentation to establish legal name and age.
- Criminal history is not automatically disqualifying, and the OMB already has processes for evaluating induvial applicants.

Staff noted they regularly work with applicants who have criminal backgrounds and evaluate each case holistically, sometimes including personal impact statements and letters of support.

Workgroup members shared several ideas, including:

- A tiered system where 5NP trainers could vouch for individuals in their 5NP course
- Community recommendations from training facilities
- Explicit language clarifying that background checks are not automatic disqualifiers

There was consensus that public information about the process should clearly state that criminal history does not prevent registration, as many ideal 5NP technicians could be people in recovery who have lived experience with addiction and the criminal justice system.

Rule 35 Registration

The workgroup examined continuing education requirements for maintaining 5NP registration, with the draft proposing 3 hours of courses every 2 years. Participants questioned whether this was necessary given that no accrediting body exists for 5NP practice and continuing education classes specific to 5NP do not currently exist.

Several members suggested that active practice might suffice for maintaining registration instead of formal coursework, noting that POCA requires practitioners to perform at least one treatment annually to stay in good standing, which could be documented through consent forms.

OMB staff stated that the 3-hour requirement was modeled on Texas regulations; 5NP technicians will not be required to complete the Oregon Health Authority's pain management course that acupuncturists must complete but would fall under the broad cultural competency education requirement (1 hour annually) that applies to all OMB licensees. The cultural competency education requirement can be met through various educational activities and typically involves a simple attestation process, with only a small percentage of practitioners audited for documentation.

Members discussed the possibility of creating free continuing education options that could fulfill the 3-hour requirement. Participants appreciated that the draft specified that lapse of registration would not be considered disciplinary action.

Rule 40 Five-Needle Protocol Regulations

Discussion focused on consent forms, record-keeping requirements, and scope of practice limitations. OMB staff announced they would create a draft consent form for 5NP technicians based on the Workgroup's input. The group suggested extending the record retention periods from one year to three years to encompass a full two-year registration period.

A significant portion of the discussion centered on the draft language limiting 5NP practice to providing "temporary relief from symptoms of substance use disorders, mental health conditions, or trauma." Workgroup members expressed concern that this narrow scope didn't reflect the reality of 5NP use for general stress relief and everyday wellness, noting that requiring documentation of specific reasons conflicted with the non-diagnostic, non-verbal nature of the intervention. Members explored solutions including self-attestation by patients on consent forms or general language indicating treatment falls within legal scope without requiring specific condition identification. Staff clarified that HB 2143 clearly defines 5NP to be provided within the context of, "…. temporary relief from the symptoms of substance use disorder, mental health conditions or trauma. conditions or trauma." A change to the law would be needed to expand for other uses.

The conversation also addressed adverse event procedures and "community standards of care." OMB staff described the OMB's complaint-driven regulatory model, explaining that the Board does not conduct proactive inspections but requires licensees to demonstrate their procedures and standards in response to a complaint about their practice. Common complications discussed included vasovagal reactions, ear bleeding, and needle shock, with reporting typically handled through training organizations' databases.

Rule 50 Disciplinary Proceedings

There was no discussion regarding Rule 50 Disciplinary Proceedings due to time restraints.

Public Comment

Winona (Noni) Vaitekunas, POCA Technical Institute, expressed appreciation for the diverse voices in the Workgroup. Noni suggested removing background checks and fingerprinting. If retained, the rules should explicitly state that criminal history is not a disqualifier from registration.

Natalie (Karina) Arndt, practicing acupuncturist, provided written comment prior to the meeting, which was added to the Workgroup's materials. Karina noted support for acupuncturists without borders and the idea of 5NP technicians but expressed concern with the level of clarity in the draft rules, stating 5NP seems like the practice of

medicine—treating diseases. Karina questioned whether HIPAA is involved, whether patients' identity is actually confirmed, and whether there is a way for patients to pursue malpractice if there is a problem. Karina shared concerns about diabetics having embedded seeds or beads and suffering serious complications due to infection. A Workgroup member responded that 5NP training involves what to do in adverse situations and another stated they would be sharing this information with people and that it should be something to know.

Sarah Farahat, 5NP provider, noted her gratitude that Oregon is establishing 5NP. She shared her experience as an Egyptian American providing 5NP to victims of torture in Palestine and other countries. Sarah stated that bridge training for re-entry would be helpful for people who were trained but haven't practiced 5NP recently. Sarah additionally shared that she is not worried about people exploiting this procedure and that it needs to be easily accessible to the community—the benefits outweigh any concerns previously expressed. Sarah also explained she uses a waiver for treatment that explains the scope of 5NP and requires the person's information.

Fletcher Watson, RN, chronic pain treatment provider, expressed appreciation for the work and excitement to learn 5NP is coming to Oregon. Fletcher noted his awareness of 5NP detox programs and experience seeing it practiced regularly with veterans in southern Oregon at a residential rehabilitation facility. Fletcher stated that seeds are used at his facility but are only retained for 3 days maximum. Additionally, Fletcher's role in the VA involved looking at the amount of care provided in the community—innovation included bringing in acupuncturists and implementing 5NP protocol. It was a valuable bridge for many veterans who had never considered acupuncture before. They were very receptive to trying acupuncture after experiencing 5NP within the VA.

Micaela Foley, POCA's legislative liaison and a POCA trainer, expressed support for the initiative. She noted that the most cumbersome portion is the hours and treatments required. She explained that NADA and POCA trainings are similar in structure, usually requiring about 30 didactic hours and 40 treatments, and encouraged aligning those requirements so that neither training is excluded. She recommended removing the 3 continuing education hours since those don't currently exist, noting there is a continuing education course that POCA Tech offers online for acupuncturists and trainers for about $10, which would be a good option for people who haven't received the history and other aspects of training. Micaela encouraged reducing the requirements for background checks or plainly stating in the language that criminal history is not a disqualifier. She noted that while Acupuncturists Without Borders is doing great work, their reach is limited, whereas 5NP could reach tens of thousands more people to treat in their communities and respond to natural disasters. She emphasized that there is so much trauma in communities every day, and this could be an effective and accessible intervention. She described that the clinic where she trains sees huge numbers of people excited about acupuncture every time they conduct a training, and these experiences can serve as a bridge to get people into acupuncture clinics, observing that "acupuncture begets acupuncture."

Closing Remarks

Whitsitt Goodson, LAc, expressed being heartened by the developments in Oregon, noting that while the impact may seem small, it is lifesaving and reduces suffering. He offered heartfelt thanks to the group.

Maddie Foley, DACM, LAc, remarked on the interesting exercise in regulatory function, noting the challenge of balancing perfection with practicality. She acknowledged this as a difficult and courageous dialogue, appreciating how this simple, effective treatment touches on the essence of witnessing suffering and determining appropriate responses. She expressed appreciation for the time and engagement of all participants.

Moss Roberts thanked Dilip for excellent meeting facilitation and expressed gratitude to OMB staff for coordinating materials, preparing draft rules, and creating space for all questions and discussions.

Sara Biegelsen, LAc, expressed appreciation to the OMB for opening up this important conversation.

Letty Dogheart offered thanks to the ancestors who opened doors for today's work and shared a prayer for the descendants who will benefit from the group's efforts.

Jen Kearns, DAOM, LAc, thanked the group for considering her comments even if they did not share the same concerns.

Dr. Babu shared that he opened with an Emily Dickinson poem because all members share the mission to reduce pain and suffering, which serves as motivation to help Oregonians. He then closed the meeting, noting that staff will work on any areas identified before the workgroup's next meeting on Wednesday, August 27, 4-7PM, and will send updated materials and draft rules a week before the next meeting.

Dr. Babu adjourned the meeting at 6:52pm

As a POCA Auricular Acu-Technician (AAT), I understand, agree and attest that I:

1. Respect the inherent dignity and worth of all human beings and will provide trauma-informed care for the empowerment of all those treated with the 5NP technique;
2. Will strive to understand the broader context of the structural and social determinants of health, while working to combat the stigma that surrounds people struggling with addiction and trauma;
3. Will hold space for resilience in all persons served;
4. Will implement the 5NP in a supportive and nurturing way in the recognition of the right to humane treatment of suffering directly or indirectly from addiction, trauma, and other behavioral health issues in general;
5. Will never withhold treatment as punishment or use 5NP in a punitive manner;
6. Will maintain a professional relationship with all persons served and refer them to the appropriate service or practitioner promptly when this is not possible;
7. Will refrain from undertaking any activity where my personal conduct is likely to result in inferior professional services or constitute a violation of law;
8. Will adhere strictly to the established rules of confidentiality of all records, materials and knowledge concerning persons served in accordance with all current government regulations including but not limited to HIPAA;
9. Will not associate myself with commerce in such a way as to let it influence, or appear to influence, my attitude towards the treatment of my patients;
10. Will not exploit the 5NP for personal gain;
11. Will keep fees within the reach of and offer sliding scale fees to the general public and marginalized communities in accordance with the key concept of liberation acupuncture of the preferential option for the poor - the belief that acupuncture belongs to the people who need it the most, the people with the fewest resources, the people for whom its simplicity makes it uniquely accessible;
12. Will provide accurate information regarding my education, training, experience, professional affiliations, certifications and licensure;
13. Will not claim directly or by implication professional qualifications exceeding those that I have actually attained;
14. Will recognize the limits of my ability, providing services only in those areas where my training and experience meet recognized professional standards;
15. Acknowledge that training in the 5NP technique does not imply competency to use acupuncture in general unless so trained and licensed;
16. Will limit my practice of acupuncture to the 5NP technique unless I am a permitted to perform acupuncture in general under the scope of practice of my professional licensure;
17. Will regularly evaluate my own professional strengths and limitations, biases and levels of effectiveness and to strive for self-improvement by seeking professional development through further education and training;

18. Will practice the 5NP in accordance with state, provincial and/or local regulations where such exist;
19. Will seek supervision as needed and as required by state, provincial and/or local regulations;
20. Will respect the integrity of other forms of healthcare and to make efforts to build bridges and develop collaborative relationships to achieve the best possible care for individual patients;
21. Will recommend the 5NP in conjunction with appropriate counseling and supportive services;
22. Always recognize that I have assumed a serious social and professional responsibility due to the intimate nature of my work that significantly touches upon the lives of other human beings.

By signing below I agree to uphold the foregoing pledge:

Signature: _____

Printed Name _____

Today's Date: _____

Date training was completed: _____

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Board of Pharmacy

Chapter 855

Division 125
CERTIFIED OREGON PHARMACY TECHNICIANS AND PHARMACY TECHNICIANS

855-125-0010
Licensure: Qualifications – Certified Oregon Pharmacy Technician or Pharmacy Technician

(1) To qualify for licensure as a Certified Oregon Pharmacy Technician or Pharmacy Technician, an applicant must demonstrate that the applicant is at least 18 years of age and has completed high school (or equivalent).

(2) To qualify for licensure as a Certified Oregon Pharmacy Technician, the applicant must also demonstrate that the applicant has taken and passed a national pharmacy technician certification examination offered by:

(a) Pharmacy Technician Certification Board (PTCB); or

(b) National Healthcareer Association (NHA).

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.225 & ORS 689.486
History:
BP 18-2023, adopt filed 08/16/2023, effective 03/01/2024

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Oregon Health Authority

Equity and Inclusion Division - Chapter 950

Division 60
TRADITIONAL HEALTH WORKERS

950-060-0080
Standards of Professional Conduct

(1) An Authority certified THW shall comply with Standards of Professional Conduct set forth in this rule. The violation of the standards may result in the suspension or revocation of certification or denial of an application for renewal.

(2) THWs shall:

(a) Acquire, maintain, and improve professional knowledge consistent with THW standards and competence using scientific, clinical, technical, psychosocial, governmental, cultural, and community-based sources of information;

(b) Adhere to Authority standards within the scope of service provision, documentation, and billing, as described in OAR 410, division 120.

(c) Ensure that all actions are within their scope of practice with community members and are based on understanding and implementing the core values of caring, respect, compassion, ethical boundaries, and appropriate use of personal power;

(d) Develop positive collaborative partnerships with community members, colleagues, and other health care providers to provide care, services, and supports that are safe, effective, and appropriate to a community member's needs;

(e) Regardless of clinical diagnosis, develop and incorporate respect for diverse community member backgrounds when planning and providing services, including lifestyle, sexual orientation, race, gender, ethnicity, religion, age, marital status, political beliefs, socioeconomic status, disability, personal characteristic, condition, or state;

(f) Act as an advocate for community members and their needs;

(g) Support self-determination for community members in a culturally responsive, or culturally appropriate, trauma informed manner;

(h) Make decisions and act based on sound ethical reasoning and current principles of practice in a way that supports empowerment and respect for community members' culture and self-defined health care goals;

(i) Maintain individual confidentiality;

(j) Comply with laws and regulations involving mandatory reporting of harm, abuse, or neglect while making every effort to involve the individuals in planning for services and ensuring that no further harm is done to family members as the result of the reporting;

(k) Recognize and protect an individual's rights as described in section (3) of this rule.

(3) Individuals have the right to:

(a) Dignity and respect;

(b) Freedom from theft, damage, or misuse of personal property;

(c) Freedom from neglect and abuse, whether verbal, mental, emotional, physical, or sexual;

(d) Freedom from financial exploitation;

(e) Freedom from physical restraints;

(f) Freedom from discrimination in regard to race, color, national origin, disability, gender, sexual orientation, socioeconomic status, size, type of diagnosis criminal history or religion;

(g) Confidentiality of their information and records; and

(h) Give voice to grievances or complaints regarding services or any other issue without discrimination or reprisal for exercising their rights.

Statutory/Other Authority: ORS 413.042, 414.665 & ORS 414.635
Statutes/Other Implemented: 181.537, 414.665 & ORS 414.635
History:
DMAP 40-2023, renumbered from 410-180-0340, filed 05/04/2023, effective 05/04/2023
DMAP 49-2022, amend filed 04/22/2022, effective 04/22/2022
DMAP 80-2018, amend filed 07/06/2018, effective 07/06/2018
DMAP 56-2016, f. 9-30-16, cert. ef. 10-1-16
DMAP 66-2013, f. & cert. ef. 12-3-13
DMAP 42-2013(Temp), f. & cert. ef. 8-2-13 thru 1-29-14

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Oregon Health Authority

Equity and Inclusion Division - Chapter 950

Division 60
TRADITIONAL HEALTH WORKERS

950-060-0060
Application and Renewal Process for Traditional Health Worker (THW) Certification and Registry Enrollment

(1) Individuals seeking THW certification and registry enrollment shall:

(a) Be at least 18 years of age;

(b) Not be listed on the Medicaid provider exclusion list;

(c) Successfully complete all training requirements for certification in a traditional health worker category as outlined in these rules;

(d) Pass a background check as described in OAR 950-060-0070;

(e) Beginning August 31, 2018, successfully complete an Authority approved oral health training;

(f) Submit to the Authority all required documentation and a completed application on an Authority prescribed form.

(2) An individual applying for certification or renewal as a peer support specialist as that term is defined in OAR 950-060-0010 can have their background check completed by an outside entity pursuant to OAR 950-060-0070 and be verified by that entity to the Authority:

(a) The entity's certification requirements shall include all peer support specialist's certification and renewal requirements set forth in these rules;

(b) For Authority certification or renewal and entry into the registry, peer support specialists shall either:

(A) Have the outside entity submit their certification and background check information to the Authority; or

(B) Submit to the Authority all required documentation and a completed application on an Authority prescribed form.

(3) Individuals seeking THW certification and registry enrollment as a Legacy Clause for community health worker, peer wellness specialist, personal health navigator, peer support specialist, or birth doula shall:

(a) Be at least 18 years of age;

(b) Not be listed on the Medicaid provider exclusion list;

(c) Pass a background check as described in OAR 950-060-0070;

(d) Submit to the Authority all required documentation and a completed application on an Authority prescribed form including:

(A) A minimum of one letter of recommendation from any previous employer for whom THW services were provided within the last five years; and

(B) Verifiable evidence of working or volunteering in the capacity of a community health worker, peer wellness specialist, or personal health navigator for at least 3000 hours within the last five years; or

(C) Verifiable evidence of working or volunteering in the capacity of a peer support specialist for at least 2000 hours within the last five years.

(D) Verifiable evidence of attending 10 births and providing 500 hours of community work supporting birthing persons and families in the capacity of a birth doula within the last five years.

(E) Individuals applying for multiple certifications using the Legacy Clause will need to provide to the Authority all the supporting documents/evidence for each worker type or sub worker type requested.

(F) Submit a completed renewal application on an Authority prescribed form no later than six months after the expiration of the current certification period.

(4) An individual may withdraw from the application process for certification and enrollment or from the registry by submitting written notification to the Authority unless a complaint investigation or revocation proceeding is underway.

(5) Applicants shall apply for certification within three years of completing a training program to be eligible for certification and registry enrollment.

(6) Applicants denied certification because they completed a training program more than three years prior to application may file an appeal with the Authority for an exemption.

(7) If the Authority determines that an applicant meets the requirements of this section, the Authority shall notify the applicant in writing granting the individual certification as a THW and adding the individual to the registry.

(8) Certification is valid for 36 months from the date of certification.

(9) A THW seeking certification renewal shall:

(a) Submit a completed renewal application on an Authority prescribed form no less than 30 days before the expiration of the current certification period;

(b) Pass a background check as described in OAR 950-060-0070;

(c) Provide written verification indicating that the certificate holder meets the applicable requirements for continuing education set forth in OAR 950-060-0050; and

(d) Submit verifiable evidence of completion of an oral health training;

(e) Completion of an Authority approved oral health training shall need to occur only one time;

(f) An individual applying for renewal as a THW, whose certification lapsed for more than 6 months will be required to take a competency skills test administered by the Authority or third party organizations who are approved by the Authority , in addition to providing proof of completion of the number of CEUs required for their worker type.

(10) The Authority shall remove a THW from the registry if the THW fails to renew certification within the three-year renewal period.

(11) THWs removed from the registry following certification expiration shall be denied renewal unless they file an appeal with the Authority within 60 calendar days of certification expiration and are granted an exemption.

Statutory/Other Authority: ORS 413.042, 414.665 & ORS 414.635
Statutes/Other Implemented: 181.537, 414.665 & ORS 414.635
History:
EID 1-2025, temporary amend filed 07/03/2025, effective 07/07/2025 through 12/26/2025
OEI 14-2023, minor correction filed 05/12/2023, effective 05/12/2023
DMAP 40-2023, renumbered from 410-180-0325, filed 05/04/2023, effective 05/04/2023
DMAP 49-2022, amend filed 04/22/2022, effective 04/22/2022
DMAP 80-2018, amend filed 07/06/2018, effective 07/06/2018
DMAP 56-2016, f. 9-30-16, cert. ef. 10-1-16
DMAP 3-2014, f. & cert. ef. 1-15-14
DMAP 42-2013(Temp), f. & cert. ef. 8-2-13 thru 1-29-14

From: Bex Groebner <[redacted]>
Sent: Tuesday, September 9, 2025 11:41 AM
To: ROSS Elizabeth * OMB
Subject: Re: Written Comment - HB 2143 Workgroup Five-Needle (5NP) Protocol

Hi Elizabeth!

I think my comment below may have gotten missed. Can you let me know you received it? Thank you!

On Sep 6, 2025, at 1:46 PM, Bex Groebner <[redacted]> wrote:

To the Oregon Medical Board and the 5NP Workgroup,

Thank you for the opportunity to provide input on the implementation of HB 2143 and the development of rules regarding the Five-Needle Protocol (5NP).

I am a Doctor of Acupuncture and run a Portland-based acupuncture business called The Local Healer, where I have employed and mentored a number of acupuncturists in the last decade. I have taught medical ethics, biomedical physiology & pathology, nutrition, living anatomy, and pediatrics classes to acupuncture and naturopathic students at both NUNM and OCOM since 2015. I am a past board member of the Oregon Association of Acupuncturists.

I currently serve as the Clinical Training and Program Director and a clinical supervisor for the Acupuncture Relief Project/Good Health Nepal, where we operate free, rural primary care clinics. Since 2017, I have trained and supervised many international healthcare providers at our clinics in the Makwanpur Region of Nepal, including acupuncturists, physical therapists, chiropractors, massage therapists and naturopathic doctors. My work has consistently centered on safety, access, and education in integrative medicine.

From this perspective, I strongly support accessible and community-based training standards for 5NP. This protocol has a decades-long history of safe use in diverse and marginalized communities, including Black, Native, veteran, recovery, and protest communities. It has proven to be a low-risk, effective tool for addressing trauma, addiction, pain and stress in contexts where barriers to licensed acupuncture or other health services are high.

Key features of 5NP include:

Safety and Simplicity: 5NP is a *standardized, non-diagnostic ear protocol* using only five points. It is inherently low-risk, requires minimal training, and has been delivered safely for decades in both clinical and community-based settings.

Equity and Access: ***The purpose of HB 2143 is to expand access.*** If training requirements are made unnecessarily burdensome, the very peer providers and community members who most need this tool will be excluded. Brief, focused training with clear safety guidelines is sufficient to prepare individuals to provide 5NP responsibly.

Public Health Impact: In both my professional practice and personal life, I have seen 5NP make a meaningful difference, from harm reduction work in Oregon, to addiction recovery

settings, to international primary care clinics. Its ability to promote nervous system regulation and vagal tone provides profound benefits in situations of trauma, stress, and addiction.

I recognize that some licensed acupuncturists have voiced too-late opposition, suggesting that 5NP is a “medical procedure” requiring advanced training in Chinese medicine theory and clinical judgment. With respect, this is a mischaracterization of both the protocol and its history.

5NP is a standardized, non-diagnostic procedure requiring very basic technical skill. There is no diagnosis involved, and the law itself makes clear that 5NP practitioners are not practicing acupuncture as defined under existing rules. Unlike body acupuncture, it does not require knowledge of meridians, syndrome differentiation, or broader Traditional Asian medical theory. The most important safety considerations are straightforward: clean needle technique, awareness of fainting response, and prevention of needle stick injuries. These can be fully taught in a short, focused training.

It is also important to clarify the history:

- Auricular point theory was first mapped by **Dr. Paul Nogier**, a French physician in the 1950s, after observing folk cauterization practices in the Lyon region for sciatica.
- His model was reflexology-oriented and biomedical in its framing and the auricular homunculus (the ‘inverted fetus’ representation of the body on the ear) does not derive from classical TCM theory.
- Chinese medicine researchers later integrated and validated Nogier’s work within their own framework during the 50s and 60s.

In the 1970s, **Dr. Michael Smith** at Lincoln Hospital in the South Bronx adapted auricular acupuncture into the Five-Needle Protocol, specifically for addiction treatment in marginalized communities.

To insist that 5NP requires a foundation in Chinese medicine theory is historically inaccurate. The protocol was developed outside of traditional TCM frameworks and then adapted for community health and recovery settings, precisely because it could be taught quickly and delivered safely without years of specialized training.

For these reasons, I strongly encourage the Board to keep training requirements proportionate to the actual scope and risks of the procedure. We can support safe, accessible practice while honoring the intent of HB 2143. Over-regulation or gatekeeping risks undermining the very communities this law was designed to serve.

Thank you for centering community health in this important process.

Respectfully,

Dr. Rebecca Groebner, DAc, LAc

[redacted]

September 9th, 2025

Regarding: 5NP Ear Acupuncture Law - public support!

Attn: OMB Acupuncture Advisory Committee

My name is Moses Cooper and I have had the privilege of serving lower income patients with community acupuncture in the Portland area since 2005. As an acupuncturist employee of Working Class Acupuncture (WCA) for two decades, and as an acupuncture clinical supervisor for student interns in the only community acupuncture school (POCA Technical Institute), I have supported well over 60,000 patients, and counted. I have accompanied patients while they management forms of stress, pain, and addiction recovery.

WCA is the founding clinic of the larger community acupuncture movement. Community acupuncture prioritizes a preferential access to marginalized patient populations; accompaniment; trauma-informed communication; and, ease of access to services, including accessible pricing for services.

In my years of direct patient care, I observe a clear need from patients (and supporters of patients, such as family/friends/coworkers) for low barrier health services. I specifically notice a need for addiction recovery services for many kinds of substances. There is a clear need for ways to support ordinary and lower income people to manage acute and chronic forms of toxic stress. I observe a need for long term support in emotional regulation, that affects physical muscle tension and physical pain management.

I see 5NP ear acupuncture programs as a profoundly helpful and needed form of community healthcare. 5NP ear acupuncture is, for me, a realistic approach for supporting people managing high intensity mood regulation and addiction recovery from any type of addictive substance.

Ear acupuncture supports the body/mind to move into a calmer emotional state. This supports anyone managing intense stress levels and thus softens dramatic mood fluctuations that typically accompany deeply challenging loss of support, whether losing a coping substance or valued relationships. 5NP treatment is used to treat alcoholism, substance abuse, trauma, and chemical dependency.

5NP ear acupuncture is supportive in many ways:
- Impressively portable. It can be used in varied environments and locations (from health clinics to business offices, and from outdoor pop-up events to disaster recovery shelters)
- Relatively easy and timely to train and to learn, by lay individuals,
- Relatively low cost to offer training to staff and services to patients,

- Offered using trauma informed communication, which minimizes shame in relation to patients accessing addiction recovery services
- Safe to perform and to receive. Minimal-to-no side effects (rare, if any…)

5NP acupuncture treatment is used to manage many and varied mental health and mood challenges at the same time. It can be used to manage addiction to alcohol, nicotine, cannabis, alcohol, using harder drugs, managing prescribed medication side effects, or any other substance abuse experiences. It is non-toxic, can be used while taking any other substances, can be administered quickly, with minimal training, and minimal side effects. 5NP is clearly a supportive form of healthcare!

I fully support the Oregon 5NP ear acupuncture program creation, and thank you for supporting Oregon residents as you develop the rules for using this new community support tool.

Thank you for your investment in community ;-)

Moses Cooper, L.Ac.

Punk & Supervisor
Working Class Acupuncture - Rockwood
www.workingclassacupuncture.org
2240 SE 182nd Ave
Portland, OR 97233
[redacted]

Beardall Acupuncture and Chiropractic Clinic, PC
Christopher Beardall, DC, L.Ac.
[redacted]

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

Re: Formal Commentary on the Proposed Administrative Rules for HB 2143
Recommendations for Upholding Patient Safety and Professional Standards for the Five-Needle Protocol in Oregon

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

I respectfully submit the following formal commentary on the proposed administrative rules for House Bill 2143 (2025), specifically regarding the regulation of the Five-Needle Protocol (5NP) and the registration of 5NP technicians. My intent is to assist the Board in fulfilling its statutory mandate to protect the health, safety, and welfare of Oregonians while ensuring that access to care does not come at the expense of patient safety or professional accountability.

Introduction: Upholding Public Safety in Rulemaking for HB 2143

House Bill 2143 defines the 5NP and authorizes the creation of a new category of practitioner—the 5NP technician. The Oregon Medical Board has been granted explicit discretionary authority to establish training requirements, sanitation standards, and overall regulatory oversight for this new role. This is not a passive duty but a direct obligation to ensure that rules align with the Board's mission of safeguarding public health.

While the legislative intent to expand access to supportive care for individuals facing substance use, trauma, and mental health challenges is commendable, it is imperative that administrative rules reflect rigorous standards of training, infection control, scope of practice, documentation, and program oversight. Anything less risks creating a two-tier system of care that exposes already vulnerable populations to preventable harm.

This commentary identifies five areas where the August 28, 2025, workgroup draft falls short and offers evidence-based recommendations:

1. Training and qualifications

2. Clinical supervision and scope of practice
3. Infection control protocols
4. Documentation standards
5. Oversight of training programs

Section 1: Training and Qualifications

- **Problem:** The proposed 31-hour training standard is grossly inadequate compared to other ancillary health roles (e.g., phlebotomy and medical assisting) and inconsistent with the National Acupuncture Detoxification Association (NADA) protocol.
- **Risk:** Allowing minimally trained technicians to perform invasive auricular acupuncture risks patient injury and misrepresents the standardized NADA protocol.
- **Recommendation:** Require a minimum **70 hours of training**, including 30 hours of didactic instruction and **100 hours of supervised clinical practice**. Curriculum should include Clean Needle Technique (CNT), OSHA Bloodborne Pathogen training, auricular anatomy, adverse event management, ethics/scope, and trauma-informed care.

Section 2: Clinical Supervision and Scope of Practice

- **Problem:** Allowing unsupervised practice is inconsistent with Oregon's standards for allied health professionals and contradicts integrated care models.
- **Risk:** Vulnerable patients with substance use or mental health disorders may present with complex co-morbidities, creating risks far beyond the competence of minimally trained technicians.
- **Recommendation:** Require **general supervision** by a licensed healthcare provider (MD, DO, NP, or L.Ac.), formal referral/collaboration agreements, and a **strictly limited scope**—restricted only to the insertion of five sterile needles into the five specified auricular points.

Section 3: Infection Control

- **Problem:** Draft language permitting patient self-removal of needles directly violates the **OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030)** and CDC safe injection guidelines.
- **Risk:** Legal liability for the state, public exposure to bloodborne pathogens, and unsafe sharps handling.
- **Recommendation:** Explicitly incorporate OSHA standards, prohibit unsafe practices (e.g., patient removal of needles, recapping), and require practitioner-only removal with immediate sharps disposal.

Section 4: Documentation Standards

- **Problem:** Requiring only a signed consent form fails to establish continuity of care, professional accountability, or regulatory oversight.
- **Risk:** Lack of treatment records undermines patient safety, obstructs complaint investigations, and exposes patients to fragmented care.
- **Recommendation:** Require a **treatment record for every session**, including patient identifiers, date/time, practitioner signature, confirmation of needle insertion/removal, adverse events, and retention for at least 7 years.

Section 5: Oversight of Training Programs

- **Problem:** No mechanism currently exists for OMB oversight of training institutions, risking inconsistent or substandard education.
- **Risk:** Inadequate preparation of practitioners, proliferation of unregulated training entities, and erosion of public trust.
- **Recommendation:** Require **OMB approval of training programs**, submission of detailed curricula, instructor qualifications, supervised clinical plans, and periodic audits for compliance.

Conclusion: Prudent Regulation to Preserve Trust

The Oregon Medical Board has a critical opportunity—and responsibility—to ensure that the implementation of HB 2143 both increases access to care and upholds the highest standards of public safety. The draft rules, as currently written, fall short of these obligations. By adopting the recommendations outlined above, the Board can establish a framework that both honors legislative intent and protects the people of Oregon from preventable harm.

I urge the Board and the Acupuncture Advisory Committee to incorporate these recommendations before advancing the administrative rules for final approval. Thank you for your attention to these critical issues and for your continued commitment to safeguarding the health and safety of our communities.

Respectfully submitted,

Christopher Beardall, DC, L.Ac.

September 9, 2025

Oregon Medical Board
1500 SW 1st Avenue, Suite 620
Portland, OR 97201

Dear members of the Acupuncture Advisory Committee,

My name is Winona Vaitekunas and I am a graduate of POCA Technical Institute (POCA Tech) and a board member of POCA Cooperative (POCA). I'm writing to share my personal comment regarding rule making for House Bill 2143.

First, I would like to personally thank the members of OMB's Acupuncture Advisory Committee and the previous work by OMB's 5NP Workgroup for the time and effort toward implementing this bill. As a member of POCA Tech's 8th Cohort, I was one of the first people involved in the initial thought experiment and research project that blossomed into a relationship with NAYA Action Fund and their continued community of support that has accompanied this bill from the beginning.

HB2143 has always been a bipartisan and community-oriented collaborative effort to bring this simple and safe protocol to Oregonians. I began participating in the Oregon Association of Acupuncturists (OAA) Legislative Advocacy Committee meetings in January of 2024 to present the idea of a future bill to bring 5NP technicians to Oregon. NAYA Action Fund's 5NP Coalition continued to collaborate with the OAA at committee and board meetings throughout the legislative process of the bill. Thanks to their input, and the support of 87 public testimonies in favor of the bill, HB2143 passed unanimously through the Oregon House of Representatives and with an overwhelming majority in the Oregon Senate. Oregon legislators confidently voted in favor of HB2143 because of the demonstrated positive impact this auricular protocol brings.

Now, we stand at the precipice of a new piece of Oregon's history through this rulemaking process. Oregon follows after nearly half of the United States to allow non-acupuncturists to provide 5NP. Thanks to over four decades of research and tens of states legislation before us, we have the ability to learn from history as we move forward in making our own. In that regard, I'd like to share the following legislative data:

1. States requiring supervision of 5NP technicians are in the national minority.

14 states have a route to 5NP techs practicing without licensed supervision.
6 states require direct supervision.
4 states delegate the role exclusively to licensed healthcare providers such as nurses, PAs, and physicians.

Source:

Stuyt, Elizabeth B et al. “NADA Protocol for Behavioral Health. Putting Tools in the Hands of Behavioral Health Providers: The Case for Auricular Detoxification Specialists.” *Medicines (Basel, Switzerland)* vol. 5,1 20. 7 Feb. 2018, doi:10.3390/medicines5010020

2. States with supervision requirements have gone through the legislative process to remove them.

There is active legislative work in other states continuously working to improve accessibility to this protocol. Even Texas amended their law in 2023 to remove the requirement of 5NP techs practicing “under the supervision of a licensed acupuncturist or physician.”

Source:
Texas State Legislature. Texas Constitution and Statutes. Acts 2023, 88th Leg., R.S., Ch. 397 (H.B. 1106), Sec. 1, eff. September 1, 2023.

3. States with restrictive requirements have chosen to amend their legislation to remove them and expand access.

Colorado amended their law in 2021 to remove the a requirement for an auricular acudetox practitioner to be licensed, registered, or certified as a mental health professional. Their 5NP techs must simply “complete a training program in auricular acudetox… that meets or exceeds standards of training established by the National Acupuncture Detoxification Association.”

Texas amended their law in 2023 to allow more people to qualify to become acudetox specialists and to update the rules adopted by their medical board to allow for “the treatment of addiction, trauma, or physical, emotional, or psychological stress” instead of the initial rules requiring the exclusive treatment of “alcoholism, substance abuse, or chemical dependency.”

There are no location requirements in any bill that I’m aware of, and no state has felt the need to implement or amend rules restricting where 5NP can be practiced.

Source:
Colorado General Assembly, "Concerning the Practice of Auricular Acudetox by a Professional, and, in Connection Therewith, Clarifying That in Order to Perform Auricular Acudetox, a Person Does Not Need to Be Licensed, Certified, or Registered as a Mental Health Professional." (2021). Session Laws 2001-Present. 8824

Texas State Legislature. Texas Constitution and Statutes. Acts 2023, 88th Leg., R.S., Ch. 397 (H.B. 1106), Sec. 1, eff. September 1, 2023.

I strongly support keeping the spirit of 5NP forefront to this rulemaking process. This protocol was created by Black and Puerto Rican revolutionaries treating addiction in their communities. Now over four decades later, Oregonians and organizations like the Native American Youth and Family Center (NAYA), APANO, Pineros y Campesinos Unidos del Noroeste (PCUN) and Family Forward Oregon (FFO) are asking for effective community healing that can only happen through

your decision to prioritize accessibility and think critically about how your rulemaking process impacts people in our community. NADA and POCA have grown out of these communities and provided safe and effective auricular acudetox training for years that has been the national, and international, standard for safe trauma-informed care through 5NP. Like the 5 Needle Protocol, this law was designed to provide a safe and effective tool to the most marginalized people in the healthcare system, so I ask that you listen closely to them as you meet as a committee and move forward with OMB through the rest of this rulemaking process.

Thank you,

Winona Vaitekunas

From: Nancy Whitson <[redacted]>
Sent: Tuesday, September 9, 2025 4:18 PM
To: ROSS Elizabeth * OMB
Cc: Tony Whitson
Subject: A Few Additional Comments re:: 5NP Draft Regulations and FAQs

Hiello, Elizabeth

Here are just a few more thoughts I want to add.
The first are regarding language in the regulations that appears unclear or problematic in places, which were clarified so very effectively in the FAQs. My concern is that, since the FAQs do not become part of the law, the law itself will remain vague and subject to interpretations not in line with what the OMB intends in enacting these regulations.
Some of these key issues need to be clearly stated in the regulation itself.

In Item#2. (and any other items that refer to the 5np treatment)–would it be helpful to replace "treatment" with "protocol, to alleviate confusion between the 5NP protocol and a possible illegal practice of medicine?

(Item 3 p 22 describes 5NP as a community-centered healing practice. Thinking of various forms of community healing practices: Are they also "practicing medicine" illegally?)

FAQ Items 9 & 14 state that in addition to registered 5NP Techs, "physicians with appropriate training" are also qualified to provide 5NP. This appropriate training stipulation does not appear in the actual regulation. I think it should be stated clearly in the regulation, so that it is clear that only persons who have had training in ear acupuncture will be practicing it on the public.

(FAQ)Items 10&11. "Good moral character as those traits relate to the candidate's ability to perform the protocol". The meaning of this sentence is not clear, as has been voiced by many participants.
The FAQs do make clear the Board's intention, but again, the language in the FAQs is not part of the law.
I did hear explained in the meeting that without that requirement, the board would have no basis for excluding anyone who met the requirements. But clarity is needed re: what kinds of person–who is a known member of the community, selected, trained, evaluated and passed in content and practice, by an approved 5NP training program, which then maintains a commitment to provide that person ongoing support– would need to be excluded? (Someone with real "bad moral character" would not get past all that vetting).
If that requirement stays in the reg, and if it must use the term "good moral character" then it needs to include language such as that in the FAQ: " To be evidence of a lack of good moral character, the acts or conduct in question must be rationally connected to the applicant's ability to safely provide 5NP treatments." and , "**as evidenced by:** (letters of

recommendation, the findings of the criminal background check, prior history, or whatever would be actual evidence of moral character).

Without stipulating what the criteria are for "good" or "bad" moral character, it remains a subjective value judgement, and open to changes in moral/cultural climate and interpretation.

Two other items where I'd like to support the proposed regulation as currently written:

(FAQ) Item 12. The length of training needed to safely and effectively provide this protocol . This has been well-established; there's no basis for changing it, and consistency of requirements is important for smooth implementation and coordination with established auricular acupuncture certification trainings.

(FAQ) Item 10. Those opposing the 18 min age kept repeating the worry that these regs allow "any 18 y/o" to practice 5np–ignoring the multiple additional qualifications, at each step of which the person's suitability and capability would continue to be assessed.

Thank you very much for reading through and considering all my concerns.

Nancy Whitson
former (retired, inactive) RN, PHN, NP, CNM, IBCLC

From: Matthew Jernstedt <[redacted]>
Sent: Tuesday, September 9, 2025 1:48 PM
To: ROSS Elizabeth * OMB
Subject: 5NP

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

Hi there, I just want to give my support in favor of passing the 5NP bill to allow greater access to this helpful protocol. As a social worker, It would be extremely beneficial to have more tools, including 5NP, to better serve my community. I look forward to having access to 5NP Tech training starting next March!!

Sincerely,
Matthew Jernstedt

From: Jaxinn Kearns <[redacted]>
Sent: Tuesday, September 9, 2025 6:56 AM
To: ROSS Elizabeth * OMB
Subject: HB 2143

Dear AAC and OMB,
I am writing to share my concerns regarding HB 2143, also known as the 5NP bill. I am not an acupuncturist or a licensed healthcare provider, but learned about this bill during a recent doctor's appointment. I feel compelled to add my perspective as an 18 year old member of the public with experience in peer mentorship and community health work through the Oregon Department of Human Services.
I have lived experience with PTSD, I have seen the devastating effects of addiction, and I deeply value affordable, accessible community healthcare. For those reasons, I find this bill both surprising and quite troubling. The idea that the OMB might allow any 18 year old with only a day or two of training to insert needles into vulnerable patients is alarming. The person who cuts my hair is required to complete far more training and oversight than what this bill proposes for someone performing a medical intervention.
This bill is framed as a way to increase access to care, but in reality, it risks lowering the quality of care for those who need it most. It is especially concerning that it targets marginalized populations, who already face inequities in healthcare, by offering them subpar treatment from undertrained providers. I understand that this is just one service out of what should be a comprehensive care plan, but it appears to be cutting corners. Rather than addressing disparities and systematic problems with our healthcare system, this approach seems to shortchange the very communities it claims to serve.
Oregon already has accessible acupuncture options, with coverage through Medicaid and other insurance programs. Licensed acupuncturists are well-trained professionals who provide safe, effective, and comprehensive care. If the true goal is to increase access, why not elevate and expand the role of these trained providers and increase the insurance acupuncture coverage mandate instead of carving off small fragments of their expertise and handing them to minimally trained individuals? At the very least, this treatment should remain within licensed medical offices and under the direct supervision of licensed acupuncturists. The relative safety of this treatment to date is due to being practiced with professional oversight and medical supervision. Stripping away those safeguards puts patients at unnecessary risk and I am offended that this is posing as a solution.
If we accept the logic of this bill, where does it stop? Could other medical procedures such as suturing or mole removal be reduced to "weekend certificates"? This path risks dismantling healthcare into fragments of superficial training, rather than preserving the integrity and safety of medicine as a whole. A barefoot doctor, a Traditional medical provider, a lay midwife doesn't gain a license in a weekend. This is a sloppy interpretation of grassroots medicine.
I urge the OMB to reject quick fixes and instead make decisions that support long-term, safe, and responsible healthcare for our communities. True access comes from empowering trained providers to practice at the top of their scope, not from lowering standards for the most vulnerable.
Thank you, J.P.

From: Jemila Hart [redacted]>
Sent: Tuesday, September 9, 2025 6:26 AM
To: ROSS Elizabeth * OMB
Subject: Written Comments for Acupuncture Advisory Committee Meeting on 9/12

I support 5NP!

The 5NP protocol is a simple, safe and effective tool for treating addiction and trauma. 5NP becomes an especially powerful tool for healing when put in the hands of people working to address addiction and trauma in their own communities.

Jemila Hart, LAc

From: Sara <[redacted]>
Sent: Monday, September 8, 2025 2:41 PM
To: KINGHAM Gretchen * OMB; ROSS Elizabeth * OMB
Subject: For OMB AAC Meeting Packet Please

Dear AAC,

My name is Sara Biegelsen and I was a member of the community input based work group that just concluded on the 5NP Rules and Regulations. I wanted to reach out to this next phase of the Rules and Regs process to put voice to some of the sideline concerns that began to arise that were not actual draft material we were there to discuss.

If the topic of adding Supervision is actually addressed in your meetings, though it is not in the current draft of OMBs Rules and Regs, I would like to advocate against it.

Adding Supervision seems like a misuse of OMB time and money. If it seemed that adding Supervision as a requirement to 5NP Rules and Regs made Oregonians safer, I would not say this.

I do not believe that having a Supervisor actually increases safety. I believe it to be more of an obstructive bureaucratic layer to the process. I believe that the majority of 5NP practicing states function quite safely and well without Supervision as a component to their Rules and Regs.

Part of the information shared to 5NP Trainees (future 5NP Technicians) is that they are always able to reach out and check back in with their trainers if/when they need support or guidance. Additionally, there is typically a forum trainees are invited to upon completion of training so they have peer support available as well.

I did a little self-education and was looking at the OMBs 2 year process of **un**-supervising PAs between 2022 and 2024 seems like a lesson already learned.

Additionally, of the portion of states that have 5NP legislatures that include Supervision, I believe most are *general* as opposed to *direct*, and some are even beginning their process to remove the Supervision portion of their Rules and Regs.

5NP is a system created for and by communities to create access via trust. It seems having a supervisor's presence required not only makes access harder (finding someone willing to sit around while the 5NP clinic occurs) but also weakens the component of trust and community building that is central to 5NP and its generative second-hand benefits.

Thank you for your consideration.
And my apologies for taking up your time if this is not even something that you are discussing.

with gratitude,
Sara Biegelsen, LAc.

From: KINGHAM Gretchen * OMB
Sent: Monday, September 8, 2025 8:25 PM
To: ROSS Elizabeth * OMB
Subject: FW: In support.

From: Nikita Vincent <[redacted]>
Sent: Monday, September 8, 2025 4:50 PM
To: KINGHAM Gretchen * OMB <Gretchen.Kingham@omb.oregon.gov>
Subject: In support.

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

Nikita Vincent

[redacted]

[redacted]

[redacted]

September 8, 2025

Oregon Medical Board
Acupuncture Advisory Committee

Dear Members of the Oregon Medical Board,

I am writing in strong support of the continued approval and expansion of the 5 Needle Protocol (5NP) as a recognized and supported practice in Oregon.

As a person who has been clean for 24 years, I know firsthand the ongoing challenges of recovery. I had the opportunity to experience 5NP once, and I truly believe that if this practice were more widely available, it could provide meaningful support to others working to sustain their sobriety.

This tool is especially important for communities of color in rural areas, where access to culturally relevant and affordable recovery resources is often limited. By ensuring that 5NP remains a supported practice, the Oregon Medical Board can play a critical role in expanding access to care and giving people in recovery another pathway toward healing and stability.

I urge you to continue your support of 5NP as a needed and valuable practice for the health and well-being of our communities. Specifically rural communities where support is needed most.

Thank you for your leadership and commitment to expanding equitable health options in Oregon.

Sincerely,

Nikita Vincent

From: [redacted]
Sent: Monday, September 8, 2025 3:56 PM
To: ROSS Elizabeth * OMB
Subject: 5NP technicians

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

Attn: Acupuncture Advisory Committee of the Oregon Medical Board
Re: Rules for 5NP Technicians

I am concerned about the safety of the practice of acupuncture in Oregon,
regarding the new practitioner, the 5NP technician.
I ask the Oregon Medical Board to take more time to write these rules.

The 8-29-25 draft of the rules allows anyone age 18 or over to perform this medical treatment independently, with 31 hours of training. No medical experience required, no medical supervision or referral. No restriction on location- in the mall, on a bus, or anywhere.
This 8-29 draft lacks basic infection control items, even allowing patients to remove their own needles, exposing the public to bloodborne pathogens, a violation of OSHA & the CDC.
No documentation of the treatment is required. The patient's signature on a simple consent form suffices.
All of these items are inadequate by current medical standards.
One more- there is no oversight of the training institutions or entities by the OMB.

I recommend that the Acupuncture Advisory Committee of the OMB
Continue the standard standards for 5NP technicians as your other practitioners.

Jill Wyatt
Baker City, OR 97814

Dear Acupuncture Advisory Committee,

My name is Maddie Foley, DACM, LAc, and I practice in Lane County. I am the current Treasurer of the OAA, although I am not writing as a representative of the OAA. I am writing to urge for effective rulemaking recommendations regarding 5 NP, that are in line with established best practices from the 20+ states with similar laws. Most of the concerns we heard in the previous workgroup echoed similar conversations that were addressed and resolved within the OAA meetings, and incorporated both into bill language and rulemaking suggestions in good faith collaboration between OAA and 5 NP advocates. The completed and passed HB 2143 and rulemaking draft is the direct result of 2+ years of collaboration between 5 NP advocates and the OAA.

As acting Treasurer, I have been privy to much of the conversation that took place between 5 NP advocates (including myself), and the OAA board and Advocacy Committee over the past two years. Throughout this process, we have found that we have a lot of common ground regarding concern for patient safety, which has been a priority throughout the 5 NP conversations, and continues to be a priority. Fortunately, 5 NP is an extraordinarily safe, simple, and effective procedure when administered by individuals with proper training, and the training offered by POCA and NADA are both outstanding and appropriate for the level of care 5 NP techs will be performing.

There are a couple items of concern that came up in the workgroup which I would like to address directly, the first being proposed supervision of techs, which I strongly advocate against. For context, I am a volunteer at Serenity Lane in Coburg, where I provide weekly 5 NP treatments for a couple of hours for folks in both acute detox and residential programs. As an acupuncturist already working in this setting, I can attest from experience that it is completely unnecessary to have supervision of techs, and this would be a huge barrier to care and essentially invalidate the entire purpose of having the techs in the first place. Supervising techs would be a huge waste of my time, and I would be hesitant to sign onto that commitment if

asked because I know perfectly well that my role as a supervisor would be extremely minimal, and would not contribute to patient safety. Like most acupuncturists, I'm extremely busy, and don't have time in my schedule to sit around and watch other people perform the same protocol over and over again, nor is it professionally or intellectually stimulating for me to do 5 NP all day myself. If it's a job that I wouldn't want to do, then probably no one would want to do it, and given the already limited number of acupuncturists in our state, that would create a huge barrier to care that's completely unnecessary and not in line with well-established demonstrations of safety and best practice for 5 NP techs.

There are over 20 states that allow 5 NP to be performed by a non-acupuncturist technician, and of those states, 7 or so have supervision requirements of some kind. We have been advised repeatedly by 5 NP practitioners in other states to **avoid** any sort of supervision provisions in rulemaking, because of the unnecessary barriers that have predictably arisen from supervision requirements. **To be clear, supervision would nullify much of the purpose of having technicians in the first place, and make the existence of techs redundant in many ways,** which would be a terrible shame and ultimately pointless given the good that 5 NP could do for so many people, and its safety record. Safety training such as proper disposal of needles, clean needle technique, trauma-informed care, proper needling technique, adverse–effect mitigation and blood borne pathogens are already included in both POCA and NADA training. Additionally, it's a common practice for trainers of these programs to remain an ongoing point-of-contact for practicing technicians after they complete the program.

Additionally, I advocate against restricting the practice to any particular setting or practitioners holding other healthcare licenses. 5 NP, at its core, is a grassroots practice that is best served by meeting people where they are, whether that's in a church basement AA meeting or in the formal structure of a residential treatment facility. Recovery is dynamic, so any practice aimed at supporting recovery needs to meet the varied, dynamic needs of the people receiving care. I have personally delivered 5 NP in a number of non-healthcare settings,

including on the street, at health fairs, and in the Oregon State Capitol building, and the procedure was no more safe or effective because I'm a licensed acupuncturist–it was safe because I adhered to the same basic safety and sanitation protocols that are essential to the training of 5 NP technicians. You simply do not need a healthcare background to be able to understand and safely apply 5 NP, and the training is robust in comparison to the simplicity of the procedure.

So to the members of the AAC –please don't let the theoretically perfect get in the way of the pragmatically good. Some acupuncturists are just never going to like this no matter what, but please understand that we are doing this because people are dying and 5 NP can help. In Oregon we had almost 1,500 fatal overdoses in 2024 alone, and the impact of those numbers on our communities is staggering and devastating. **5 NP is not a threat to the sanctity of acupuncture, it is not a threat to the livelihoods of licensed acupuncturists, nor is it a threat to public safety or positive public perception of acupuncture**. This is our chance to make this practice widely available and to give acupuncture a deserved seat at the table to combat the severe challenges of public health in this day and age. I urge your support for a reasonable set of rules that are in line with the experience and advice of your fellow acupuncturists here in Oregon and in the 20+ states who have already taken on this work. Thank you for your considerations, and for volunteering your time to represent acupuncture in Oregon.

HB 2143- Rules Recommendations

9-8-25 Version/Arndt

Oregon Medical Board
Acupuncture Advisory Committee
1500 SW 1st Avenue, Suite 620
Portland, OR 97201
Re: Public Comment for AAC meeting regarding Division 71 Draft Rules Implementing HB 2143 (Five-Needle Protocol Technicians)

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

I come with years of experience in both western/conventional medicine and in acupuncture.
My career began as a nurse's aid in 1975, progressing to an LPN and then to an RN in 1980. My experience in Portland Adventist hospital included med-surg and ICU-CCU units. Then, it was quite the upheaval in 1982 when I announced I was leaving my successful RN career to study acupuncture! Back then we were the outliers. After working for decades to gain public trust, now it seems that many professionals want to jump on the wagon and add acupuncture to their scope, but they don't realize the complexity needed for practicing acupuncture and in some situations, for practicing medicine.

Below I suggest 3 models for the rules for the 5NP technicians, depending on how much regulation is desired. The OMB could limit certain items for 4-6 years, reevaluate the rules then, and widen the application as decided. This is how LAcs evolved. In 1973 we could only practice in a MD/DOs office and we were "registered". Then we were required to obtain the patient's history or a referral in order to perform acupuncture. In 1991 we changed from "registered" status to "licensed" and gained independent practitioner status. In 1993 our scope of practice was broadened greatly.

I have serious concerns regarding the Division 71 draft rules for House Bill 2143, which involves a new category of "Five-Needle Protocol (5NP) Technicians." The law, HB 2143, begins with a contradictory definition of "5 Needle Protocol" (5NP), by describing it as: "the standardized five-needle treatment protocol in which five points on the human outer ear are stimulated with sterile, single-use disposable needles, ear seeds or ear beads…" then saying "the individual may not hold themselves out as being an acupuncturist or otherwise indicate that the individual is authorized to practice acupuncture, as defined in…" This can only be acupuncture but is not called acupuncture. This contradiction counters the typical statutory protections and sets a dangerous precedent for deregulation through reclassification. Thus, it creates a complicated situation for formulating the rules. This be compared to allowing an individual to drive without a license, as long as s/he reads up on driving and stays within 3 miles of their residence!

THE CURRENT REGULATORY STRUCTURE involves either:

1- obtaining extensive education/training and practice independently, OR
2- obtaining minimal education/training and practicing under the supervision of an extensively-trained practitioner and/or in an institution with extensive oversight.

Note: The lowest requirements for an individual to practice independently of extensively-trained practitioners, or outside of a standard institution in Oregon, are for LMTs who obtain 625 hours of training. It appears that lowest requirements in order for an independent practitioner in Oregon to perform an invasive treatment like insertion of needles are Licensed Acupuncturists.
***The OMB has been regulating MDs for 136 years, Licensed Acupuncturists for 52 years,** and Podiatrists & Pas for years. One would expect that suggestions for options B & C below would continue to be the standard for new practitioners like the 5NP technicians. It appears that only a minority of other states allowing 5NP allow it without supervision.*

THREE POSSIBLE MODELS for RULES for 5NP Technicians

Model A- Techs are independent practitioners with minimal schooling
This is a huge departure from the current regulaty structure as above.
Note: Model A aligns with the situation in many other countries but is atypical for the OMB & the US.

Model B- Techs obtain minimal schooling with clinical supervision by trained practitioners

Model C- Techs are independent practitioners with substantial training but do not require clinical supervision
Note: Models B & C align the training and oversight of the current regulatory structure in Oregon, providing standard safety, quality of care and patients' rights to all populations of patients.
Note: HB 21243 does not define if 5NP Techs as independent practitioners, but left the regulation up to the OMB.

The 8-29-25 draft of the rules formulated by the workgroup seems to follow Model A. It contains many areas of hazards to patient safety and quality of care. Since the 5NP proponents desire easy access for their practitioners (as well as for patients), Model B seems most practical while promoting safety.

Sincerely,
Karina (Natalie) Arndt, Emeritus LAc, Retired RN

Recommendations for 5NP Rules- Modest Training w/Clinical supervision

Note:
Only the lines from the rules draft that require changes are included below.
Additions to the rules are in red. Deletions are in ~~strike-out~~ & in green.

Terminology

Since it appears that the 5NP technician/practitioner will be practicing medicine, omit "individual" and replace with "patient" throughout the rules, consistent with ORS 677.085. As needed, utilize the terms practitioner, treatment, etc.

Rule 00 Purpose Statement (847-071-0000)

~~Five-needle protocol (5NP) represents a unique fusion of ancient Eastern healing practices with modern social justice movements. In Oregon, 5NP is a standardized, supportive treatment for individuals experiencing substance use disorders, mental health conditions, and trauma. The five points are the shen men, sympathetic, liver, kidney and lung points.~~
Five-needle protocol (5NP) involves insertion of acupuncture needles at 5 acupuncture points on the human auricle. The five points are: shen men, sympathetic, liver, kidney and lung. 5NP is intended to provide temporary relief for individuals for symptoms of substance use disorder, mental health conditions, or trauma.
The Oregon Medical Board is responsible for establishing training and registration requirements and regulating the practice of 5NP technicians in order to expand access to safe, standardized, ~~low-barrier~~ easily accessible treatment and to do so in a manner that protects individuals in Oregon accessing 5NP treatments.

Rule 05 Definitions (847-071-0005)

(3) "Five-needle protocol" or "5NP" has the meaning given in Oregon Laws 2025, chapter 296, section 2, the standardized five-needle treatment protocol in which five points on the human outer ear are stimulated with sterile, single-use solid core, disposable needles, ear seeds or ear beads for the purpose of achieving temporary relief from the symptoms of substance use disorder, mental health conditions or trauma. The needles are not to exceed 0.5 inches in length.* The five points are the shen men, sympathetic, liver, kidney and lung points. The locations of the five points are as defined in common acupuncture texts.
**Note: One LAc stated that everyone had agreed, during the drafting of HB2143, that the needles were to be 0.5 inches or less. I endorse such limitation since it wards off applying needles to body points where organ damage can occur.*

Rule 07 Five-Needle Protocol Treatment (847-071-0007)

(2) An acupuncturist licensed under ORS 677.757 to 677.770 may provide 5NP treatment without ~~additional~~ obtaining 5NP registration.
(3) A physician licensed to practice medicine as a medical doctor or doctor of osteopathic medicine pursuant to ORS Chapter 677 may provide 5NP treatment without ~~additional~~ obtaining 5NP registration.

Rule 20 Qualifications (847-071-0020)

(1) An applicant for registration as a five-needle protocol (5NP) technician must:
(a) ~~Be at least 18 years of age;~~ Be at least 21 years of age or direct supervision/onsite of tech ages 18-20;

Rule 25 Training Requirements (847-071-0025)

With a brief look, it looks acceptable, but we were not able to completely review this section.

847-071-0025 (2) **The 5NP training program must include** *
at least ~~30 hours~~ 60 hours* of didactic education
and ~~40~~ ears 30 hours of supervised clinical training* and 40 ears needled during supervised clinical training,
Note: Licensed acupuncturists fulfill roughly 2500 hours of graduate-level education during a 3-4 year program.
**Note: Most phlebotomy programs require 40-80 hours of classroom training and 20-40 hours of clinical experience.*
mechanisms to monitor a participant's engagement, and contain the following elements:
~~(a) Sanitation and hygiene techniques,~~
a) Full training in the items in the national standards for insertion of acupuncture needles,*
Note: this refers to the "Clean Needle Technique" from the NCCAOM, but likely is not available for this purpose.
**Note: 5NP technicians will complete the OSHA training as is required by the employer of the technician.*

(b) Infection control precaution procedures,
(c) ~~Consent documentation and the individual's rights~~,
Standard medical documentation and protection of patients' rights, including but not limited to:
informed consent as defined by the Joint Commission, and as defined in Rule 40,
patient privacy and confidentiality,
documentation of patient's health condition, treatment given and any complications from the treatment.
(d) ~~Ear needling and point location,~~ points stimulated and which objects were utilized, including whether retained objects were placed in the ear,
(e) Plans to address potential risks, side effects, and complications,
(g) Trauma informed care and origins of 5NP,
(f) Collaboration with other 5NP technicians, health care providers, and community resources,
(h) Maintaining professional boundaries, and
(i) Reporting requirements.
**Note: These requirements are based on the model of supervision of the 5NP technician by the appropriate independent practitioner, as defined in this document.*

(3) The OMB will approve and monitor any institutions or entities providing education, training and certification for 5NP technicians and 5NP trainers.

Rule 40 Five-Needle Protocol Regulations (847-071-0040)
(3) A 5NP technician must obtain written informed consent from the i~~ndividual~~ patient or the ~~individual's~~ patient's representative prior to providing treatment ~~by~~ with inclusion of the follow items in the consent form:
(a) Clearly explaining the 5NP treatment, including needle placement, duration, and expected sensations;
(b) Discussing potential risks, complications, side effects, and expected benefits of the 5NP treatment. ~~realistic treatment outcomes;~~
(c) providing a clear disclaimer that the patient understands that the 5NP treatment is limited by law to only provide temporary relief from the symptoms of substance use disorder, mental health conditions, or trauma.
~~(c)~~ (d) Respecting the ~~individual's~~ patient's right to decline treatment or withdraw consent at any time;
~~(d)~~ (e) Having the ~~individual~~ patient self-identify the reason(s) for the 5NP treatment and date of treatment.
(f) consent and agreement to care of retained objects
(1) retained objects (needles, seeds, beads) are to be removed and safely disposed of in 3 days or sooner,
(2) written and verbal instructions provided to patient including:
keep the ear dry when retained objects are in place,
remove retained objects sooner than 3 days if any irritation or discomfort occurs, and
seek medical treatment if signs of infection appearing.
Note: For more information on written consent, see https://govfacts.org/explainer/your-medical-rights-healthcare-consent-privacy-and-refusal/: "For consent to be legally and ethically valid, healthcare providers must cover five essential elements as required by The Joint Commission and medical ethics boards.
Note: Commenters stated that standards typical of medical clinics may be offensive for some patients, since they may not want to reveal their personal information and that the treatment is complete even if there is no dialogue with the patient. An omission of these typical medical standards appears to deprive such patients of their rights and discriminate against them.

(5) For the ~~individual and~~ patient and the 5NP technician safety and identification, the 5NP technician must:
(a) Use only sterile, single-use disposable needles, no longer than 0.5 inches in length, ear seeds, or ear beads;
(b) Adhere to sanitation and hygiene protocols, including but not limited to protocols of the NCCAOM's Clean Needle Technique
(c) Meet community standards of care~~; and~~
(d) Establish clear procedures for handling complications or adverse reactions.

(6) For the patient and 5NP technician safety, a 5NP technician is prohibited from:
(a) placement with retention of objects cited in (3) (f) (1) into the external ears of patients with diabetes mellitus,
(b) stimulation of any locations on the ear by electrical, laser, or non-needle means,
(c) treatment of patients under the influence of alcohol or drugs,
(d) allowing patients and individuals without documented training in national standards for use of acupuncture needles, or OSHA's Bloodborne Pathogens Standard (29 CFR 1910.1030 from removing needles from patients, *
(e) Require nametags identifying practitioners as "5NP Technicians with a QR code for reporting incidents." **
**Note: OSHA standards are determined by the employer, although permitting practice without running water, relying solely on hand sanitizer, and allowing patients to remove their own needles violates CDC infection-control guidelines (CDC, 2019) and OSHA's Bloodborne Patho gens Standard (29 CFR 1910.1030). These provisions expose patients and communities to avoidable risks of infection, bloodborne pathogen transmission, and unsafe sharps disposal.*
********Note: Recommend this for all settings to clarify the public that the technician is not an LAc or physician.*
LAcs were initially required to wear a nametag anywhere, now it is only required in multi-disciplinary clinics.

Place this subject of supervision of technicians in the appropriate Rule section.
Clinical Supervision: Refer to standards in the medical field.
Suggestions:
- -phone contact with the supervisor is required at all times,
- -onsite supervision is not required at all times, except for the 5NP technician who is:
  - under the age of 21, or
  - the 5NP technician who has accrued 160 hours of supervised clinical practice.
- -supervisors are LAcs, MDs, DOs, RNs, PAs, Podiatrists, and NDs who are either licensed or qualified to practice acupuncture or are registered with the OMB as 5NP technicians.

Note: Onsite, direct supervision is not required of other medical practitioners like RNs and Emergency Responders.
Note: consider wording that the OMB will reevaluate these rules in 5 years.

Rule ?? Discipline (847-071-00__)
Implement biennial random audits of at least 2% of registrants.

Rule 42 Billing & Marketing:
Prohibit billing of Medicare/Medicaid.
Require clear public disclosure of technician status and Medicare/Medicaid non-coverage.
Require clear disclaimer that the 5NP is limited by law to only provide temporary relief from the symptoms of substance use disorder, mental health conditions, or trauma.
Note: There is no evidence that an agency like the OMB is able to "Require" or even recommend malpractice insurance.

Rule 45 Infection Control:
Require exposure control plans similar to OSHA requirements for a workplace with exposure to bloodborne pathogens, as well as standard sanitation and safety standards, including but not limited to Sharps disposal, HBV vaccination, PPE, and post-exposure protocols required.
**Note: OSHA standards are applicable only in workplace situations.*
Note: a patient can easily contaminate their hand w/their own blood, use the door knob, another person uses the door knob and then contacts the blood material.

Rule 47 Adverse Events:
Enforce facility standards for sanitation and emergency preparedness.
Mandatory reporting of adverse events within 10 days of the occurrence of the event.

Rule 47 Facility Standards
5NP treatments to be performed only by established medical or detoxification clinics, to be re-evaluated by the OMB after the rules have been in effect for 5 years.
This wording would make it available for a clinic to offer 5NP in public areas.
Treatment areas must be cleanable, adequately spaced, and equipped with handwashing or sanitizer facility.

Appropriate placement needed for this item:
Continuing Education
Require 2 hours every 2 years with renewal. Include a broad option of topics: community health issues, etc.

Misc Notes

Age Requirement:

Because of the education requirements to become ***any type*** *of independent practitioner in Oregon,* all such individuals are at least 21 years old. Requiring 5NP techs to be 21 seems is reasonable, and defendable legally.
In Oregon, one must be 21 to:
drink alcohol, be employed at premises dispensing psilocybin or cannabis, or to play a Video Lottery game.
In most states, one must be 21 to:
obtain a credit card without a co-signer, adopt a pet, reserve travel accommodations, fly a plane,
obtain a concealed weapons license, and gamble in casinos.

Standard education & training for professionals inserting needles

Body piercing: 750 hours of theory and practical education.
Tattoo artists: 360 hours of training.
Phlebotomists: 60-120 hours of classroom training & clinical experience, not independent practitioners.

Retained Objects: Ear Needles, Seeds or Beads

The ear is mainly cartilage, plus it gets poor circulation because of its location. If the ear becomes infected, then it does not heal quickly compared to other tissues, and can more easily result in the loss of part or all of the external ear.
There is no research showing that retained objects, tiny ear needles or ear seeds or beads cause redness or irritation of the ear,
IF retention or embedded application is used, these safety parameters come to mind, and this topic to be included in the didactic hours and examination portion of the training.

- -not used for patients with diabetes mellitus
- -retention time not to exceed 3 days
- -patient instructed to remove needles, seeds or beads if any irritation, swelling or redness appears on the ear.
- -seek medical advice if signs of infection appear.
- -only to be used in established medical clinics such that the patient can be monitored as needed

Note: no research was quickly found regarding irritation and infection from retained acupuncture objects in the auricle. Much information is available on the internet regarding auricle infections and complications.
In my encounters with retained objects, a patient came to me who had not removed the bead in weeks, and it was halfway embedded into the ear. I have diabetes and I can develop redness and discomfort after only 3 days retention of ear tacs. I saw this occasionally with my patients as well. Other LAcs & a physician I spoke with recently has seen it from ear seeds and beads.

Location & Safety

Emergency Responders and RNs practice their medicine in compromised locations. They are trained extensively to accomplish this & practice in coordination with medical personnel off site. The tech may be in an entirely different situation- one may begin practicing medicine alone, in locations like a shopping mall, bus, etc., & after 30 hrs of education & 40 ears. Consider that the tech may be 18 years old with no previous job experience, no medical experience other than this small training, and not necessarily being a high school graduate. Drastically different than an EMT, emergency responder on the highway, or an RN in the patient's home.

"It only takes a few hours to learn to do the 5NP treatment"

Yes, it's easy. However, the 5NP Tech needs many additional hours to practice this medical treatment safely, especially if the tech would practice independently.

"5NP is not the practice of medicine"

Actually, it likely is. A legal decision may be required to confirm this. See notes below.

"There is no liability insurance for 5NP Techs"

I would predict that insurance companies would devise this if requested.

THE PRACTICE OF MEDICINE

Is an individual providing 5NP treatments "practicing medicine"?
Compare the definition of the practice of medicine with the wording implemented from HB 2143:

The Practice of Medicine: ORS 677.085
"What constitutes practice of medicine…"
"(4) Offer or undertake to diagnose, cure or **treat in any manner,** or by any means, methods, devices or instrumentalities, any disease, illness, pain, wound, fracture, infirmity, deformity, defect or (any) **abnormal physical or mental condition of any person."**

Division 71: Five-Needle Protocol 847-071-0000:
The five-needle protocol (5NP) is a standardized, supportive **treatment** for **patients** experiencing substance use **disorders, mental health conditions, and trauma."**

847-071-0000 Purpose Statement:
The five-needle protocol (5NP) is a standardized, supportive **treatment** for **patients** experiencing substance use disorders, mental health conditions, and trauma. The Oregon Medical Board is responsible for establishing training and registration requirements and regulating **the practice** of 5NP technicians in order to expand access to safe, standardized, low-barrier **treatment.**

Proponent say that this is intended to be in a "community-based" setting. However, it is still a medical treatment, and individuals are still patients. It has also been said that "5NP involves minimal record-keeping since it's a non-verbal intervention using standardized points without making a diagnosis". 5NP techs will still be practicing medicine, and it'll be based on the diagnosis in the law.

Qualifying Diagnosis

The language in this law is difficult to apply. The tech has no medical training, yet is authorized to administer a medical treatment, and for 2 medical conditions and for a general condition of "trauma". Yet, 5NP can only be accomplished by a diagnosing practitioner providing the diagnosis of the 3 conditions which qualify for the 5NP treatment.
What is the practice of patients reporting their own diagnosis, ie, "self-identifying"?
Note: LAcs are not authorized to diagnose their patients' conditions, but they allow patients to identify or report their western medicine diagnosis. This "self-identified" diagnosis is utilized for medical documentation of what the patient is reporting, and for the purposes of billing. LAcs are authorized to diagnose the patient according to TCM system.
Consider:
OMB either requires a diagnosis from a qualified practitioner, or investigates a solution for this conundrum.

From the Oregon Medical Board Report, Summer 2025:
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.

From: Yarrow Geggus <[redacted]>
Sent: Monday, September 8, 2025 1:06 PM
To: ROSS Elizabeth * OMB
Subject: Written Comment - HB 2143 Workgroup Five-Needle (5NP) Protocol

To the Oregon Medical Board and the 5NP Workgroup,

I strongly support the 5 Needle Protocol (5NP) in Oregon. Please support the development this unique intervention by keeping the regulations simple and barriers to become a technician low, to ensure that 5NP becomes truly accessible and available across our state to those who may benefit.

As someone who uses 5NP to manage C-PTSD and stress, I know first hand how quickly it calms the nervous system without side effects. It's simple, gentle, and empowering. Unlike other treatments, 5NP doesn't require talking or reliving trauma—just a quiet space and a trained technician.

This safe and simple practice has already proven itself in addiction treatment centers, disaster zones, and prisons. Expanding access through non-acupuncturist technicians will help bring this valuable tool to more people who need it—especially when delivered by peers with lived experience. Oregon deserves a diverse, community-rooted 5NP provider network.

This is not just a healthcare issue—it's a matter of social justice. 5NP is safe, effective, and accessible, and has the potential to benefit everyone, especially communities most impacted by substance use, poverty, and systemic injustices like racism and ableism.

Thank you for centering the community-first spirit of HB2143 and your hard work on developing appropriate rules and regulations to ensure that 5NP becomes truley accessible and available across our state to those who may benefit.

Yarrow Geggus, M.S.

Southeast Portland, OR.

97215

September 8, 2025

Attention: Acupuncture Advisory Committee and Member of the Oregon Medical Board

My name is Jennifer Kehl. I worked for 20 years as a nurse in the ER, and now work as an acupuncturist in a community clinic. I also provide acupuncture for addiction/recovery in a harm reduction program. I am writing in support of House Bill 2143.

As a nurse working in an ER where a majority of the patient population consisted of those struggling with mental illness, homelessness, and substance abuse, I saw first hand what harm reduction means, and what it can do for those with limited resources.

You may hear many statistics today about the breadth of the addiction and mental health struggles in our country. Those statistics represent people I would see everyday. People like:

- The 32 year old woman struggling with alcoholism whose funeral we had in our chapel.
- The 27 year old young woman who almost needed her leg amputated due to damage to vessels in her leg from IV heroin use.
- The man who had so many abscesses from heroin use that my nurse friend told me through tears “I don’t even know where to start”.
- The young man who swallowed his meth stash while being arrested. He had a fever of 107 and a heart rate of 200 in the ER. He was pronounced dead later that day.
- The 20 year old college student with mental illness and a developing meth addiction whose desperate mother screamed at me through the phone “JUST DO SOMETHING!!!”

With these and countless other images in my mind, I can’t see any reason why we shouldn’t use every single tool we have in our toolbox. It’s imperative that we care for our fellow human beings in whatever way we are able.

Although I am fairly new to the acupuncture profession, I have already seen how regular acupuncture can help with harm reduction. I think about a patient I saw in my internship. He was coming in for neuropathy and blurted out one day “I don’t want to drink anymore, it’s weird! My family doesn’t even believe me, I’ve been drinking every day for 30 years!” I frequently add the 5 needle protocol to my treatments for those who mention wanting help with smoking cessation, or just wanting to drink less. Even though people may only come in every week or two, they all report at least “cutting down”. I hear this a lot: “I just don’t think about it as much”.

As an acupuncturist, I also use 5 needle protocol every day for those struggling with mental illness and trauma. Besides the immediate calming effects, patients have reported after several treatments that they are still sad or stressed sometimes, but they don’t feel the physical effects in their body as much, and they report recovering much quicker when they are struggling.

This medicine is cheap and effective. It is safe and can be taught easily to non-acupuncturists. This is not about the acupuncture profession or bureaucracy. This is about our responsibility as human beings to care for each other in any way we can.

Thank you for considering my support of House Bill 2143.

Jennifer Kehl, RN, LAc
[redacted]

From: letty chichitonyolotli <[redacted]>
Sent: Sunday, September 7, 2025 2:21 PM
To: KINGHAM Gretchen * OMB
Subject: 5np community commentary and testimony

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

My name is Letty Dogheart
I am writing as a member of the community. As a disabled veteran and community worker with a background it public health
I am writing specifically to advocate for the 5NP training requirements to be no more than 30 hr and 40 ears.
Asking for more than this is asking for a more specialized scope of practice outside of the 5 points that 5NP training traditionally train for.
I do not aspire to be or desire to be an acupuncturist tho this training may inspire others to pursue and education to become one
Asking for more that 30 hrs and 40 ears in training is creating an undo barrier for people who don't have the privilege of time or the financial access to pay for a longer trainings that are typically used as a compliment to current efforts people are engaged in in community care work.
Additionally it's ableist. I have PTSD, which has caused changes in how my brain operates. I joined the United States Navy because of plans to go to Med school after my time. Unfortunately, I was unable to pursue that dream. However, community herbalist courses, one off trainings on suicide prevention and other community/public health courses offered through local non profits and institutions that provide CEUs to licensed professionals have afforded me the opporunity to continue my education to better serve my community as a community member.
Additionally, requiring supervision for a community worker level of training creates another undo financial barrier to potential 5NP techs who often are getting this training as a way to provider care for the communities they are part of in a community setting. Many of whom belong to historically excluded populations. NOT as a way to make a career solely on 5NP.
Lastly, the proposed increase of minimum age to 21 to register to be a 5NP tech is not only ageist but cynical. Youth under 18 in Oregon who are candidates for attending a training to become a 5NP Tech are not randomly attending a course to help care for community just to do it. They are already connected to community and already in relationship with peers and adults who are in these community caretaking roles. The relationships to community are what makes 5NP as a modality of care to community uniquely the People's Medicine.
We have the opportunity to equip Oregonians with tools to develop skills to care for one another in places and setting Licensed acupuncturists are not typically at. Exposing individuals to the benefits of acupuncture and connecting them to further and more individualized care.

Acupuncturists who are in relationship with future 5NP techs will benefit from the potential referrals to ongoing care. And as a whole, Oregonians will benefit from the access to low barrier care resources and connection to community.

thank you for your time and consideration.
letty dogheart
Disabled United States Navy Veteran, Community Herbalist, Health Educator and Farmer

From: maria chernishoff <[redacted]>
Sent: Sunday, September 7, 2025 2:14 PM
To: KINGHAM Gretchen * OMB

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

Hi Gretchen im writing in regards to the 5NP .please pass this bill so more people can help others with passed trauma situations and addictions.people who do reflexology can boost mentalhealth benefits with adding the 5NP to the sessions. I

From: PJ Alexander <[redacted]>
Sent: Sunday, September 7, 2025 8:36 PM
To: ROSS Elizabeth * OMB
Subject: Written Comment - HB 2143 Workgroup Five-Needle (5NP) Protocol

Dear Oregon Medical Board and 5NP workgroup -

Thank you for taking the time to hear feedback from the community in regards to implementing 5NP throughout Oregon.

I have worked in direct service roles supporting my community for the past 5 years. From my experience, it is clear that there are many holes in our current social safety nets. 5NP in Oregon would help knit together part of this net, as it has the potential to ease the pain of thousands of Oregonians.
As outlined by Cicely Saunders's, pain is not simply physical; it is composed of a person's physical, psychological, social, spiritual, and practical realities. Unlike other forms of care, 5NP has the potential to address pain's multiple facets. On top of physical pain relief, these 5 pins/seeds offer social, psychological, and spiritual relief because they can be administered by a peer in a community setting.
Additionally, it empowers community members - who may have limited time & money - the opportunity to gain a tangible healing skill they can use to directly support their community.

I currently attend an acupuncture program, and I have seen first hand the power and healing available in just these 5 needles! During a supervised intern shift, I needled someone's ears with the 5NP protocol; when they came back to my shift the next week they reported better sleep & improved mood during the days directly following the treatment. This is just one example of the hundreds of people I have used 5NP to treat. I wholeheartedly support 5NP's structured and timely arrival to Oregon, and thank you for taking the time and energy to bring this important medicine to our state!

Be well -
PJ Alexander

From: Nancy Whitson <[redacted]>
Sent: Sunday, September 7, 2025 10:20 AM
To: ROSS Elizabeth * OMB
Cc: Tony Whitson
Subject: Comments on 5NO meeting of September 3

Dear Ms. Ross and OMB Members

I want to thank the OMB and members of the Workgroup for all the hard work they've put towards moving this bill towards implementation. I've followed this closely from Salem in January through the work group sessions, because I see that what this bill does is so important..

I'm kind of an old person, and maybe one of the truest things I've learned in my career in health care, and in my life, is this: As a community, as a state, as a city or society, we are only as strong, only as secure as our weakest, and most vulnerable. It can seem possible or convenient to ignore their needs, but in reality their weakness weakens all of us.The rollout of 5NP in Oregon is important for the strength and well-being of our communities, through both greater access to a basic tool for health, and building community connection and empowerment.

I especially appreciate the effective, clarifying FAQs, and how well they elaborate the underlying goal of the 5NP project.

What I want to comment on in this letter is an item in the FAQs that is crucial to the development of all the regulations;

Item #3, on the origination of 5np, relates how the activists transformed a hospital detox program into a community-centered healing practice. "This grassroots origin reflects **the protocol's core values of accessibility, community empowerment, and culturally responsive care**, establishing it as **more than just a medical intervention but as a tool for social healing** that emerged from communities most affected by addiction and trauma. The protocol's evolution from this activist foundation to its current global application **maintains its commitment to serving underserved populations and providing trauma-informed care that honors both individual healing and collective community wellness."**

My first job as a Nurse Practitioner was with a migrant farmworker program in Iowa. The training included attendance at the annual National Farmworkers Health conference in San Antonio.The thread that ran through everything, the core foundation at the focus, was the myriad kinds of barriers various populations experience to healthcare and known effective strategies for overcoming the barriers; and the stark

reality that no kind of health program, technology, or medicine can be effective if people don't access it.

The factor that most determined people receiving the care was, we went to them-- where they were (at their worksites), when it would work for them (at the end of their workday).

Other crucial factors were trust, (including across the power gap of class difference), affordability, familiarity (establishing consistent relationships with us), and respect for their autonomy and cultural ways of being. These were most strongly afforded by the health care team consisting of people who were like them–yes, protocol-trained community health promoters were part of the team– and meeting them/providing care as a community experience. In every one of these aspects, the crucial factor was to find how best we could go to them, where they were.

I feel strongly that the regulations that will shape and define what 5NP becomes in Oregon, and what it will accomplish, depends on how closely it embodies the protocol's core values so beautifully written into item #3 of the FAQs: accessibility, community empowerment, and culturally responsive care.

I so appreciate the process the OMB and Workgroup committees have taken to carefully tease and hammer out to enact this 5NP Tech role with the best possible balance between ensuring the necessary safety and accessibility. (what a remarkable collaboration!)

The biggest issue that persists in the discussion that places the biggest barrier to the access this bill is aiming for, is that of requiring that 5NP Techs be supervised by some kind of licensed person. Glaringly apparent is the severe restriction this would place, and I don't see any benefit from it. Would it require the licensed person to be present with all the techs? Or would it be a matter of a licensed person merely signing off on the work of people they haven't been present for? (but would be assuming responsibility for)? It could only create a large amount of bureaucracy that would consume and strain the scant resources available, and would greatly restrict the possible provision of care.

And, it's unneeded. A person practicing under a protocol is very often a person with a solid training focused in a narrow, well-delineated procedure or set of actions; they develop the expertise required to provide the protocol at a high level of quality, within the less extensive amount of training, because the protocol is so defined and limited. I have worked in several situations utilising protocol-trained health workers, who are able to efficiently can deliver excellent quality to wider populations; these also offer the great advantage that the training is focused enough that it is possible to offer to less-resourced communities; so also, involving them, increasing their autonomy over their own care, and making possible that they own their own care.

And just one more time I want to say that we all, as an entire community, are likely affected in some way by addiction, and we are all, certainly, in the present time affected by trauma. We are not doing this “for” someone else, we are doing what it takes to make us all stronger and healthier together; we all need this kind of expansion of access, now more than ever.

Thank you for your consideration, dedication and commitment to listening to the community.

Nancy Whitson

From: Arielle a <[redacted]>
Sent: Saturday, September 6, 2025 10:55 AM
To: ROSS Elizabeth * OMB
Subject: In support of 5NP law

[You don't often get email from [redacted]. Learn why this is important at https://aka.ms/LearnAboutSenderIdentification]

To whole it may concern,

Overjoyed that this law of 5NP is becoming reality. Oregon needs it more than ever to support all kinds of populations of folks, from people recovering from drug addiction, to survivors of trauma and abuse, to people who are simply depressed and need a little extra support. It is amazing to make this available to the public and will absolutely make an enormous positive impact on the community.
Many licensed acupuncturists in Oregon are screaming that it is “dangerous” and that is just not the truth. They feel threatened and are using “public safety” and “danger” as buzzwords to get the attention of the OMB. However, anyone who takes any time to look into that will see that, that is just their opinion and there is no data to back up those claims. The facts are that ear acupuncture, with adequate training (which does not take long) is one of the safest and easiest interventions one can do for ptsd, addiction, trauma, stress, and more. It helps with so many things, in community, and facilitated in community. These people coming out in opposition are not going to be the same folks who would be in the street or in the AA recovery group etc offering 5NP anyhow, either. They feel threatened and angry because school takes such a long time for them but 5NP is simple and does not require any sort of foundations in Chinese medicine!! It has radical roots and has infinite more benefits than down sides. 5NP is generally not for profit beyond training folks how to do it and is an intervention by and for the people. I urge and encourage the OMB to continue to support 5NP law and the necessary training guidelines to make this reality. I am certain OMB has excellent judgement and will find a way to work with the acupuncture community to ensure public safety- the people screaming it will not be safe do not seem to have the same faith. Please stay grounded in the facts rather than let angry folks who are more concerned with making sure that other people do not use needles, than for public health.

Thank you
Arielle Avenia
L.Ac. Candidate, Masters Certificate in Acupuncture

From: Dolores Jimerson <[redacted]>
Sent: Wednesday, September 3, 2025 5:46 PM
To: ROSS Elizabeth * OMB
Subject: 5NP comments

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Elizabeth,
I regret I needed to leave the 5NP meeting, but wish to share some comments regarding dubious moral character. In my experience many of my technicians come with a lived experience. The Spirit of NADA is about the absence of ego and removing barriers to increase access. I work with tribal communities and our worldview is a relational one, language needs to be clear and literal. That being said, why not use more specific language?
Technicians shall abide by the laws/rules that govern 5NP technicians and will be self-aware, practicing in a culturally safe and trauma informed manner.
Terms like self-awareness, cultural safety and trauma informed care can all be defined specifically.
Respectfully submitted,
Dolores

Dolores Jimerson, LCSW, ADS, RT
Behavioral Health Education Director
Northwest Portland Area Indian Health Board
Email: [redacted]

NPAIHB serves the 43 federally-recognized tribes of Oregon, Washington and Idaho and our office is located within the traditional and ancestral homelands of the Multnomah, Kathlamet, Clackamas, Tumwater, Watlala bands of the Chinook, the Tualatin, Kalapuya and many other indigenous nations of the Willamette and Columbia River regions.

From: Lisa Rohleder <[redacted]>
Sent: Tuesday, September 2, 2025 12:49 PM
To: ROSS Elizabeth * OMB
Subject: clarification ahead of the workgroup meeting

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Elizabeth,

thanks for posting all the materials ahead of the meeting! I reviewed the comments and I wondered if it's necessary to clear up some misunderstandings (which a number of acupuncturists share). Please disregard if not helpful. If it's appropriate to add to public comment that's fine with me.

One of the training suggestions from Karina (Natalie) Arndt was:

NCCAOM Clean Needle Technique course (8 hrs)
OSHA Blood Bloodborne Pathogens training course & HIPPA protocols- if needed above CNT course

The NCCAOM does not offer the Clean Needle Technique course — it's offered by CCAHM, the Council of Colleges of Acupuncture and Herbal Medicine. We are in the process of signing our new students at POCA Tech up for it now. The course availability is very limited and registration is difficult and frustrating even for acupuncture students enrolled in an accredited acupuncture school. The material essentially duplicates what is offered in the POCA/NADA training under the heading of clean field, sanitation, and blood borne pathogens. To require it would be needlessly redundant and registering for CCAHM's course would create unnecessary barriers for 5NP Techs due to CCAHM's limited availability. As you know we discussed the need not to describe this part of the training as "Clean Needle Technique" because that term is proprietary to CCAHM. As a result, however, some acupuncturists may misunderstand that this material is not part of the required training when actually, it is.

Similarly, acupuncturists often misunderstand the role of OSHA. The OSHA blood borne pathogens training is targeted to EMPLOYERS, not practitioners. It is not appropriate for an individual 5NP Tech learning about blood borne pathogen safety (or even an individual acupuncturist). OSHA applies to employers, not individuals. Similarly -- I believe this was already noted -- HIPAA (not "HIPPA") applies to the electronic transmission of health information. Acupuncturists often use HIPAA as a sort of shorthand for patient confidentiality but it's significantly different.

There was more than one comment to the effect of "A patient who is inebriated or under influence of drugs will not be given the 5NP treatment." Historically, 5NP was administered to patients entering Central City Concern's Hooper Detox as part of the admissions process for detoxification. (I used to work there, and this was part of my job.) The reason that 5NP is also known as "acudetox" is that it was designed to be offered to patients who are seeking detoxification treatment. My understanding is that CODA hopes to use it for this purpose in their new detoxification center in Washington County.

thanks again,

Lisa Rohleder, L.Ac. she/her
[redacted]
https://workingclassacu.substack.com/

From: Shannon Conrad <[redacted]>
Sent: Monday, September 1, 2025 7:26 PM
To: ROSS Elizabeth * OMB
Subject: Concerns Regarding the Recently Passed OMB Law Allowing subpar 5np training

Hi Elizabeth and OMB board,

I understand that this unfortunate law has already passed, and it may be too late to reverse it. However, I strongly urge you to uphold your duty to protect the public and place safety first. Please do not allow unqualified, undertrained individuals to practice medicine under the guise of acupuncture.

Even if limited to the 5NP ear protocol, acupuncture is still a medical procedure requiring skill, clinical judgment, and a foundation in the theory of Chinese Medicine. Without rigorous training, Clean Needle Technique, and clinical supervision, this becomes a dangerous, diluted form of medicine that jeopardizes patient safety.

I must ask: is this legislation truly about patient care, or is it simply a money grab by organizations looking to profit from training programs for minimally qualified practitioners? Here in Portland, we are fortunate to have a highly respected acupuncture school with teachers who possess advanced training and decades of experience. Why are we undermining their expertise and the profession's integrity by lowering the bar and handing medicine over to those with insufficient preparation?

If this law is to remain in place, at minimum it must be implemented with safeguards equivalent to those for licensed acupuncturists, including:

- 150 supervised clinical hours and 60 didactic hours.
- Treatments to take place in a clinical setting, with proper sanitation and EHR charting ability
- A college degree and a minimum age of 21 for maturity and professionalism.
- Certification in Clean Needle Technique.
- Ongoing supervision by a licensed acupuncturist.
- Equal licensing fees, malpractice insurance, and continuing education requirements.

To allow anything less is to weaken medical standards and risk public harm. I am disappointed this law was passed without adequate representation of our profession, but I urge you now to exercise your authority to enforce the highest medical standards. The public deserves nothing less.

Sincerely,
Shannon Conrad, LAc

--
Shannon Conrad
[redacted]

HB 2143- Rules Suggestions to AAC/OMB

Sept. 1, 2025 Version/Arndt

Dear Workgroup Members,

I come with years of experience in both western/conventional medicine and in acupuncture.
My career began as a nurse's aid in 1975, progressing to an LPN and then to an RN in 1980. My experience in Portland Adventist hospital included med-surg and ICU-CCU units. Then, it was quite the upheaval in 1982 when I announced I was leaving my successful RN career to study acupuncture! Back then we were the outliers. After working for decades to gain public trust, now it seems that many professionals want to jump on the wagon and add acupuncture to their scope, but they don't realize the complexity needed for practicing acupuncture and in some situations, for practicing medicine.

Below I suggest 3 models for the rules for the 5NP technicians, depending on how much regulation is desired.
The OMB could limit certain items for 4-6 years, reevaluate the rules then, and widen the application as decided. This is how LAcs evolved. In 1973 we could only practice in a MD/DOs office and we were "registered". Then we were required to obtain the patient's history or a referral in order to perform acupuncture. In 1991 we changed from "registered" status to "licensed" and gained independent practitioner status. In 1993 our scope of practice was broadened greatly.

Sincerely,
Karina (Natalie) Arndt: LAc since 1987, Emeritus LAc since 2020; Retired RN with 38 years in western medicine

THE CURRENT REGULATORY STRUCTURE involves either:

1- obtaining extensive education/training and practice independently, OR
2- obtaining minimal education/training and practicing under the supervision of an extensively-trained practitioner and/or in an institution with extensive oversight.

Note: The lowest requirements for an individual to practice independently of extensively-trained practitioners, or outside of a standard institution in Oregon, are for LMTs who obtain 625 hours of training. It appears that lowest requirements in order for an independent practitioner in Oregon to perform an invasive treatment like insertion of needles are Licensed Acupuncturists.
***The OMB has been regulating MDs for 136 years, Licensed Acupuncturists for 52 years,** and Podiatrists & Pas for years. One would expect that suggestions for options B & C below would continue to be the standard for new practitioners like the 5NP technicians. It appears that only a minority of other states allowing 5NP allow it without supervision.*

THREE POSSIBLE MODELS for RULES for 5NP Technicians

Model A- Techs are independent practitioners with minimal schooling
This is a huge departure from the current regulatory structure as above.
Note: Model A aligns with the position taken by many Republican and Libertarian lawmakers in Oregon.

Model B- Techs obtain minimal schooling with clinical supervision by trained practitioners

Model C- Techs are independent practitioners with substantial training but do not require clinical supervision
Note: Models B & C align the training and oversight of the current regulatory structure in Oregon, providing standard safety, quality of care and patients' rights to all populations of patients.
Note: HB 21243 does not define if 5NP Techs as independent practitioners, but left the regulation up to the OMB.

General Rules Suggestions for all 3 models:
Rule 00 Purpose Statement (847-071-0000)
Replace "low-barrier treatment" with "easily accessible treatment", which is clearer terminology for the general population.

Rule 05 Definitions (847-071-0005)
(3) "Five-Needle Protocol" or "5NP" means the insertion of sterile, solid core, single-use needles ear seeds or ear beads at exactly five acupuncture points of the human auricle. The solid core needles are no to exceed 0.5" in length.
The five points are shen men, sympathetic, liver, kidney and lung.
The location of the five points is as defined in common acupuncture texts.
Note: One LAc stated that people had agreed, during the drafting of HB2143, that the needles were to be 0.5 inches or less. I endorse such limitation since it wards off applying needles to body points where organ damage can occur.

Rule 07 Five-Needle Protocol Treatment (847-071-0007)
(2) An acupuncturist licensed under ORS 677.757 to 677.770 may provide 5NP treatment
without (remove: additional) add: obtaining 5NP registration.
Same word switch suggestion for (3)

Rules Suggestions According to the 3 models above:

Rule 20 Qualifications 847-071-0020
(1) An applicant for registration as a five-needle protocol (5NP) technician must:
(a) Be at least: **Option A: 18 years of age; Option B & C: 21 years**
Options B & C: Add: "Successful passage of written and practical competency exams."
No other changes for Rule 20 to the 8-20-25 draft.

Rule 25 Training Requirements (847-071-0025) (Trainer requirements same)
5NP Tech Requirements:
Option A- Same as 8-29 Draft
Option B- Same as 8-29 Draft plus:
50 hours didactic training, 40 5NP treatments of single ears under supervision
Training to include same as 8-20 Draft plus:
NCCAOM Clean Needle Technique course (8 hrs)
OSHA Blood Bloodborne Pathogens training course & HIPPA protocols- if needed above CNT course.
Option C- Same as Option B plus: 500 hours didactic training

Rules 25, 35, 40, 42, 45, 47-
Option A: same as 8-29 Draft
Option B & Option C, Add the following to the 8-29-25 draft:
Remove the word "individual, and replace with the word "patient" in all rules.
Rule 25 Training Requirements:
OMB to evaluate and monitor any institutions providing education, training and certification for NP Techs and Trainers.
Rule 35 Discipline:
Biennial random audits (≥2%)
Rule 40 Five-Needle Protocol Regulations:
Addi the item of ***retained needles,*** since such needles are commonly used.
Ear Needles, Seeds and Beads:
To be retained for a maximum of 3 days
Clear instructions provided to patient to remove ear needles, seeds or beads if any irritation or discomfort occurs, and seek medical treatment if signs of infection appearing.
Add to the consent form that the patient is consenting to retained objects, and is responsible for removal within 3 days.
No electrical or laser stimulation, or other non-needling stimulation to the ear needles or to any location on the ear.

Rule 42 Billing & Marketing:
5NP Technicians may not bill Medicare/Medicaid.
All marketing must disclose non-coverage and technician status.
Rule 45 Infection Control:
Require 5NP technicians to complete the NCCAOM Clean Needle Technique.
OSHA-compliant exposure control plan. Sharps disposal, HBV vaccination, PPE, and post-exposure protocols required.
Patients only remove their own needles if they are trained in exposure control & blood borne pathogens.
Note: a patient can easily contaminate their hand w/their own blood, use the door knob, another person uses the door know and contacts the blood material.
Rule 47 Adverse Events:
Mandatory reporting within 10 days.
Require 5NP Techs to carry malpractice insurance unless covered under the facility where practicing.
Establish a grace period for this requirement until such insurance is available from insurance companies.
Rule 47 Facility Standards
Treatment areas must be cleanable, adequately spaced, and equipped with handwashing or sanitizer facility.

Where should these items go in the Rules?
5NP tech wears a nametag, identifying the practitioner as a 5NP technician, for clarity for the public.
LAcs were initially required to wear a nametag anywhere, now it only when in a multi-disciplinary clinic.
A patient who is inebriated or under influence of drugs will not be given the 5NP treatment.
Consent form: add that the patient is consenting to retained objects, and is responsible for removal within 3 days.

Clinical Supervision: Refer to standards in the medical field.
I suggest these items:
-onsite supervision is not needed at all times.
-supervisors to be LAcs (active licensees or Emeritus), MDs/DOs qualified to practice acupuncture, RNs, PAs, Podiatrists, NDs, with 5NP technician training. Begin with these, broaden after 4-6 years as see fit.

Misc Notes

Age Requirement:

Because of the education requirements to become ***any type*** *of independent practitioner in Oregon,* all such individuals are at least 21 years old. Requiring 5NP techs to be 21 seems is reasonable, and defendable legally.
In Oregon, one must be 21 to:
drink alcohol, be employed at premises dispensing psilocybin or cannabis, or to play a Video Lottery game.
In most states, one must be 21 to:
obtain a credit card without a co-signer, adopt a pet, reserve travel accommodations, fly a plane,
obtain a concealed weapons license, and gamble in casinos.

Standard education & training for professionals inserting needles

Body piercing: 750 hours of theory and practical education.
Tattoo artists: 360 hours of training.
Phlebotomists: 60-120 hours of classroom training & clinical experience, not independent practitioners.

NCCAOM "Clean Needle Technique"

This 8-hour course if tailored for the insertion of acupuncture needles. CNT is required for Oregon LAcs for 30 years. It's administered by the NCCAOM, including a practical exam. NCCAOM has been the accrediting institution for acupuncture for 43 years & used in Oregon for over 35 years.

Ear Seeds or Beads:

The ear is mainly cartilage, plus it gets poor circulation because of its location. If the ear becomes infected, then it does not heal quickly compared to other tissues, and can more easily result in the loss of part or all of the external ear.
OMB may decide to initially forbid the retention of ear seeds & beads and reevaluate in 4-6 years.
Then OMB could require training, as in a continuing education class to update, techs.
IF retention or embedded application is used, these safety parameters come to mind, and this topic to be included in the didactic hours and examination portion of the training.

-not used for patients with diabetes mellitus
-retention time not to exceed 3 days
-instruct patient to keep the ear dry when needles, seeds or beads are in place
-patient instructed to remove needles, seeds or beads if any irritation, swelling or redness appears on the ear.
-seek medical advice if signs of infection appear.
-only to be used in established medical clinics such that the patient can be monitored as needed
-5NP tech carries liability insurance to compensate patient in case of infection & loss of ear cartilage

Location & Safety

Emergency Responders practice their medicine in compromised locations. They are trained extensively to accomplish this & practice in coordination with medical personnel off site. The tech may be in an entirely different situation- one may begin practicing medicine alone, in locations like a shopping mall, bus, etc., & after 30 hrs of education & 40 ears. Adding in that the tech may be 18 years old with no previous job experience, no medical experience other than this small training, and not necessarily a high school graduate. Drastically different than an EMT, emergency responder.

Continuing Education

Require 2 hours every 2 years with renewal. Include a broad option of topics: community health issues, etc.

"It only takes a few hours to learn to do the 5NP treatment"

Yes, it's easy. However, the 5NP Tech needs many additional hours to practice this medical treatment safely.

"5NP is not the practice of medicine"

Actually, it likely is. A legal decision may be required to confirm this. See notes below.

"There is no liability insurance for 5NP Techs"

I would predict that insurance companies would devise this if requested.

THE PRACTICE OF MEDICINE

Is an individual providing 5NP treatments "practicing medicine"?
Compare the definition of the practice of medicine with the wording implemented from HB 2143:

The Practice of Medicine: ORS 677.085
"What constitutes practice of medicine…"
"(4) Offer or undertake to diagnose, cure or **treat in any manner,** or by any means, methods, devices or instrumentalities, any disease, illness, pain, wound, fracture, infirmity, deformity, defect or (any) **abnormal physical or mental condition of any person."**

Division 71: Five-Needle Protocol 847-071-0000:
The five-needle protocol (5NP) is a standardized, supportive **treatment** for **patients** experiencing substance use **disorders, mental health conditions, and trauma."**

847-071-0000 Purpose Statement:
The five-needle protocol (5NP) is a standardized, supportive **treatment** for **patients** experiencing substance use disorders, mental health conditions, and trauma. The Oregon Medical Board is responsible for establishing training and registration requirements and regulating **the practice** of 5NP technicians in order to expand access to safe, standardized, low-barrier **treatment.**

Proponent say that this is intended to be in a "community-based" setting. However, it is still a medical treatment, and individuals are still patients. It has also been said that "5NP involves minimal record-keeping since it's a non-verbal intervention using standardized points without making a diagnosis". 5NP techs will still be practicing medicine, and it'll be based on the diagnosis in the law.

"Patient" or "Individual" & other terms

Recommend: use the standard medical words: patient, treatment, practitioner, provider, etc, since a medical treatment is being performed for relief of symptoms.
Clarify to techs that they are responsible for all aspects of healthcare: professional boundaries, informed consent, medical documentation, reporting requirements, proper identification of the patient etc.

Qualifying Diagnosis

The language in this law is difficult to apply. The tech has no medical training, yet is authorized to administer a medical treatment, and for 3 medical conditions. Yet, It can only be accomplished by a diagnosing practitioner providing the diagnosis of the 3 conditions which qualify for the 5NP treatment.
What is the practice of patients reporting their own diagnosis, ie, "self-identifying"?
Note: LAcs are not authorized to diagnose their patients' conditions, but they allow patients to identify or report their western medicine diagnosis. This "self-identified" diagnosis is utilized for medical documentation of what the patient is reporting, and for the purposes of billing. LAcs are authorized to diagnose the patient according to TCM system.
Recommendation:
OMB either requires a diagnosis from a qualified practitioner, or investigates a solution for this conundrum.

From the Oregon Medical Board Report, Summer 2025:
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.

Beardall Acupuncture and Chiropractic Clinic, PC
Christopher Beardall, DC, L.Ac.
[redacted]

September 1, 2025

Oregon Medical Board
1500 SW 1st Avenue, Suite 620
Portland, OR 97201

Re: Public Comment on Division 71 Draft Rules Implementing HB 2143 (Five-Needle Protocol Technicians)

Dear Members of the Oregon Medical Board,

I am writing to express professional concern regarding the Division 71 draft rules implementing House Bill 2143, which would establish a new category of "Five-Needle Protocol (5NP) Technicians." In my professional medical opinion, these rules raise important considerations regarding patient safety, professional standards, and the Oregon Medical Board's responsibility to uphold public trust. Accordingly, I offer the following recommendations for your review and consideration.

Major Concerns

1. Inadequate Training Requirements
The proposed 70-hour training requirement is profoundly insufficient. Licensed acupuncturists undergo thousands of hours of graduate-level education, including anatomy, physiology, pathology, differential diagnosis, and supervised clinical practice (Council of Colleges of Acupuncture and Herbal Medicine, 2023). In contrast, the draft rules authorize independent 5NP practice after 30 didactic and 40 clinical hours—less than the >700 hours currently required for cosmetic body piercing in Oregon (Oregon Health Licensing Office).

2. Absence of Professional Supervision
Oregon's proposal eliminates any requirement for professional supervision, diverging sharply from other states. New Mexico (NMAC 16.2.14), New Hampshire (RSA 328-G:11), and Michigan mandate licensed professional oversight. Even Texas and Colorado, with more flexible models, restrict practice to already-licensed professionals (e.g., nurses, counselors, physicians).

Oregon's approach—no prior licensure, no supervision, no documentation, no insurance—is unprecedented and unsafe.

3. Infection Control and Sharps Safety
Permitting practice without running water, relying solely on hand sanitizer, and allowing patients to remove their own needles violates CDC infection-control guidelines (CDC, 2019) and OSHA's Bloodborne Pathogens Standard (29 CFR 1910.1030). These provisions expose patients and communities to avoidable risks of infection, bloodborne pathogen transmission, and unsafe sharps disposal.

4. Lack of Accountability Mechanisms
Without malpractice insurance, medical documentation, or mandatory adverse-event reporting, patient harm will go unreported and uncompensated. The Federation of State Medical Boards (FSMB, 2021) identifies accountability and transparency as core responsibilities of licensure. Oregon's draft rules abandon these principles.

5. Misclassification of Acupuncture
The rules redefine auricular acupuncture as "not acupuncture" to bypass Oregon's Acupuncture Practice Act, despite explicitly permitting needle insertion at recognized acupuncture points (e.g., Shenmen, Sympathetic, Kidney, Liver, Lung). This legal fiction erodes statutory protections and sets a dangerous precedent for deregulation through reclassification.

Public Health Risks

- Increased risk of infection, vasovagal reactions, or psychological distress without trained oversight.
- Unsafe sharps handling and disposal in community settings.
- Absence of documentation and oversight eliminates investigation and patient recourse in cases of negligence.
- Devaluation of Oregon's licensed acupuncturists, physicians, and allied professionals who undergo rigorous training and accountability.

Comparative State Models

- **New Mexico**: Requires NADA-equivalent training plus supervision by a Doctor of Oriental Medicine.
- **Texas**: Requires NADA training plus pre-existing licensure (RN, LCSW, MD, PA).
- **New Hampshire**: Requires supervision by a licensed acupuncturist with site visits.
- **New York**: Current proposals still require general supervision.

No state combines Oregon's deficiencies—minimal training, no supervision, and no licensure requirement. Oregon would become a national outlier in regulatory permissiveness.

My Professional Recommendations

Terminology

- Replace “individual” with “patient” throughout the rules, consistent with ORS 677.085.

Rule 25 – Training Requirements

- OMB must evaluate, approve, and monitor training institutions.
- Require completion of the NCCAOM Clean Needle Technique (CNT) course.
- Minimum age: 21 years.

Rule 35 – Discipline

- Implement biennial random audits of at least 2% of registrants.

Rule 40 – Five-Needle Protocol Regulations

- Retained objects (needles, seeds, beads) limited to 3 days, with written removal instructions.
- Prohibit electrical, laser, or non-needle stimulation.
- Exclude patients under the influence of alcohol or drugs.

Rule 42 – Billing & Marketing

- Prohibit billing of Medicare/Medicaid.
- Require clear public disclosure of technician status and non-coverage.

Rule 45 – Infection Control

- Require OSHA-compliant exposure control plans.
- Prohibit patients from removing their own needles without documented training.
- Facilities must meet sanitation and safety standards.

Rule 47 – Adverse Events & Facility Standards

- Mandate adverse event reporting within 10 days.
- Require malpractice insurance.
- Enforce facility standards for sanitation and emergency preparedness.

Professional Identification

- Require nametags identifying practitioners as “5NP Technicians with a QR code for reporting incidents.”

Supervision

- Require supervision by a licensed healthcare professionals—such as Acupuncturists, MDs/DOs, Registered Nurses (RNs), Physician Assistants (PAs), or Naturopathic Physicians (NDs) who have completed appropriate 5NP training and/or already meet State of Oregon Acupuncture Licensure Act.
- Consider scope expansion only after safety data are available.

Continuing Education

- Require 6 hours every 2 years, including infection control and trauma-informed care.

The Practice of Medicine

Division 71 explicitly describes 5NP as treatment for substance use disorders, trauma, and mental health conditions. Under ORS 677.085, such activity constitutes the practice of medicine. Regardless of legislative framing as "supportive care," these interventions remain medical treatments and must be regulated accordingly.

Conclusion and Recommendation

The Oregon Medical Board's mission is to safeguard the health and safety of the public. As currently drafted, Division 71 rules expose vulnerable populations—those with addiction, trauma, and psychiatric illness—to foreseeable harm, while undermining professional licensure integrity.

I strongly urge the Board to:

1. Revise the draft rules to require ≥150 hours of training plus CNT certification.
2. Mandate malpractice insurance and adverse event reporting.
3. Align infection control standards with CDC and OSHA requirements.
4. Require licensed professional supervision.
5. Use accurate medical terminology to reflect the seriousness of this intervention.

Oregon has a unique opportunity to expand access to care while preserving safety and accountability. That goal requires rigorous regulation, not deregulation through expediency.

Respectfully submitted,

Christopher Beardall, DC, L.Ac.

References

- CDC. *Guidelines for Infection Control in Healthcare Personnel.* 2019.
- Council of Colleges of Acupuncture and Herbal Medicine. *Educational Standards for Acupuncture Programs.*2023.
- FSMB. *Essentials of a State Medical and Osteopathic Practice Act.* 2021.
- New Mexico Administrative Code (NMAC 16.2.14).
- New Hampshire Revised Statutes (RSA 328-G:11).
- Oregon Health Licensing Office. *Body Piercing Training Requirements.*
- OSHA. *Bloodborne Pathogens Standard* (29 CFR 1910.1030).

Dear Members of the Oregon Medical Board,

I am writing as an acupuncturist with 20 years of experience practicing in various clinical settings, ranging from pop up trauma and pain treatment events for veterans, hospitals, private clinics and even Lincoln Recovery Center, where NADA treatment was first popularized. I request that the Oregon Medical Board consider specific regulatory measures regarding the training, supervision, and scope of practice for 5NP (Five Needle Protocol) technicians. Based on my understanding and concern for the safety and efficacy of this practice, I would like to propose that 5NP technicians undergo clinical supervision, comparable to most other states allowing this practice and greater than has been suggested thus far, as per the document provided by the OMB reading materials for this work group that describes the requirements for each state. I also request that technicians receive greater designated training hours and practice exclusively within medical clinic settings.

At this time, the required age of the technician is only 18 years. This 18 year old is not required to have any other job or education experience and is being given unrestricted access to independently provide this medical care to vulnerable populations. Coupled with the limited training recommended in this bill, this seems contrary to all other medical technicians, most of which require 9 months + of training, and thus seems unsafe and unethical.

Acupuncture, including the 5NP protocol, involves the insertion of needles into the skin and cartilage, which carries an inherent risk of infection. Performing these treatments in a medical clinic environment ideally ensures a calm and sterile setting, mitigating risks associated with infection and would allow for easy clean up. It is better to be provided while seated, in a clean clinic than on a city bus, better provided in a clinic where people where shoes than in a yoga studio where people are barefoot, and better in a clinic than in a park where needles could get lost in the grass where children play. Medical clinics are subject to stringent health regulations, ensuring standards of care, sanitation, and safety measures for both patients and practitioners. Requiring 5NP technicians to practice in these regulated environments guarantees that the necessary protocols for patient confidentiality, infection control, and basic record keeping are adhered to. Whereas pop ups occur in times of traumatic events and disasters, they are generally run by licensed health care workers, not any 18 year old with a day certificate. A licensed health care worker is more inclined to follow protocols and ensure safety due to greater training and because they have a license at stake. There are several adverse event reports that suggest that most AEs are due to a poor sense of responsibility of the providers. Requiring clinical supervision and a clinical environment helps to mitigate risk. In addition, patients are protected because the provider has malpractice insurance. To have a bill allowing the insertion of needles intended for medical treatment with no boundaries around practice space, no protections for the patient in the event of an injury and such minimal provider training creates unnecessary risk, even for a safe procedure.

Emergency Preparedness and Immediate Response: Although rare, adverse effects can occur from acupuncture treatments. Bruising and bleeding are not the only AEs but also syncope, injuries secondary to syncope such as concussion, and mental health crises. A medical clinic setting ensures that appropriate emergency response personnel and measures are available to navigate all of these complexities, including access to life-saving equipment and BLS/first aid

trained personnel. The training suggested for this 5NP provider can cover the mechanics of 5 needles in the ear but not all of the potential clinical dynamics that warrant more experienced supervision.

Practicing acupuncture within a medical clinic allows for better integration with other treatments and healthcare providers, which is what this bill seeks to accomplish. This collaborative environment ensures that acupuncture is part of a comprehensive treatment plan, including mental health care and pain management. It also ensures that the treatment is appropriately based on the patient's needs and offers a comprehensive approach to patient care. If this medicine is meant to serve as many patients as possible, and one of the goals is to restore patient agency, then it seems imperative that the patient have more thorough health care be a choice. 5NP is acupuncture after all, it is just an acupuncture point combination. There are many others that could offer better assistance. Requiring that this 5NP treatment is offered in a clinical setting with some acupuncture supervision ensures that the patient has the opportunity for more thorough treatment, otherwise it is placing bandaids on bullet holes and patting oneself on the back in the name of access to care and the opioid crisis. It is a short cut.

Please remember that acupuncture availability has grown substantially since the 1970's. This progress has been achieved through years of advocacy, rigorous training, and legal efforts to ensure that acupuncture is practiced safely and effectively by licensed professionals. Many individuals and organizations have worked tirelessly to bring acupuncture to the forefront of modern healthcare, have it covered by most health insurance and ensure its accessibility to all populations. Medicaid and medicare cover acupuncture now. Many, many LAcs offer additional low cost, sliding scale and community style treatments. Deregulating the practice undermines the quality of care and the integrity of the acupuncture profession, is unsafe to patients and potentially decreases access to care. Offering treatments in non-medical settings to individuals without appropriate clinical supervision and training is not equitable care but quite the opposite.

From the NADA website: "In the U.S.A. and Canada, many localities encourage the implementation of a NADA program through regulations that allow non-acupuncturist health providers to be trained in the NADA protocol, often under the supervision of a licensed acupuncturist or medical doctor." Most others that don't require supervision require that the provider have another working medical licensure. These statements were disputed in the previous workshop meeting but the information is written on a document provided by the OMB for our reading.

I propose the following measures for the 5NP technician role:

1. Supervision Requirements:
5NP technicians should practice under the clinical supervision of a licensed acupuncturist or MD/DO qualified to perform acupuncture. Supervision should not necessarily be required at all times, but a supervisor should be readily available in the event of complications or adverse reactions.

2. Training and Certification:
Technicians should complete a standardized training program that includes at least:

- 50 hours of didactic training
- 40 supervised clinical treatment hours
- Certification in the NCCAOM Clean Needle Technique (CNT) course (8 hours)
- OSHA-compliant Bloodborne Pathogens training, as well as HIPAA protocols, as required

3. Liability Insurance

- Some aspect of liability insurance is required for patient safety

By working within these frameworks, we can continue to expand access to acupuncture services while maintaining the highest standards of patient safety and professionalism.

Whereas I commend this group for wanting to help as many people as possible, I would also like to offer another viewpoint from a recent patient of mine who was treated with 5NP in a detox/ trauma facility. He reported feeling like a factory farmed animal. He reported being rounded into a room like a sheep, where seemingly untrained people stabbed him repeatedly in the ears and then acted as if he was supposed to be better. He said it was incredibly painful, whereas regular acupuncture treatment, even in the ears, is not. He had to keep asking, "when are we actually going to talk about or work on the cause because the drinking is just the symptom?" Of course, different things work for different people and I think that NADA is a wonderful offering, when done well, but I also see that this reduction in regulation as being similar to the supersize me fast food culture.

Thank you for your consideration.

Submitted by: Dr. Jen Kearns, DACM, LAc on September 1, 2025

From: Sara <[redacted]>
Sent: Saturday, August 30, 2025 1:10 PM
To: ROSS Elizabeth * OMB
Subject: Re: B 2143/5NP Workgroup Meeting 9/3

Hope your long weekend was restful.

Here is some pre-edits, though i will mention in workgroup as well.

Suggested edits to the BEAUTIFUL FAQ page. (I really love it, it makes me feel like the workgroup discussions found a home to expand into beyond the edits to rules and regs section).

Regarding FAQ 21
5NP Treatments

possible edit, having TCM theory is not ideal maybe.....
21. What is a 5NP treatment?
The protocol works by stimulating five specific acupoints in the ear that are believed to help restore balance and calm the nervous system. It provides balance to emotional and adrenal flow which helps to reduce cravings,
anxiety, and withdrawal symptoms while promoting relaxation and mental clarity.

Below is TMI, but i tried to summarize above while removing acu-lingo

Three major theories:

1)Ear/vagus nerve innervation

2)The ear is a microsystem for the body. the points used as Master Points, many correspond with organs of detoxification.

3)Ear and body acupuncture releases endorphins, balances serotonin and decreases cortisol – decreasing pain and improving mood.

Sympathetic - Helps shift the nervous system from a sympathetic (fight or flight) dominant state to a parasympathetic (rest or digest) state

Shen Men - Stress relief, relaxation, calms the brain, supports emotional processing, helps with anxiety, depression, insomnia

Kidney - Related to fear - this point supports the adrenal glands which are often over stimulated by chronic stress

Lung - Related to grief - this point regulates the skin which is also another primary organ of detox

Liver - Related to anger - this point supports emotional flow and helps relax muscle tension

On Sat, Aug 30, 2025 at 12:46 PM Sara <[redacted]> wrote:

Greeting Elizabeth

This is so exciting to see take shape!

A suggested edit of not too late:
3. Needles/Beads/Seeds: thin single-use disposable needles, ear seeds, or ear beads are placed on the five ear points: shen men, sympathetic, liver, kidney, and lung points. You may feel a mild pinch or tingling when the needles are inserted or beads and seeds placed, which usually fades quickly. **Ear seeds and ear beads should not be used for individuals with diabetes.**

As this is not a true contraindication or precaution, can it be edited to:
Ear seeds and ear beads are recommended to not be retained beyond the day of treatment for individuals with diabetes.

I believe some voiced concern about the seed retention was settled at 3 days and then removed to avoid negative side effects for diabetics.
But if people are more comfortable having the recommendation be retention no longer than day of, that seems fine. The exclusion of diabetics is inaccurate and therefore I believe this draft edit to have over compensated for the concern raised.

Thank you!!!!
Doing my homework on reading through the rest of the packet for Wednesday

Just saw this jump out instantly as a miscommunication point.
Pun intended

Thank you for all you are doing!
-sara-

From: Nancy Whitson
Sent: Friday, August 29, 2025 10:06 PM
To: ROSS Elizabeth * OMB
Subject: 5NP Workgroup

Dear Ms. Ross, and members of the OMB and Workgroup,

I am a retired RN, NP and CNM, who has worked in public health settings throughout my career, out of a strong desire to increase access to people who have all kinds of barriers to health and care.

I have worked with community health workers here in the USand internationally, as well as in their training programs, and have seen first-hand the power of health care designed for broad outreach and low-barrier access. So I'm enthusiastic about the 5NP bill, and so grateful for all your hard work and commitment to the best possible roll-out for implementing this important resource to our communities.

In attending the workgroup sessions and reading the draft, I'm wondering about a couple points.

First, under Qualifications, item 1(c), the requirement that the applicant have "good moral character," I'm wondering if this wording is something that always is added to any registration language.

As a regulatory requirement for licensure, this language is problematic, as it is entirely subjective and vague, requiring an applicant to fit whatever the current values of the OMB members hold as their personal standards of "good" and "moral".

This is particularly inappropriate in our current moment, as these terms are increasingly being politicized and weaponized to exclude various groups of people, and to serve particular ideologies.

Setting this possibility into regulatory law opens the door to this use by any future board members.

This is not a hypothetical risk, as we are seeing every day concrete examples of government agencies, policies, and officeholders being eliminated or coerced into positions that compromise the health and well-being of the population; in many arenas, but especially in the arena of health policy, what was previously considered "good" can now be deemed "immoral."

(Some examples: supporting or facilitating a woman's right to choice over her own pregnancy, or even providing her information; providing life-saving intervention to save a woman's life during some obstetrical emergencies; providing information, support or medical care for nonbinary people. Or just being a nonbinary person, or anyone other than heterosexual. There are people now in government advocating even broader interpretations of "bad moral character", such as: supporting stem-cell research, support for women in domestic violence situations. Supporting freedom of speech is being labelled as terrorism, in other words, immoral.)

A requirement for registration to practice a health protocol, if worded as a completely subjective sentiment, in these times only invites being wielded as a tool of exclusion, or an ideological control method.

If this requirement is meant to in some way overlap with the criminal background check requirement, then maybe they could the same requirement; if so, it should clearly specify the intention of the criminal background check: what specifically it is meant to protect against, ie, what kind of findings may arise from a background check that would be considered relevant to the practice of this protocol.

The concern has been voiced by the workgroup that the criminal check would intimidate from applying, some of the very people who would be ideal to provide 5NP. I believe the statement that was added is not sufficient: saying what the criminal check does not intend will not prevent the intimidation, unless the regulation is explicit about what it does intend (for example, "To further the assurance of safety within the community of recipients, providers, and the public, the Board will use a criminal background check so that applicants with histories of violent crime, or sexual predators, or_____, will have the opportunity to present further information to the Board to be considered for registration.").

These are the two areas of concern I felt the need to voice.

Thank you again for your consideration, and all your hard work on this bill,
Nancy Whitson

From: Shannon Conrad <[redacted]>
Sent: Wednesday, August 27, 2025 3:11 PM
To: ROSS Elizabeth * OMB
Subject: Opposition to Expanding 5NP Ear Needling to Non-Acupuncturists

Dear Oregon Medical Board Members,

I am writing to strongly oppose the proposal to expand the scope of practice to allow non-acupuncturists to perform the 5 Needle Protocol (5NP) ear needling.

This proposed expansion undermines the standards of safety, training, and professional rigor that the field of acupuncture has worked diligently to uphold. Licensed acupuncturists complete extensive education, clinical training, and examination to ensure that patient care is safe, effective, and evidence-based. Even modalities such as “dry needling” are recognized as acupuncture and require the same level of expertise and licensure.

By contrast, professions such as tattooing and piercing—while not medical—still require significant schooling, licensing, and oversight to protect the public. It is inconceivable that a medical intervention involving the insertion of needles could be reduced to a short course for individuals without the necessary medical background. To do so risks patient safety and sends a message that medicine itself can be watered down into a commodity.

If this proposal moves forward, it will contribute to the erosion of professional standards in health care and open the door to “quick fix” training programs that mislead the public, such as the alarming online advertisements claiming one can “become an acupuncturist for $19 and a 4-hour online course.” This is not only misleading but dangerous. I understand this is not the intended bill's purpose, but would serve as a step in that direction regardless.

I believe there has not been more vocal resistance against this measure as it is not widely known amongst our community of licensed acupuncturist Membership in our state association is not mandatory, licensing fees are high, and the state acupuncture society has been historically lackadaisical and ineffective.

I urge the Board to reject this measure and maintain the rigorous standards that protect Oregon patients and preserve the integrity of medicine. We cannot afford to “dumb down” medical practice at the expense of patient safety and professional accountability. We have more acupuncturists in Oregon per capita than any other state- there does not seem to be the need to train laypeople to practice medicine without proper training and stringent licensing, as all acupuncturists have to undergo.

I ask you to ensure the training standards and licensing requirements be equal to or exceeding those required for acupuncture licensing.

Thank you for your attention to this critical matter.

Sincerely,
Shannon Conrad, L.Ac

Licensed Acupuncturist and Small Business Owner

Shannon Conrad
[redacted]

On Thu, Aug 21, 2025 at 4:37 PM ROSS Elizabeth * OMB <elizabeth.ross@omb.oregon.gov> wrote:

> Ms. Conrad,
>
> Thank you for taking the time to share your concerns about 5NP in Oregon. 5NP is acupuncture and a legislative/statute change was required to allow a non-acupuncturist the ability to provide 5NP treatments.
>
> I want to provide some context about where we are in this process. Earlier this year, the Oregon Legislature passed HB 2143 (2025), which Governor Kotek signed into law. This legislation allows qualified individuals to provide 5NP treatments without an acupuncture license, effective March 1, 2026. The law also directs the Oregon Medical Board to establish comprehensive rules for qualifications and training requirements. You can review the full text of the legislation here: https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2143.
>
> The OMB's role is focused on implementing the law that has already been enacted. As we move forward with implementation, the OMB remains committed to our core mission of protecting patients. Our goal is to develop rules that carry out the mission through qualifications for individuals providing 5NP treatments, along with comprehensive sanitation and safety standards.
>
> The OMB formed a Workgroup of acupuncturists and community members to assist with this process, the current draft rules the Workgroup will be reviewing next week are posted online (pages 13-21). Your perspective as a practicing acupuncturist is important to this process. We welcome comments on the draft rules regarding qualification requirements, training standards, safety protocols, or other aspects of implementation to protect Oregon patients. Written comments on the draft rules received by Monday, August 25 5PM will be shared with the Workgroup.
>
> Thank you again for your engagement on this important issue and let me know if you have additional questions.
>
> Warm regards,

Elizabeth Ross (she/her)

Legislative & Policy Analyst

Oregon Medical Board

1500 SW 1st Ave, Suite 620, Portland, OR 97201

Desk: 971-673-2667 | **OMB:** 971-673-2700

OUR MISSION: ***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.***

Data Classification Level 2 - Limited

From: Shannon Conrad <[redacted]>
Sent: Thursday, August 21, 2025 2:36 PM
To: ROSS Elizabeth * OMB <elizabeth.ross@omb.oregon.gov>
Subject: Strong Opposition to Non-Licensed Practice of the 5 Needle Protocol (5NP)

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

Dear OMB

I am writing to state in the strongest possible terms my opposition to the idea of allowing non-licensed individuals to perform the 5 Needle Protocol (5NP). This is not just a minor policy issue—it is a profoundly dangerous and misguided concept that undermines public safety, professional integrity, and the very foundations of modern healthcare regulation.

Let us be clear: **the 5NP is acupuncture.** Acupuncture is a medical intervention involving the insertion of needles into the body. Licensed acupuncturists undergo thousands of hours of rigorous training in anatomy, physiology, pathology, Chinese medical theory, clean needle technique, and supervised clinical practice. This training exists for one reason—**to protect patients.** To suggest that individuals without this foundation should be allowed to needle patients is nothing short of reckless.

Authorizing non-acupuncturists to practice 5NP would set a disastrous precedent. It would effectively say that medicine can be practiced without a license if the procedure appears “simple” or “limited.” Would we ever allow an unlicensed person to prescribe a “basic” drug protocol? Perform a “simple” surgical procedure or stitches? Of course not. To even consider such a rollback is to drag us back to a time when people practiced medicine without adequate knowledge, training, or accountability—a time when patients routinely suffered harm from ignorance and unregulated care.

This is not modernization—it is regression. It is a step back into the stone age of medicine.

Acupuncture is a respected, powerful, and effective field of medicine precisely because it is held to professional standards. Diluting those standards by allowing unlicensed providers to needle patients does not expand access—it **erodes safety, public trust, and the integrity of the profession itself.**

I urge you in the strongest possible terms: reject this proposal outright. Protect patients. Uphold licensing laws. Do not open the door to untrained, unaccountable individuals practicing medicine without a license.

Respectfully,
Shannon Conrad, L.Ac.

--

Shannon Conrad

www.spiritpointmedicine.com

[redacted]

From: Dr. Annabelle Snow <[redacted]>
Sent: Monday, August 25, 2025 12:32 AM
To: ROSS Elizabeth * OMB
Subject: HB 2143: Concerns about the introduction of 5NP/ear acupuncture in Oregon

Dear Ms. Ross,

I've recently learned about 5NP/ear acupuncture treatments being expanded in Oregon, and although I applaud the move as it is an impactful treatment, I do have some concerns. I recognize that I'm coming late to this conversation and that the bill has already passed, even really the opportunity to voice much of an opinion is quickly passing. Nonetheless, I do feel strongly enough about this to make a comment by sending this email. I've been an acupuncturist in Oregon since 2004, and I can tell you that ear treatments are a powerful and impactful treatment. I utilize ear acupuncture treatments with most of my patients. Over the years our clinic has done many ear acupuncture treatments at outreach events, and I will tell you that it is a strong treatment and the administration of it should not be taken lightly or offered by just anyone.

My concern is that ear acupuncture is still acupuncture and in the characterization of 5NP as **not** acupuncture and **not** a treatment and that the patients are individuals, **not patients**, it's downplaying the seriousness of it as a treatment and downplaying the potential for adverse events if this treatment is not in the right hands. I've had seated patients nearly go into needle shock with just ear needles. 5NP is acupuncture, plain and simple. I've also had patients experience a huge emotional release, which for some patients is scary and their reaction to the trigger can vary widely. Are these registered providers with no medical or mental health training equipped to handle someone getting triggered into a response to trauma or PTSD? Yes, this treatment is limited to one part of the body, and limited (if the provider is trained well enough) to 5 very specific points, but it is acupuncture, nonetheless. Why is needling in the ear really that different than needling in the body? So why should we allow just anyone to practice acupuncture? Ear seeds and pressure points at the 5NP points are also impactful. Why not start there instead of allowing everyone to utilize acupuncture needles?

I would like to respectfully recommend that there be more oversight within this expansion. Is it really true that virtually anyone who is 18 years of age or older could start needling patients with very little training or oversight? Why not start the expansion with **setting some limits on WHO can be registered such as mental health providers, social workers, medical providers of any kind, LMTs**, etc? This list could be expanded to include anyone who would realistically be working within the populations that the law is intended to serve. To expand it out so suddenly to anyone who wants to do ear acupuncture in any setting and without any real medical training or oversight feels unnecessarily risky.

What happens if a registered provider or patient gets hurt, gets an infection, goes into needle shock? What if the patient has a clotting disorder and starts bleeding more heavily? What if they are diabetic or have cancer and more prone to infection? If I understand correctly, no medical history will be taken, and no chart notes will be written down. Acupuncture, even in the ears, isn't necessarily a suitable treatment for everyone, in any state of mind and/or in various levels of substance use. Acupuncture should not be administered to anyone who is using drugs or alcohol at the time of the treatment.

Shouldn't anyone using acupuncture needles (instead of ear seeds or balls) be required to have some sort of true medical training? Is 30 hours of training enough to equip these medical providers to go out into the community by themselves in a variety of settings and administer acupuncture? Do the registered providers have to carry any malpractice insurance? If not, why not? If a registered 5NP provider hurts someone it will negatively impact all of us practicing acupuncture.

My questions/comments include:

- Could the initial roll out of this bill include expansion to include only medical providers, mental health providers, social workers, and other individuals? Once the details are tested out, expansion could widen.
- Who does a registered 5NP provider turn to if they need help with a difficult patient or situation?
- Perhaps anyone who is not a medical provider could be required to have an acupuncturist or MD/acupuncturist as their "sponsor" who oversees the care they are providing in the community, essentially answering questions, mentoring them, and maybe takes responsibility for them? I see this as something akin to an acupuncturist who wants to work on animals must secure a veterinarian to work under. This would allow the 5NP providers to get additional support from the experts who regularly practice ear acupuncture and keep the oversight within the acupuncture community.
- Acupuncture (even ear acupuncture) should not be administered to anyone who is using drugs or alcohol at the time of the treatment, especially if the administrator is not a medical provider.
- Will they be required to take CPR? Why not the pain management seminar we have to take?
- What happens if a patient gets hurt? Do they have legal or financial recourse against a registered 5NP provider?
- What happens if a patient goes into an emotional trauma trigger? Are these providers trained and equipped to manage it?
- What is the process for patient complaints?
- I believe it should be a requirement to communicate clearly that they are not licensed acupuncturists, that they are trained only to administer ear acupuncture to the 5 points. I believe the bill states that they cannot say that they are licensed acupuncturists, but I'm suggesting that the rules state that they are required to publicize/communicate that they are NOT so as not to confuse patients.

I'm all for expanding the usage of ear acupuncture/5NP but I strongly believe it's a mistake to take it too lightly and allow just anyone in the state of Oregon to practice ear acupuncture. Let's slow this down and do it right by setting some reasonable restrictions. Let's make sure that anyone using acupuncture needles goes through the same requirements as the rest of us, and has the proper support, training and experience to manage anything that might arise from administering this treatment in the community. Ear acupuncture is still acupuncture and should be considered as such.

Thank you for your time and your willingness to consider some of my points as the OMB creates the rules around this new expansion of acupuncture in Oregon.

Sincerely,
Annabelle

Dr. Annabelle Snow (she/her), DAOM, LAc, Clinic Director
North Portland Wellness Center
Clinic: [redacted] **Web:** northportlandwellness.com

From: Danielle Reghi <[redacted]>
Sent: Monday, August 25, 2025 4:59 PM
To: ROSS Elizabeth * OMB
Subject: Public Testimony on 5NP

Hi Elizabeth,
I would like to attend these meetings, but unfortunately they fall at a time that I am at work. So I will give some input this way. I heard that some concerning remarks were made at the last 5NP meeting. I hear that people were commenting that they are excited to treat pain with 5NP, and that there was some discussion over this being acupuncture.

While 5NP, and ear needles are a component of acupuncture, 5NP as a stand alone is not acupuncture. When this bill was initially presented to groups that I was in, the understanding was that the proponents of this bill wanted people in rehab settings to be able to have access to 5NP for inpatients and outpatient drug rehab purposes. There is historical context of 5NP being used in this way in the 70's in the Bronx New York. I got on board with the bill with the understanding that this is how 5NP would be used. We were told there would be explicit rules around safety, that practitioners could only use those 5 points, and that this would help to increase access to this therapy for marginalized communities that have a hard time accessing care otherwise. I want to be sure that people aren't under the impression that they are practicing acupuncture without a license. And I want people to understand that 5NP is for a specific purpose and cannot treat health issues, and is not a substitute for medical care, or acupuncture. Also, I want to make sure that there is clear messaging around ethics, and that people adhere to clean needle technique protocols. I also want to make sure that 5NP practitioners do not call themselves acupuncturists. I tried to get this in earlier, but got a call from work, so I will cut this short to make sure I get this to you by 5PM. But please let me know if you would like more input or clarification, and I will try to make some of the meetings.
Thanks,
Dainelle Reghi LAc

--
Dr. Danielle Reghi
she / her
DACM, LAC.

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Beardall Acupuncture and Chiropractic Clinic, PC
Christopher Beardall, DC, L.Ac.
[redacted]

August 25, 2025

Oregon Medical Board
1500 SW 1st Avenue, Suite 620
Portland, OR 97201

Subject: Testimony and Recommendations Regarding HB 2143 and Division 71 Draft Rules

Dear Members of the Oregon Medical Board,

Executive Summary: Safeguarding Public Safety in the Five-Needle Protocol

With the passage of HB 2143 (2025), Oregon has authorized a new practitioner category—the Five-Needle Protocol (5NP) Technician. While this legislation is intended to increase access to supportive care, it also places a clear obligation on the Oregon Medical Board (OMB) to implement rules that protect the public from potential harm. Unfortunately, the draft rules under OAR Chapter 847, Division 71, fall short of this duty. As currently written, the proposed training, vetting, and oversight requirements are inadequate for a practice that involves the invasive use of needles.

This testimony presents an integrated reform framework to strengthen Division 71, ensuring 5NP Technicians are held to a professional and safety standard commensurate with their responsibilities.

The Problem: Inadequate Safeguards in the Current Draft Rules

By carving out an exception to Oregon's established licensing requirements for acupuncturists under ORS 677.759, HB 2143 demands the creation of a rigorous alternative system. The current draft rules, however, fail to provide sufficient safeguards.

- **Inadequate Training:** The proposed 70-hour minimum is dangerously low for an invasive procedure. This pales in comparison to training hours required for other health

professions—such as EMTs (OAR 333-264-0014) and Oregon phlebotomy programs, which often require 190 hours.

- **Insufficient Background Checks:** Although HB 2143 grants the OMB authority to conduct background checks under ORS 181A.195, the draft rules do not require FBI fingerprint-based national checks. This omission creates a dangerous inconsistency, as EMTs undergo this higher level of scrutiny.
- **Minimal Professional Standards:** Allowing registration at age 18 is insufficient for a role that requires maturity, clinical judgment, and patient interaction skills. Additionally, the absence of standardized identification and a transparent disciplinary framework undermines accountability.

An Integrated Framework for Reform

To ensure patient safety, the following reforms must be adopted in full within OAR 847-071:

1. **Increase Training to 150 Hours, Competency-Based.**
   Expand training requirements from 70 to 150 hours, covering infection control, sterile technique, adverse event management, HIPAA compliance, and mandatory abuse reporting.
2. **Set a Minimum Registration Age of 21.**
   Requiring registrants to be at least 21 provides an important safeguard for clinical maturity and professional accountability.
3. **Mandate FBI Fingerprint-Based National Background Checks.**
   This must be a baseline requirement to ensure individuals with disqualifying histories in other states cannot register in Oregon.
4. **Require Standardized Identity Badges.**
   Each technician should wear a verifiable badge including name, photo, title ("Registered 5NP Technician"), and a QR code linking to the OMB public registry.

Strengthening Oversight and Accountability

Even with stronger entry standards, effective regulation demands ongoing oversight.

- **Apply the OMB's Full Disciplinary Authority.**
  5NP Technicians must be subject to ORS 677.190, 677.205, and 677.320, with clear grounds for discipline, mandatory self-reporting, and transparent investigations.
- **Create a Public Registry.**
  A searchable online database should display each technician's registration status and disciplinary history, mirroring systems for other licensed providers.
- **Require Professional Liability Insurance.**
  Mandatory liability coverage protects both patients and providers, aligning with best practices in other healthcare professions.

Recommended Revisions to Division 71 Rules

847-071-0000 Purpose Statement
The Five-Needle Protocol (5NP) is a standardized, supportive treatment for patients experiencing substance use disorders.

847-071-0005 Definitions
“Five-Needle Protocol (5NP)” means insertion of sterile, single-use needles at exactly five auricular points (including Sympathetic). “5NP Technician” means an individual registered by the Oregon Medical Board to provide 5NP treatments.

847-071-0007 Treatment Authorization
Only licensed acupuncturists, physicians, or registered 5NP Technicians may perform 5NP. Technicians may not use acupuncture outside of 5NP.

847-071-0020 Qualifications
Applicants must:

- Be at least 21 years old.
- Complete approved training.
- Pass written and practical competency exams.
- Be disqualified for specified criminal convictions.

847-071-0025 Training Requirements
Minimum 150 hours: 50 didactic (anatomy, OSHA, ethics, privacy) + 100 clinical (supervised insertions). Annual CE: 6 hours.

847-071-0030 Registration
Requires FBI fingerprint-based background check, training certificate, and OSHA/HIPAA compliance attestation.

847-071-0035 Discipline
OMB may impose warnings, fines, suspension, or revocation. Random audits (5% annually) will be conducted.

847-071-0042 Billing & Marketing
Technicians may not bill Medicare/Medicaid. All marketing must disclose non-coverage and technician status.

847-071-0045 Infection Control
Facilities must maintain OSHA-compliant Exposure Control Plans, sharps disposal, HBV vaccination, PPE, and post-exposure protocols.

847-071-0046 Adverse Events
Reportable within 10 days: prolonged bleeding, infection, syncope, or ED transfer.

847-071-0047 Facility Standards
Treatment areas must be cleanable, properly spaced, and free of food/beverages. Handwashing stations required.

847-071-0048 Privacy & Records
Covered entities must comply with HIPAA; others must implement written privacy safeguards and obtain informed consent.

Thank you for your consideration of these recommendations. Adopting these measures will ensure HB 2143 fulfills its intent to expand access while upholding the highest standards of patient safety.

Respectfully submitted,

Christopher Beardall, DC, L.Ac.

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Beardall Acupuncture and Chiropractic Clinic, PC
Christopher Beardall, DC, L.Ac.
[redacted]

August 25, 2025

Oregon Medical Board
1500 SW 1st Avenue, Suite 620
Portland, OR 97201

Policy Brief

Ensuring Public Safety in the Regulation of the Five-Needle Protocol (5NP) under HB 2143 (2025)

Testimony Submitted by:
Christopher Beardall, DC, L.Ac.
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725 SE 1st Ave, Canby, OR 97013
[redacted]

Date: August 25, 2025
Submitted to: Oregon Medical Board

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1. Background

The passage of **HB 2143 (2025)** authorized the creation of a new practitioner category, the **Five-Needle Protocol (5NP) Technician**, intended to expand access to supportive treatment for individuals experiencing substance use disorders.

Unlike licensed acupuncturists (regulated under ORS 677.759), this new category creates a carve-out with substantially reduced entry requirements. As a result, the **Oregon Medical Board (OMB)** has been tasked with drafting rules under OAR Chapter 847, Division 71, to govern this emerging profession.

Because the 5NP involves invasive procedures (needle insertion into auricular points), strong regulatory standards are necessary to safeguard public health. The **current draft rules**, however,

propose training, vetting, and oversight that fall significantly below established safety norms in Oregon healthcare regulation.

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2. Problem Statement

The draft rules for Division 71 fail to establish adequate safeguards, creating substantial risks for patient safety.

- **Inadequate Training**
  - Draft requires only **70 hours** of training.
  - By contrast: EMTs (OAR 333-264-0014) undergo significantly more instruction; Oregon phlebotomy programs often exceed **190 hours**.
  - A 70-hour minimum is insufficient for competencies in infection control, sterile technique, and emergency response.
- **Weak Background Checks**
  - Draft allows state-level checks only.
  - No requirement for **FBI fingerprint-based national checks**, which EMTs must complete.
  - This creates a **dangerous double standard**, allowing individuals with out-of-state offenses to gain registration.
- **Minimal Professional Standards**
  - Minimum age of **18** is too low for a clinical role requiring mature judgment.
  - Lack of standardized identity verification and a **public disciplinary system** undermines accountability.

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3. Policy Recommendations

To correct these deficiencies, an **integrated reform package** should be adopted in the Division 71 rules.

A. Training Standards

- **150 hours minimum** (replacing proposed 70 hours).
  - **50 hours didactic** (anatomy, OSHA, ethics, HIPAA, privacy).
  - **100 hours clinical** (supervised insertions, adverse event management).
- **Annual continuing education**: at least **6 hours**.

B. Registration Standards

- **Minimum age: 21 years**.
- **FBI fingerprint-based national background check** for all applicants, under ORS 181A.195.

- **Standardized identity badge**: must display photo, name, title ("Registered 5NP Technician"), and QR code linking to public OMB registry.

C. Oversight and Enforcement

- Apply the **full disciplinary authority of the OMB** under ORS 677.190, 677.205, and 677.320.
- Create a **public, searchable registry** displaying registration status and disciplinary history.
- Require **professional liability insurance** for all registered 5NP Technicians.
- Conduct **annual random audits** (minimum 5%).

D. Facility and Clinical Standards

- OSHA-compliant infection control: sharps disposal, HBV vaccine availability, PPE, and exposure protocols.
- Facilities must have **handwashing stations**, cleanable treatment spaces, and separation from food/beverages.
- **Adverse events** (infection, bleeding, syncope, ER transfer) must be reported within **10 days**.
- Records and privacy: HIPAA compliance or equivalent written safeguards; informed consent required.

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4. Draft Rule Language (Proposed Revisions to OAR 847-071)

847-071-0000 Purpose Statement
The Five-Needle Protocol (5NP) is a standardized supportive treatment for patients experiencing substance use disorders.

847-071-0005 Definitions
"Five-Needle Protocol (5NP)" means insertion of sterile, single-use needles at exactly five auricular points. "5NP Technician" means an individual registered by the OMB to provide 5NP treatments.

847-071-0020 Qualifications

- Minimum age: 21.
- Completion of approved training (150 hours).
- Successful passage of written and practical competency exams.
- Disqualification for specified criminal convictions.

847-071-0025 Training Requirements

- 150 hours minimum (50 didactic, 100 clinical).
- 6 hours continuing education annually.

847-071-0030 Registration

- FBI fingerprint-based national background check.
- Training certificate and OSHA/HIPAA compliance attestation required.

847-071-0035 Discipline

- OMB may issue warnings, fines, suspensions, or revocations.
- Annual random audits (≥5%).

847-071-0042 Billing & Marketing

- 5NP Technicians may not bill Medicare/Medicaid.
- All marketing must disclose non-coverage and technician status.

847-071-0045 Infection Control

- OSHA-compliant exposure control plan.
- Sharps disposal, HBV vaccination, PPE, and post-exposure protocols required.

847-071-0046 Adverse Events

- Mandatory reporting within 10 days.

847-071-0047 Facility Standards

- Treatment areas must be cleanable, adequately spaced, and equipped with handwashing stations.

847-071-0048 Privacy & Records

- HIPAA compliance where applicable.
- Written privacy safeguards and informed consent otherwise required.

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5. Conclusion

The creation of the 5NP Technician category under HB 2143 introduces an important new avenue of care but also significant risks if not carefully regulated. The current draft rules under Division 71 are **insufficient to ensure public safety**.

Adopting the recommended reforms will:

- Align training and oversight with comparable invasive healthcare professions.
- Strengthen background checks and accountability systems.
- Protect patients through enforced facility standards and mandatory insurance.

In doing so, Oregon can expand access to supportive care while **preserving public trust and safety in healthcare regulation**.

Submitted respectfully,

Christopher Beardall, DC, L.Ac.

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HB 2143- Suggestions to AAC/OMB

Aug. 25, 2025 Version by Arndt

Dear Workgroup Members,
Below are my points for the Rules for the 5NP Technician. They focus on patient safety and precedents set by regulation of other professions, especially by the OMB.

My points may be called "narrow", or conservative:
Firstly, I suggest that the OMB try certain items for 4-6 years, and reevaluate the Rules then. The OMB can then widen the application as decided. This is how LAcs evolved. In 1973 we could only practice in a MD/DOs office. Then we needed the patient's history or a referral. In 1991 we gained independent practitioner status. In 1993 we defined our scope of practice more clearly, and broadened it.

The OMB has been regulating MDs for 136 years, Licensed Acupuncturists for 52 years, and Podiatrists, Physician Assistants & Emergency Medical Technicians for years. One would expect that suggestions below, like quality of the education and training with examination standards, standards of care, etc., will be included for these practitioners as well.
Note: Recommendations are in blue.

Sincerely,
Karina (Natalie) Arndt
Emeritus LAc, Retired RN

Qs for OMB

Q1- So we all know what is generally required for the tech's, what are the OMB's "best practice standards" and where are standards defined? ("best practice standards" are in HB 2143)
Q2- Will 5NP Techs be required to follow the "OMB's Licensee Handbook, following items like the "reporting requirements" & "professional boundaries"?
Q3- How does the OMB define: "trauma informed care";
Q4- What is the minimum age requirement for LAcs and other healthcare practitioners in Oregon?

QUALIFICATIONS

Age

Recommendation:
Individuals must be at least 21 years of age. Oregon doesn't allow individuals under age 21 to: drink alcohol, be employed at premises dispensing psilocybin or cannabis, or to play a Video Lottery game.
In most states one must be 21 to: obtain a credit card without a co-signer, adopt a pet, reserve travel accommodations, fly a plane, obtain a concealed weapons license, and gamble in casinos.

5NP Technician Training Requirements

Recommendation:
35 hours of didactic training, including items already mentioned and:
5 hours of training of "best practice of care" standards
If the Rules authorize utilization of embedded beads/seeds, 1 hour of education on safety & application of such.
Written examination demonstrating understanding of the information presented.
Clinical Training: performance of administering the 5NP treatment to 40 ears, including:
final clinical exam of administration of a treatment, to be done by an LAc.
Completion of the NCCAOM "Clean Needle Technique"
This is an 8-hour course that has been required for LAcs for about 30 years. Why should a tech learn anything less?
It is done remotely with a practical exam.
Training Quality:
OMB to evaluate and monitor any institutions providing education, training and certification for NP Techs.

Technician Trainer Requirements

Recommendation:
OMB to evaluate and monitor any institutions providing education, training and certification for NP Tech Trainers.

SAFETY: THE TREATMENT, LOCATION, ETC

Ear Seeds or Beads:

HB 2143: "(a) Use only sterile, single-use disposable needles, ear seeds, or ear beads;"

Recommendation:

NO retention, or "embedded" application of the seeds or beads.

Reevaluate this after 4-6 years. Require training, as in a continuing education class to update techs.

IF retention or embedded application is used, these safety parameters come to mind, and this topic to be included in the didactic hours and examination portion of the training.

-not used for patients with diabetes mellitus
-retention time not to exceed 3 days
-instruct patient to keep the ear dry when seeds or beads are in place
-patient to report any irritation, swelling or redness at the site of the retained seed/s or bead/s
-only to be used in established medical clinics such that the patient can be monitored as needed
-5NP tech carries liability insurance to compensate patient in case of infection & loss of ear cartilage

Note: 1- The ear is mainly cartilage, which has poor circulation. 2- the ear itself has poorer circulation compared to the rest of the body. Given these 2 factors, the ear is especially prone to the tissue not heal properly from infections, and result in the loss of part or all of the external ear.

Treatment Locations

Will this be available in public places like shopping malls, public parks, public buses, private lounges, fitness clubs?

Recommendation:

Restrict the practice of 5NP to established medical clinics, or only to detox and rehab clinics.

The OMB can take the authority to decide on an individual basis, whether other locations are approved or not.

Modification of this recommendation:

The OMB will review this restriction after 4-6 years of enactment.

Recommendation:

Restrict the practice of 5NP to established medical clinics, detox and rehab clinics, or as OMB decides.

The OMB can take the authority to decide on an individual basis, whether a location is appropriate or not.

Treatments are be supervised (on-site or remotely) by LAcs, physicians authorized to perform acupuncture, RNs, or other healthcare providers as approved by the OMB.

Recommendation:

OMB to decide if the tech needs to wear a nametag, and how it should identify the practitioner.

NO Treatment Performed if Patient is Under the Influence

I'm told that in Hooper clinic in Portland, 5NP acupuncture was never administered to patients who were inebriated or under the influence of drugs. Also, it's a general rule to not give acupuncture to a patient who in such a state. Lastly, the rules for body piercing in Oregon forbid this procedure if one is inebriated or under the influence of drugs.

Recommendation:

5NP treatment is not administered to a patient who is inebriated or under the influence of drugs.

Electrical and Other Types of Stimulation

Will electrical stimulation be added to the treatment? This is common for reducing cravings.

Recommendation:

Specifically forbid the application of electrical stimulation, laser treatment or other non-needling stimulation to the ear needles or the 5 authorized points on the ear.

Liability & Malpractice Insurance

Will techs maintain this insurance? Is it available?

THE PRACTICE OF MEDICINE

Is an individual providing 5NP treatments "practicing medicine"?
Compare the definition of the practice of medicine with the wording implemented from HB 2143:

The Practice of Medicine: ORS 677.085

"What constitutes practice of medicine…"

"(4) Offer or undertake to diagnose, cure or **treat in any manner,** or by any means, methods, devices or instrumentalities, any disease, illness, pain, wound, fracture, infirmity, deformity, defect or (any) **abnormal physical or mental condition of any person."**

Division 71: Five-Needle Protocol 847-071-0000:
The five-needle protocol (5NP) is a standardized, supportive **treatment** for **patients** experiencing substance use **disorders, mental health conditions, and trauma."**

847-071-0000 Purpose Statement:
The five-needle protocol (5NP) is a standardized, supportive **treatment** for **patients** experiencing substance use disorders, mental health conditions, and trauma. The Oregon Medical Board is responsible for establishing training and registration requirements and regulating **the practice** of 5NP technicians in order to expand access to safe, standardized, low-barrier **treatment.**

It was said that this is intended to be in a "community-based" setting. However, it is still a medical treatment, and individuals are still patients. It has also been said that "5NP involves minimal record-keeping since it's a non-verbal intervention using standardized points without making a diagnosis". 5NP techs will still be practicing medicine, and it'll be based on the diagnosis in the law.

"Patient" or "Individual" & other terms

Recommend: use the standard medical words: patient, treatment, practitioner, provider, etc, since a medical treatment is being performed for relief of symptoms.
Clarify to techs that they are responsible for all aspects of healthcare: professional boundaries, informed consent, medical documentation, reporting requirements, proper identification of the patient etc.

Qualifying Diagnosis

The language in this law is difficult to apply. The tech has no medical training, yet is authorized to administer a medical treatment, and for 3 medical conditions. It can only be accomplished by a diagnosing practitioner providing the diagnosis of the 3 conditions which qualify for the 5NP treatment.
What is the practice of patients reporting their own diagnosis, ie, "self-identifying"?
Note: LAcs are not authorized to diagnose their patients conditions, but they allow patients to identify or report their western medicine diagnosis. This "self-identified" diagnosis is utilized for medical documentation of what the patient is reporting, and for the purposes of billing. LAcs are authorized to diagnose the patient according to TCM system.
Recommendation:
OMB either requires a diagnosis from a qualified practitioner, or investigates a solution for this conundrum.

From the Oregon Medical Board Report, Summer 2025:
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.

From: Lisa Rohleder <[redacted]>
Sent: Friday, August 22, 2025 1:58 PM
To: ROSS Elizabeth * OMB
Subject: 5NP consent form

Follow Up Flag: Follow up
Flag Status: Flagged

It's fabulous!!! I love it, what a great tool! Just one suggested edit: based on the adverse events reporting, add “nausea and/or vomiting” to the list of possible side effects?

have a lovely weekend,

Lisa Rohleder, L.Ac. she/her
[redacted]
https://workingclassacu.substack.com/

RE: Rulemaking for 5-NP (HB 2143) **Aug. 11, 2025**

My name is Karina (Natalie) Arndt. I've been an LAc in Oregon since 1987, and was an RN for 33 years.
I have taken the 5NP course from "Acupuncturists Without Border", and have supported their activities financially for many years for over 12 years. I hope that the details of this bill will lead to a safe and effective delivery of this wonderful health care treatment to people in need.
Sincerely, Karina (Natalie) Arndt, LAc

Safety of Embedded Beads, Seeds
Aside from the ear lobe, the external ear, auricle, is mainly cartilage. Cartilage doesn't have much circulation. Also, the ears do not have vigorous circulation due to their location. Thus, infections in them do not heal as easily as the rest of the body. And, patients are prone to loosing part or all of the ear if they get infected. This is especially important for patients with diabetes, especially if the a1C if significantly elevated. As we know, diabetics are prone to amputations, due to infection & poor circulation.

It was drilled into me in school, to take extra precautions when using an embedded seed, bead, or a miniature tac.
Early in my career, I had a patient who came to me with a small metal bead on their ear. It had been there about 2 weeks. I was surprised to see that the metal ball was getting buried into the skin- it was about halfway below the surface of the skin. For this reason, I never used ear balls/seeds/beads, and stayed with tacs.
And, I used the ear tacs frequently, many weeks putting 3- 20 tacs in per week.
I never had any complications, with these precautions that I took:
I first cleansed the skin with 99% alcohol.
Aside from some anti-bacterial effect, it dried the skin out nicely so the tape adhered especially well.
I instructed the patient to keep the ear dry. No swimming. When they shower, to fashion a little "shower cap" with a small plastic bag and a rubber band.
Immediately remove it if it feels irritated or uncomfortable or gets red or swollen.
Remove it in 1 week. Since I was giving them treatments regularly, returning in a week was no issue.
If they didn't return in that time, I called them to be sure they had removed the tac.
Some patients used them for months, and were very familiar with watching for any complications, and came in every week for a "tac change".

Will the training include the proper precautions of using embedded seeds/beads in the ear?
I noticed the rules/law for body piercings- that it is not to be done when a person is inebriated.
Also, in general, one does not administer acupuncture is inebriated, or under the influence of drugs, etc.
Will that be addressed?

Practicing Medicine?
Division 71: Five-Needle Protocol 847-071-0000: :The five-needle protocol (5NP) is a standardized, supportive treatment for patients experiencing substance use disorders, mental health conditions, and trauma."

The tech will be administrating a medical treatment. They will decide if the patient has one of the above 3 conditions.
Will it be interpreted that the tech is diagnosing &/or practicing medicine?
And will this require that the tech will decide that the person has one of these conditions?
How will the trained tech maintain responsibility to the patients?
That is, will they maintain malpractice liability insurance? Will it be available for this technique?
Will someone licensed to practice acupuncture supervise the procedure at all?
Will there be informed consent? HIPPA? Will there be proof of identification be required of the patients?
Will it be clear that no medical advice is given? No recommendation on meds, prescription, or OTC

Locations?
Will this be administered in locations like shopping malls, bars, public parks, etc?
Sorry, but this setting may predispose to problems…
Will a Licensed Acupuncturist supervise the treatments? At least for the 1st year of a tech doing it?

Misc
Will electrical stimulation be added to the treatment? This is common for reducing cravings.
Any age limit of the patients, and if so, need parental/guardian consent?
Any age limit of the people administering the treatment?

ACUPUNCTURE ADVISORY COMMITTEE
SEPTEMBER 12, 2025
VIDEOCONFERENCE

Public Session

Informational Items

Member Assigned: **Babu**

Subject: **Review of 5NP Supporting Materials**

Informational item only; no action required by the Committee

Five-Needle Protocol (5NP) Treatment & Informed Consent DRAFT

What to Expect, 5NP Treatment Description

In Oregon, 5NP is a standardized, supportive treatment for individuals who self-identify as experiencing substance use disorders, mental health conditions, and trauma. Treatments are provided by state-registered 5NP technicians and contain:

1. **5NP Technician Preparation**: verifying an individual's consent form, washing hands with soap or sanitizer.
2. **Your Preparation**: sit comfortably, no extensive intake or discussion, ear(s) may be prepared by wiping with alcohol wipe.
3. **Needles/Seeds/Beads**: thin single-use disposable needles, ear seeds, or ear beads are placed on the five ear points: shen men, sympathetic, liver, kidney, and lung points. You may feel a mild pinch or tingling when the needles are inserted or beads and seeds placed, which usually fades quickly. Ear seeds and ear beads should be used with caution for individuals with diabetes.
4. **Relax**: sit quietly for 30-45 minutes, no talking or interaction required. It is normal to experience warmth, deep relaxation, or even fall asleep. Do not get up while needles are in place. If you need to move, alert the 5NP technician. If a needle falls out, let the 5NP technician know, do not pick it up. Never touch another person's fallen needle.
5. **Treatment Conclusion**: the 5NP technician may remove or direct you to remove the needles. Removed needles must be placed in a sharps container. If you remove your own needles, wash hands with soap or sanitizer. Ear beads or ear seeds are not worn for more than 3 days, and you will be given instructions on their care and duration of wear. If they cause discomfort, remove them immediately.
6. **Post-Treatment**: no extensive debriefing required, though brief check-ins may occur. Sharps container will be properly disposed of by 5NP technician.

Possible Side Effects/Healing Reaction

I understand that 5NP may result in certain side effects or healing reactions, including but not limited to local bruising, slight bleeding, fainting, temporary pain and discomfort, nausea or vomiting, and temporary aggravation of symptoms existing prior to treatment. Conventional medicine therapy also may be indicated, either in response to an emergency or as deemed necessary at the discretion of a licensed health care practitioner.

Infectious Disease/Clean Needle Procedures

I understand that there are infectious diseases which have the potential to be carried through the air, through physical contact, and through body fluids. 5NP technicians follow standard precautions to guard against the spread of infection and use only sterilized, prepackaged, single-use, disposable needles. The needles that are used for this treatment are single-use and applied according to national professional standards.

Five-Needle Protocol (5NP) Treatment & Informed Consent DRAFT

Medical Referral

I understand that 5NP is a complementary therapy, not a substitute for medical treatment, diagnosis, or prescribed medications. I understand that I should consult a licensed health care provider if there is a worsening of an ailment or condition or if a new ailment or condition arises. I also understand that if I am currently under the care of a healthcare provider, I should not alter my medications or treatment plans or discontinue my provider's care without first discussing such changes with my provider.

Voluntary Consent

I voluntarily consent to receive 5NP treatment from a 5NP technician. A 5NP technician is not a licensed acupuncturist. I understand that I may be treated with needles, ear seeds, or ear beads. I have not been guaranteed any specific outcomes concerning the uses and effects of 5NP. I understand that I am free to discontinue 5NP treatment at any time. I understand that 5NP is not a standalone cure for substance use disorders, mental health conditions, or trauma.

I am obtaining 5NP treatment for the purpose of achieving temporary relief from the symptoms of substance use disorder, mental health conditions, or trauma.

Individual Receiving 5NP Treatment Name (Printed):
Signature:
Date:

Representative of the Individual (if applicable):
Name (Printed):
Signature:
Date:

5NP Technician Name:
Treatment Date & Time:

HB 2143: Five-Needle Protocol (5NP)
Frequently Asked Questions

Responses are based on HB 2143 (2025) and OMB draft rules that are still being developed. FAQs will be revised and added to align with rules adopted by the Oregon Medical Board in early 2026. Additional questions may be submitted to elizabeth.ross@omb.oregon.gov for consideration.

Questions are organized in the following groups:

- 5NP Overview & Background
- Regulation & Rulemaking Process
- 5NP Technicians
- 5NP Treatments
- Informed Consent Form
- 5NP Continuing Education
- 5NP Training & Trainers

5NP Overview & Background

1. Why is the Oregon Medical Board (OMB) creating five-needle protocol (5NP) regulations?
In June 2025, the Oregon Legislature passed House Bill 2143 (2025), and Governor Kotek signed the bill into law. This legislation allows individuals with specific training and OMB registration to provide 5NP treatments beginning March 1, 2026. The law also directs the Oregon Medical Board to establish comprehensive rules for training qualifications and safety standards, see full text of legislation here. The OMB's role is to implement the law that has already been enacted.

2. What is five-needle protocol (5NP)?
Under the new law in Oregon (HB 2143), 5NP is a standardized treatment protocol in which five points on the human outer ear are stimulated with sterile, single-use disposable needles, ear seeds, or ear beads for the purpose of achieving temporary relief from the symptoms of substance use disorder, mental health conditions or trauma. The five points are the shen men, sympathetic, liver, kidney and lung points on the human outer ear.

3. Where did 5NP originate from?
5NP emerged from an intersection of grassroots activism and community-driven healthcare innovation. In the 1970s, advocacy efforts demanded accessible drug detoxification services at Lincoln Hospital in South Bronx, NY. The protocol represents a unique fusion of ancient Eastern healing practices with modern healing social justice movements of the Black Panthers and Young Lords. These activists recognizing the failure of traditional medical systems to adequately serve marginalized populations struggling with addiction, collaborated with healthcare providers to develop what became known as acudetox which transformed a hospital detox program into a community-centered healing practice. This grassroots origin reflects the protocol's core values of accessibility, community empowerment, and culturally responsive care,

establishing it as more than just a medical intervention but as a tool for social healing that emerged from communities most affected by addiction and trauma. The protocol's evolution from this activist foundation to its current global application maintains its commitment to serving underserved populations and providing trauma-informed care that honors both individual healing and collective community wellness.

Regulation & Rulemaking Process

4. Who regulates 5NP in Oregon?

The Oregon Medical Board (OMB). Currently, Oregon-licensed acupuncturists and MD/DO physicians with appropriate training may provide 5NP treatments, and the OMB regulates both professions. HB 2143 will allow an individual with specific training and OMB registration to provide 5NP treatments without a license to practice acupuncture beginning March 1, 2026. OMB will also regulate these 5NP technicians by establishing and enforcing rules, including qualifications, registration, standards, and disciplinary actions.

5. What process is the OMB using to create the 5NP rules and regulations?

In August and September 2025, the OMB formed a Workgroup of acupuncturists and community members to gather input on draft rules and related materials. The Workgroup's input will be reviewed by the OMB's Acupuncture Advisory Committee on September 12, 2025, and the Oregon Medical Board on October 2, 2025.

5NP Rulemaking Timeline (tentative):
August-September 2025 – HB 2143 Workgroup meets
September 12, 2025 – Acupuncture Advisory Committee reviews the Workgroup's recommendations and makes recommendations to the Oregon Medical Board
October 2, 2025 – Oregon Medical Board reviews all recommendations
After October meeting – OMB files notice and public comment opens
November 24, 2025, 5PM – Public comment period ends
December 5, 2025 – Final review by the Acupuncture Advisory Committee
January 8, 2026 – Final review and possible adoption by the Board
January-March 2026 – OMB staff develop systems for program
March 1, 2026 – Rules become effective

6. How can I stay updated on 5NP implementation in Oregon?

Sign up for the OMB's acupuncture interested parties email list through Subscriber Lists to receive updates about the 5NP program development.

7. Can I participate in the rulemaking process?

Yes. All meetings listed above are open to the public and may have designated comment periods as noted on the agenda, see OMB's Public Meeting Notices. Written comments may be emailed to Elizabeth Ross at elizabeth.ross@omb.oregon.gov. All public comments, drafts, or meeting

materials received during the designated comment periods will be posted on the OMB's Public Meeting website and/or 5NP website.

8. Who can I contact for more information?
For questions about 5NP implementation in Oregon, contact Elizabeth Ross at elizabeth.ross@omb.oregon.gov or visit the OMB's 5NP webpage.

5NP Technicians

9. Can anyone in Oregon provide a 5NP treatment?
Beginning March 1, 2026, individuals who complete required training, meet the qualifications, and register with the Oregon Medical Board (OMB) may provide 5NP treatments. Oregon-licensed acupuncturists and MD/DO physicians with appropriate training may already provide 5NP treatments and will not need to obtain a 5NP registration to continue providing this care within their practice.

10. What are the qualifications for a 5NP technician?
A 5NP technician must:

1. Be at least 18 years of age,
2. Successfully complete a 5NP training program as described in OMB rule, and
3. Have good moral character as those traits would relate to the applicant's ability to provide 5NP treatments. Substance use disorder in remission, mental health conditions, or other lived experiences alone are not a reflection of current moral character.

11. How does the OMB review good moral character to qualify as a 5NP technician?
All 5NP technician applicants must complete a national fingerprint-based background check. Criminal history is not an automatic disqualification for 5NP registration. The Board evaluates each applicant's background and experience and will consider additional information provided by the applicant. To be evidence of a lack of good moral character, the acts or conduct in question must be rationally connected to the applicant's ability to safely provide 5NP treatments. Substance use disorder in remission, mental health conditions, or other lived experiences alone are not a reflection of current moral character.

12. What training is required to become a 5NP technician?
5NP technicians will be required to successfully complete a 5NP training program consisting of at least 30 didactic hours and 40 ears needled under supervision. The OMB is still developing the rules for this program, and this may be updated. In general, 5NP training offered by the National Acupuncture Detoxification Association (NADA) or People's Organization of Community Acupuncture (POCA) will meet the requirement.

13. Do I need to be a licensed healthcare provider to apply for 5NP registration?
No. HB 2143 does not require a 5NP technician applicant to hold a related healthcare license.

14. Does a nurse or other licensed healthcare provider need to qualify and register as a 5NP technician to provide 5NP treatments?
Yes. Anyone who wants to provide 5NP treatments must first register with the OMB. The only exception is for Oregon-licensed acupuncturists and MD/DO physicians who have appropriate training; these individuals do not need to obtain 5NP registration.

15. Can a 5NP technician diagnose?
No. 5NP technicians will not diagnose. The individual receiving a 5NP treatment will self-identify that they are seeking treatment for temporary relief from the symptoms of substance use disorder, mental health conditions, or trauma.

16. What standards must 5NP technicians follow?
The OMB is developing rules for sanitation standards and professionalism requirements. These will include safety protocols, hygiene requirements, and ethical standards.

17. Is there a registry of qualified 5NP technicians?
Yes. The OMB will maintain a public registry of qualified 5NP technicians starting in March 2026 that will be available online.

18. Do 5NP technicians have any reporting requirements?
As a person registered with the Oregon Medical Board, each 5NP technician will be responsible for the reporting requirements in ORS 676.150, including arrests and convictions and prohibited or unprofessional conduct by healthcare providers.

19. Can a 5NP technician use the title "acupuncturist" or offer "acupuncture"?
No. A 5NP technician may not use the title "acupuncturist" or advertise or hold themselves out as being an acupuncturist or otherwise indicate they are authorized to practice acupuncture as defined in ORS 677.757.

20. Where can I report a 5NP technician for unprofessional or other conduct?
Complaints about treatment provided or unprofessional conduct by 5NP technicians should be reported to the OMB. Information about filing a complaint is available online.

5NP Treatments

21. What is a 5NP treatment?
The protocol works by stimulating five specific points in the outer ear that are believed to help restore balance and calm the nervous system by helping to reduce cravings, anxiety, and withdrawal symptoms while promoting relaxation and mental clarity.

22. What is the 5NP protocol designed for?
Based on Oregon HB 2143, a 5NP technician may only provide 5NP treatments for the purpose of achieving temporary relief from the symptoms of substance use disorder, mental health conditions or trauma.

23. What points can a 5NP technician needle or apply ear beads or ear seeds?
The five points are the shen men, sympathetic, liver, kidney and lung points on the human outer ear. A 5NP technician cannot use any other points.

24. What are the minimum safety elements of a 5NP treatment?
A 5NP technician must:

- Use only sterile, single-use disposable needles, ear seeds, or ear beads;
- Adhere to sanitation and hygiene protocols, including proper disposal of needles in a sharps container;
- Meet community standards of care, including trauma informed care;
- Establish clear procedures for handling complications or adverse reactions; and
- Set and maintain professional boundaries with all individuals receiving 5NP treatments and protect the individual's privacy and dignity.

25. What are community standards of care?
The degree of care, skill, and diligence that is used by ordinarily careful 5NP technicians in the same or similar circumstances in 5NP technician's community or a similar community.

26. Does HIPAA apply?
HIPAA (Health Insurance Portability and Accountability Act) may apply to 5NP treatments, but the specific application depends. In general, HIPAA applies to covered entities and business associates who conduct certain healthcare transactions electronically. It may not apply if treatment is provided in certain community or volunteer settings that don't meet covered entity criteria or if no protected health information is created, transmitted, or stored electronically. The Oregon Medical Board cannot provide legal advice, and one may need to seek legal advice regarding application of HIPAA and other federal or state laws. Information is available on the U.S. Department of Health and Human Services webpage.

27. Where should I report adverse events?
Complaints about treatment provided by a 5NP technician should be reported to the OMB. Information about filing a complaint is available online. Any adverse events that occur through no wrongdoing by the 5NP technician may be reported to People's Organization of Community Acupuncture (https://acupunctureconsumersafety.net/).

28. Can a 5NP treatment include electrical stimulation or electro-stimulation?
No. 5NP technicians may only use single-use disposable needles, ear seeds, or ear beads.

Informed Consent Form

29. Does a 5NP technician need to obtain an Informed Consent form every time?
Yes. A 5NP technician must obtain a signed and dated informed consent form prior to each treatment. Simply signing a name on a clipboard would not meet Oregon's consent documentation requirements for 5NP treatments.

30. Is the OMB's Informed Consent form required?
No. OMB recommends use of its "5NP Informed Consent Form." However, 5NP technicians may create their own form, including electronically generated forms, containing the same information contained on the OMB Informed Consent form.

31. Why does a 5NP technician need to obtain written Informed Consent prior to every treatment?
Informed consent is a fundamental requirement in healthcare to ensure a person understands what they're agreeing to receive. It respects a person's right to make informed decisions about care they receive, even for standardized treatments. Informed consent must be in writing as it will be the only documentation of the 5NP treatment and may be used to resolve any concerns raised to the Oregon Medical Board.

32. How long does a 5NP technician need to retain Informed Consent forms?
A minimum of 3 years.

33. May an individual get a copy of their Informed Consent form?
Yes. A 5NP technician must provide a copy of an informed consent form to the individual who received treatment if requested.

5NP Continuing Education

34. Why do 5NP technicians need to take continuing education to renew their registration?
Continuing education provides an opportunity for 5NP technicians to refresh and strengthen their knowledge and competency, remain engaged with the educational standards, and promote a culture of continuous learning.

35. Why is the Oregon Health Authority pain education class relevant to 5NP technicians?
Pain is interconnected with the conditions 5NP treatment in Oregon may address (substance use disorder, mental health conditions, trauma). OHA's pain education course is free, accessible, and includes relevant content about acupuncture, cultural competency, and trauma-informed care.

5NP Training & Trainers

36. How do I know if a 5NP training program meets OMB requirements?

5NP training programs completed prior to 2026 may be substantially similar to meet the requirements described in the rule for a training program. In general, 5NP trainings completed with National Acupuncture Detoxification Association (NADA) or People's Organization of Community Acupuncture (POCA) will meet the OMB's requirements. In 2026 after rules are adopted, a person may contact the OMB's licensing staff by email at licensing@omb.oregon.gov to inquire if a 5NP training program meets the OMB's rules.

37. Are there requirements to be a 5NP trainer?

Yes. A 5NP trainer will need to meet the requirements in OMB rule:

- Be an actively licensed Oregon acupuncturist or a physician licensed under ORS 677.100 to 677.133 who is in good standing with the Oregon Medical Board and has been practicing auricular acupuncture for a period of at least two years, or
- Be an active National Acupuncture Detoxification Association (NADA) Registered Trainer or People's Organization of Community Acupuncture (POCA) Auricular Acu-Technician (AAT) Trainer.

After the 5NP program has been established in Oregon, there may be an additional pathway for 5NP technicians to become a 5NP trainer.