Point Injection Therapy Workgroup

November 5, 2026, 12:00PM
Videoconference

Join ZoomGov Meeting	Phone: 669-254-5252
Meeting ID: 165 941 1508	Meeting ID: 165 941 1508
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The public is invited to attend all portions of this meeting and may participate by providing comment during the public comment period (item #4).

1. Call to Order and Roll Call (12:00-12:05PM)

Workgroup Members:

Lisa Tongel, LAc, OMB Acupuncture Advisory Committee, **Workgroup Chair**
Dongcheng Li, LAc, OMB Acupuncture Advisory Committee
William Duarte, DAOM, LAc, Acupuncture Educator
Jasmine Patel, MS, LAc, Practicing Acupuncturist
Christina Lambert, LAc, Practicing Acupuncturist
Julia Walls, DACM, MS, MAcOM, LAc, Practicing Acupuncturist

Meeting overview:

- The workgroup's role is advisory, and consensus is not necessary. Members provide input and advice from their respective areas of expertise. While the workgroup may make recommendations, the Oregon Medical Board retains decision making authority.
- This workgroup has been formed to gather input to evaluate and provide a recommendation on inclusion of point injection therapy within the acupuncture scope of practice and any additional qualifications or requirements for an acupuncturist to provide point injection therapy. If applicable, also provide draft rule language for consideration. Not a voting or decision-making body, the OMB retains decision making authority.
- Open, honest, and respectful communication is expected at all times. Members participate in a personal or organizational capacity and do not speak for the OMB.
- This is a public meeting, and all portions will be held in public session and recorded.
- The public is invited to attend the meeting and may provide comment during the designated comment period. Members of the public will otherwise be muted.

Workgroup Charter (click link to review)

2. Review of October 15, 2026 Minutes (12:05-12:10PM)

3. Point Injection Therapy Request Discussion (12:10-1:20PM)

4. Public Comment (1:20-1:40PM)

We welcome public feedback. Any member of the public may provide comments at this time. OMB staff will call on public participants may raise their hand to indicate the desire to comment. Please limit comments to three (3) minutes and state your name and organization (if applicable). Additional written comments may be submitted to elizabeth.ross@omb.oregon.gov.

5. Closing Discussion (1:40-2:00PM)

- Workgroup members may provide closing thoughts and summary of the discussion.
- Workgroup members and the public may submit additional written comments to Elizabeth Ross, elizabeth.ross@omb.oregon.gov.
- Updates will be posted on the workgroup's website.

Materials: The materials below are provided as a starting point for discussion to facilitate meaningful dialogue among Workgroup members and public comment.

Agenda Subject to Change: So that the Workgroup makes the best use of meeting time, agenda items may be reviewed out of order. The agenda is subject to change without additional notification. Posted times are provided as an estimate.

Questions about the workgroup, email Elizabeth Ross, Legislative & Policy Analyst, ***elizabeth.ross@omb.oregon.gov****.*

For information on attending meetings or to request accommodations, contact Gretchen Kingham, Executive Assistant, ***gretchen.kingham@omb.oregon.gov*** *or 971-673-2700.*

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Approved by the Board on XXX

OREGON MEDICAL BOARD
Point Injection Therapy Workgroup
October 15, 2026, 3:00pm • Held via Video Conference

PUBLIC SESSION

Welcome

Lisa Tongel, LAc, Workgroup Chair, called the meeting to order at 12:01pm and called the roll and a quorum was confirmed.

The following Workgroup Members were present:

William Duarte, DAOM, LAc
Christina Lambert, LAc
Dongcheng Li, LAc
Jasmine Patel, MS, LAc
Julia Walls, DACM, MS, MAcOM, LAc
Lisa Tongel, MAcOM, LAc, Workgroup Chair

OMB Staff present:

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

Chair Tongel welcomed Workgroup members and the public to the first meeting of the Point Injection Therapy Workgroup. Chair Tongel reminded attendees that the Workgroup was formed to gather input from those who will be directly impacted and from those with knowledge and expertise, and to evaluate and provide a recommendation on including point injection therapy (PIT) within the acupuncture scope of practice, along with any additional qualifications or requirements for an acupuncturist to provide PIT. The Workgroup is advisory only, consensus is not required, and the Oregon Medical Board retains all decision-making authority. Chair Tongel reviewed ground rules, including the expectation of open, honest, and respectful communication, and noted that the meeting is public and recorded, with a designated public comment period.

Workgroup Member Introductions and Charter Review

Chair Tongel invited Workgroup members to introduce themselves.

- William Duarte, DAOM, LAc
- Christina Lambert, LAc
- Dongcheng Li, LAc
- Jasmine Patel, MS
- Julia Walls, DACM, MS, MAcOM, LAc
- Lisa Tongel, MAcOM, LAc

Overview and Charter

Elizabeth Ross, Legislative & Policy Analyst, reviewed the OMB's mission to protect the health, safety, and well-being of Oregonians by regulating the practice of medicine and acupuncture in a manner that promotes access to quality care. She noted that members participate in their personal capacity or on behalf of the organization they represent and do not speak for the OMB. Members were asked not to discuss the topic among themselves between meetings, and to send any materials they wish to share with the Workgroup to Ms. Ross for inclusion in the public meeting materials. Ms. Ross also noted that differing opinions are welcome and will be reflected in the minutes.

Chair Tongel noted that the Workgroup Charter was included in the meeting materials. There were no questions about the Charter.

Point Injection Therapy Request Discussion

Chair Tongel noted the proposal was submitted by the Oregon Association of Acupuncturists (OAA), which is seeking clarification as to whether acupuncture point injection therapy falls within the Oregon scope of practice based on the 2025 changes to the statutory definition of acupuncture. The discussion was divided into the following topics:

- Whether PIT is within Oregon's statutory definition of acupuncture;
- Potential patient safety risks of an acupuncturist providing PIT, and how they can be reduced;
- Whether acupuncturists need additional training or qualifications before providing PIT; and
- Whether Oregon should set a specific list of approved substances.

Statutory Definition of Acupuncture

Chair Tongel read the statutory definition of acupuncture, which includes the insertion of needles into specific points on the body at varying depths, including into the skin, subcutaneous tissue, muscle layers, and fascia, and into or near joint spaces, and states that 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.

It was stated that the 2025 language providing that the type of needle and technique are informed by specialized training provides a clear basis for including PIT within the definition. One member described the current language as a gray area because PIT is not specifically named, and asked whether the OMB requires it to be named explicitly.

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Ms. Ross explained that the statute does not need to specifically name point injection therapy. If the definition as written can include it, the OMB has rulemaking authority to carry out the provisions of the statute, including setting education and other requirements.

Members noted the availability of a National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) PIT certification training that defines training, modalities, and safety requirements.

Members agreed that PIT falls within the definition. It was noted at least 12 states allow acupuncturists to perform PIT, that some, such as Florida, have well-established standard procedures and training requirements, and that the OAA's proposed administrative rule appears to be modeled on other states' rules and is consistent with national standards developed by NCBAHM and the American Society of Acupuncturists (ASA). Chair Tongel stated that the reference to the type of needle being informed by specialized training opens the definition to both hypodermic and filiform needles, and allows for additional training in specific areas.

Chair Tongel summarized that all members feel that PIT is within the scope of acupuncture practice in Oregon.

Patient Safety and Risk Reduction

It was reported that the American Acupuncture Council, a malpractice insurer for many acupuncturists, stated they have not had a malpractice claim related to point injection therapy in the states where it is practiced, including states that have allowed it for decades. It was also noted that acupuncturists receive extensive training in deep anatomy and needling safety, and a comparison was drawn to reported adverse events, such as pneumothorax, associated with dry needling performed by other professions with fewer hours of training.

Members noted that PIT shares common risks with acupuncture, such as infection, bruising, and bleeding, but that injecting a substance introduces additional risks, including allergic reactions, sensitivities, toxicity, and interactions. Members discussed the following safety measures:

- Training in use of epinephrine and oxygen to respond to acute allergic reactions or anaphylaxis, which is included in most states' requirements and in the NCBAHM national standards for PIT;
- Testing for reactions before injecting a substance;
- Emphasis on injection technique, including where not to inject and aspiration in areas with vascular structures or innervation; and
- A clearly defined list of permitted substances.

One member who has practiced PIT for over 30 years reported never having had a negative reaction other than minor skin reactions, and stated that the use of anesthetics should be included in Oregon's rules, as they are used in China and in states that allow PIT, and are included in training.

Chair Tongel raised a question from the June 2026 Acupuncture Advisory Committee meeting regarding the safety and sourcing of the substances themselves, such as how to ensure substances are sterile and appropriate for injection, and noted that the rule should make clear that practitioners may not, for example, prepare injectable substances from bulk herbs. Members discussed the following:

- Washington's rules require the use of only prepackaged and sterile acupoint injectable therapeutic substances that are acquired from a state-licensed entity in compliance with federal and state law and stored securely in accordance with the manufacturer's specifications. Members supported including similar language in Oregon's rules.
- Acupuncturists are not permitted to compound substances, so substances such as anesthetics should come from a reputable, licensed pharmacy.

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- Injectable Chinese herbal products have become difficult to obtain, as China has stopped exporting them due to quality control concerns. Efforts are underway to have such products manufactured in the United States and Canada. It was also noted that there are very few, if any, FDA-approved herbal injectables.
- Florida does not provide a specific substance list but allows categories of substances, including herbal injectables, homeopathic injectables from manufacturers that specialize in them, and nutritional supplements such as vitamin B12 and vitamin D3.
- Practitioners in other states could be asked where they obtain substances and what quality assurance documentation, such as certificates of analysis, is provided.

Chair Tongel asked Ms. Ross to determine whether the NCBAHM certification materials include language similar to Washington's regarding the sourcing and storage of substances. Chair Tongel summarized that members generally feel that existing trainings include substantial safety measures and guidance, and that malpractice claims related to PIT appear to be rare, if not unheard of.

Training and Qualifications

It was asked whether some states adopted their requirements before or after NCBAHM created its certification. It was explained that NCBAHM worked with the ASA to establish a middle ground among states with higher and lower training requirements; for example, Florida requires 60 hours of education, while some states require approximately 24 hours. The NCBAHM standard allows some education to be completed online or by live webinar and some in person. It was stated that the OAA's proposal appears reasonable because it is based on other states' standards and NCBAHM, and that Oregon should align as closely as possible with national standards rather than create its own requirements.

Chair Tongel asked whether anyone felt the Workgroup should consider more than the 40 hours of training and 16 hours of supervised in-person training. No members indicated a need for more, and members were generally comfortable with these requirements.

Chair Tongel noted momentum on the Acupuncture Advisory Committee toward Oregon defining its own standards, and suggested that Oregon's rules spell out the training requirements rather than simply refer to NCBAHM, even if the requirements are the same. Members agreed. It was suggested that members research before the next meeting how other states address the exam or certification requirement, and what would happen if the national certification were no longer available.

Chair Tongel noted additional provisions from other states for consideration, including an explicit statement that supervised training must be in person, a minimum time in practice before providing PIT, and a prohibition on training patients to self-inject.

Members agreed that acupuncturists should not train or encourage patients to self-inject, and that this should be explicitly stated in the rule, as it does not appear to be in the OAA proposal. It was noted that many patients self-inject at home for other reasons, but that this training is better left to other professions. It was also stated that acupuncture is based on the practitioner-patient relationship, and acupuncturists are not permitted to provide needles to patients for self-treatment.

One member stated that a minimum time in practice or patient volume requirement could be reasonable but would be difficult to regulate. Other members did not support a time-in-practice requirement, noting that such requirements were established when there were no training standards, and that new graduates who meet the training requirements, including training provided through schools, should not be limited. It was noted that in Florida, PIT training of approximately 60 hours is integrated into the school curriculum, so new graduates may practice PIT upon licensure, and that Oregon schools could also offer such training. Chair Tongel stated that a time-in-practice requirement would be cumbersome and difficult to enforce,

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and that graduation from an acupuncture program combined with the additional PIT training would be sufficient.

It was noted that in Florida, acupuncturists who move from other states must complete Florida's required 60 hours of training before performing PIT, even if they hold a certificate from another state, though the training is not required for those who do not intend to provide PIT. Members stated that acupuncturists coming to Oregon should likewise be required to meet Oregon's requirements.

Chair Tongel asked how a PIT training requirement would work with the Board's processes, given that the OMB does not issue provisional or limited acupuncture licenses. Ms. Ross explained that the OMB would not issue a separate license or collect training documentation, and PIT training would not be noted on the OMB website. The training requirement would be established by rule, and the standard of care in Oregon would require acupuncturists to have the training before providing PIT. If the Board receives a complaint, staff would ask to review the licensee's education and training. All licensees must practice within their education, training, and experience. Chair Tongel noted a similar precedent for nano needling and microneedling.

Chair Tongel summarized that members are comfortable with the current NCBAHM educational requirements, with the possible addition of language prohibiting training patients to self-inject.

List of Approved Substances

Chair Tongel asked whether Oregon should set a specific list of approved substances, and stated support for a specific list. Members agreed. It was stated that the OMB is already asking what substances acupuncturists plan to inject, and that a specific, well-informed list would help the Board feel comfortable with the rule.

One member supported a list that is as broad as possible while itemizing the substances that will commonly be used, noting that lists are fairly consistent from state to state and that a list is included in the NCBAHM certification, but that it should be tailored for Oregon. The member stated that the OAA proposal is fairly detailed but that anesthetics should be included rather than excluded, since they are included in training and commonly used, and that homeopathic substances should not be excluded for practitioners appropriately trained to use them. Chair Tongel noted that the current statutory definition does not specifically name homeopathics.

The OAA proposal lists authorized substances including homeopathic substances, botanical extracts, saline, sterile water, vitamins, minerals, and other non-controlled substances approved by the Board, and provides that licensees shall not administer controlled substances, prescription anesthetics, or substances for cosmetic purposes unless separately authorized. The OAA representative explained that the proposal was intentionally written as a palatable starting point and not a final recommendation, and expressed interest in hearing from members who have practiced PIT in other states about which substances are most important to include.

Chair Tongel summarized that members lean toward recommending that Oregon set a specific, intentional list of approved substances, which is expected to be the main focus of the next meeting.

Public Comment

There were no public comments.

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Closing Remarks

The 2025 change to the statutory definition of acupuncture allows the OMB to address PIT through rulemaking. The Workgroup's final recommendations, including any differing opinions, will go to the Acupuncture Advisory Committee, which will meet on December 4, 2026, at 12:00pm.

The Committee will review the minutes of both Workgroup meetings and may decide not to move forward, to continue working on the topic, or to recommend that the Board initiate rulemaking. The Board could then review that recommendation at its January 7, 2027 meeting. If the Board opens rulemaking, a draft rule would be published with notice in the Secretary of State's Oregon Bulletin, followed by a public comment period, possibly a public hearing, and final review. Because the Acupuncture Advisory Committee meets twice a year, the process can take six months to a year once rulemaking begins.

The public, including Workgroup members, may submit written comments or provide public comment at the December 4, 2026 Acupuncture Advisory Committee meeting, and noted that PIT will not be within the Oregon acupuncture scope of practice by January 1, 2027, as the process takes time.

Chair Tongel summarized the Workgroup's discussion:

- Point injection therapy is within Oregon's statutory definition of acupuncture.
- Patient safety is a priority. Existing trainings from NCBAHM and other states address safety, including emergency response with epinephrine and oxygen for allergic reactions or anaphylaxis, and members are not aware of increased malpractice claims or adverse events. Members support rule language on where substances may be obtained.
- The NCBAHM training standard of 40 hours of training and 16 hours of in-person supervised training is appropriate, as it was developed through a thoughtful process by experienced practitioners; however, Oregon should define its own training requirements in rule rather than refer to NCBAHM.
- Acupuncturists should not train patients to self-inject at home.
- Oregon should set a specific list of approved substances following thoughtful discussion of what Oregon's list should be.

OMB staff will work on the areas identified before the next Workgroup meeting on Thursday, November 5, 2026, from 12:00pm to 2:00pm, and will send updated materials and any draft rules before the meeting. Written comments or questions should not be discussed among members and should be sent directly to Ms. Ross. Chair Tongel thanked Workgroup members and OMB staff.

Chair Tongel adjourned the meeting at 1:32pm.

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3. Point Injection Therapy Request Discussion (12:10-1:20PM)

Highlights from last meeting:

- Point injection therapy (PIT) falls within Oregon's statutory definition of acupuncture.
- Patient safety is a priority. Existing PIT training includes substantial safety measures and guidance, and malpractice claims related to PIT appear to be rare.
- Acupuncturists should complete training before providing PIT. The NCBAHM standard of 40 hours of training and 16 hours of in-person supervised training is appropriate, but the rule should spell out the requirements rather than rely on NCBAHM.
- Acupuncturists should not train patients to self-inject at home.
- The rule should include a list of approved substances and specify where substances may be obtained.

For reference: October 15, 2026 Meeting Materials (click link to review)

Follow Up from last meeting:
OMB staff were asked whether NCBAHM's course addresses sourcing and storage of injectable substances. Mandatory course topics include storage and quality of injectable substances, as well as pharmaceutical, homeopathic, and compounded preparations and compounding itself. Domain 2.3 of the exam tests whether candidates can assess the quality of injectable substances and apply best practices for storage. The exam's references include the FDA's compounding Q&A and an overview of USP 797 compliance, see NCBAHM's Acupuncture Injection Therapy Certificate of Qualifications Content Outline provided below.

OMB staff were also asked to provide NCBAHM's substance list. Please note that NCBAHM does not publish an "approved" list. Instead, it publishes a list of substances covered on the Acupuncture Injection Therapy Certificate of Qualification (AIT COQ) exam. The exam outline notes that the substances acupuncturists may use vary by state.

- Water (e.g., sterile water, bacteriostatic water)
- Salts (e.g., saline/sodium chloride, sodium bicarbonate)
- Anesthetics (e.g., procaine, lidocaine, bupivacaine, vapocoolants such as ethyl chloride)
- Vitamins (e.g., B12, C, D)
- Catecholamines (e.g., epinephrine)
- Preservatives (e.g., benzyl alcohol)
- Steroids (e.g., corticosteroids)
- Sugars (e.g., dextrose)
- Minerals (e.g., iron, magnesium)
- Homeopathics (e.g., Traumeel®)
- Amino acids (e.g., arginine, lysine, glutathione)
- Autologous blood (e.g., blood products, appropriate anticoagulant, live cell products)
- Lipotropics (e.g., MICC and MIC blends)
- Naturally occurring substances (e.g., hyaluronic acid)
- Gaseous substances (e.g., medical-grade oxygen, ozone)
- Antiseptics (e.g., isopropyl alcohol, povidone-iodine, iodine, chlorhexidine)

Continued Discussion Items

The items below are intended to start the conversation about what a rule should include. You may also find it helpful to refer to OAA's proposed rules and to other states' rules for ideas.

- **Define what point injection therapy (PIT) includes,** meaning the practices that would require additional training.
  - Should the rule also state what PIT does not include?

- **Describe the qualifications an acupuncturist needs to provide PIT.** For example, the acupuncturist must:
  - Hold an active Oregon acupuncture license in good standing
  - Maintain current CPR/BLS certification
  - Have successfully completed a training program

- **Outline the training requirements for providing PIT.**
  - 40 hours of training and 16 hours of in-person supervised training
    - Should the rule outline curriculum requirements?
    - Instructor qualifications?
    - Exam or certification requirements?
  - Should acupuncturists need additional training in the use of intramuscular epinephrine, local anesthetics, and oxygen?
  - Acupuncturists provide proof of completed training only upon request.
  - Should there be a continuing education requirement, or only a one-time training requirement?

- **Address the sourcing of substances,** acupuncturists:
  - May not prepare injectable substances from bulk herbs.
  - May not compound substances, unless they hold a separate applicable license.
  - May use only prepackaged, sterile injectable substances that are:
    - Acquired from a state-licensed entity in compliance with federal and state law
    - Stored securely according to the manufacturer's specifications

- **Develop a list of substances an acupuncturist may use for PIT.**

- **Outline professional and practice standards.**
  - Prohibit acupuncturists from training patients to self-inject.
  - Require an adverse event or plan for allergic reactions to injected substances.
  - Require acupuncturists to explain PIT to the patient before treatment.

Colorado: 4 CCR 738-1.10 – Injection Therapy

A. Definitions. For purposes of this Rule only:

1. The Director recognizes that "Injection therapy" is the stimulation of acupuncture points, including trigger points(historically known as "AHSHI" points), by the injection of saline, sterile herbs, vitamins, minerals, homeopathic substances, glucose, lidocaine, procaine, and sarapin, or other similar substances specifically manufactured for nonintravenous injection by means of hypodermic needles.

B. Except as restricted by paragraph (C) of this Rule, an acupuncturist with an active license may practice injection therapy in the treatment of patients in his or her care,

C. Requirements to Practice Injection Therapy. The acupuncturist shall:

1. Possess a Colorado acupuncture license in good standing;
2. Hold a current Clean Needle Technique Certificate through the NCCAOM (or successor organization); and
3. Be current in basic life support (BLS) or cardiopulmonary resuscitation (CPR) approved by the American Heart Association or American Red Cross;
4. Complete educational coursework covered in subsection D.

D. Acupuncturists employing injection therapy shall use only those substances and techniques for which they have received training. Required Educational Coursework shall include:

1. Anatomy and Physiology;
2. Acupuncture physical exam and differential diagnosis;
3. Acupuncture point location, including underlying anatomy;
4. Acupuncture needling technique;
5. General injection safety;
6. Acupuncture point injection therapy;
7. Pharmacology; and
8. Clean Needle Technique.
9. For the use of injectable substances prepared from sterile herbs, completion of training in Chinese herbology and injection of Chinese herbal injectables is required.

   To demonstrate satisfying the training requirements in Chinese herbology and injection of Chinese herbal injectables the Director will accept NCCAOM, or a successor organization's, certification in Chinese herbology and/or certification in Oriental Medicine.
10. For the use of substances listed in (E)(3)(a)(12-17), instruction on the use of inhaled O2 and IM epinephrine for emergency use is required.

E. Permissible Substances

1. An acupuncturist shall comply with all federal and state laws that pertain to obtaining, possessing and administering any drug;
2. A substance shall only be approved for use if procured in compliance with all federal and state laws;
3. The following drugs are authorized in the modes of administration that are specified except as limited or restricted by federal or state law:

a. Permissible substances that an acupuncturist may obtain for injection therapy as permitted per section 12-200-103(4), C.R.S and as permitted by the Director:
(1) Dextrose;
(2) d-glucose;
(3) Enzymes except urokinase;
(4) Glucose;
(4) Homeopathic Substances (to only include those that are within the US Pharmacopia);
(5) Hyaluronic Acid;
(6) Minerals;
(7) Saline;
(8) Sarapin;
(9) Sodium chloride;
(9) Sterile water;
(10) Traumeel;
(11) Vitamins;
(12) Cyanocobalamin;
(13) Lidocaine;
(14) Marcaine (Bupivacaine Hydrochloride) with or without epinephrine;
(15) Sterile Herbs;
(16) Procaine; and
(17) Vitamin B-12.

F. Patient safety.

1. Acupuncturists shall have an adverse event/emergency plan in place.
2. An acupuncturist practicing injection therapy of substances listed in (E)(3)(a)(12)-(17) shall be equipped and trained to treat patients with oxygen and epinephrine. The oxygen and emergency epinephrine kit shall be on site where injection therapy utilizing substances with potential allergic side effects are being rendered.
3. An acupuncturist authorized to practice injection therapy shall not inject any substance intravenously.

G. Acupuncturists shall show current medical malpractice coverage for this procedure and maintain coverage.

1. It is the acupuncturist's responsibility to only inject substances that are listed in subsection E and are explicitly covered by the acupuncturist's insurance policy obtained in compliance with section 12-200-106(6), C.R.S.

Nevada: NRS 634A.142: Endorsement to practice acupuncture point injection therapy

1. A doctor of Oriental medicine licensed pursuant to this chapter may apply to the Board for an endorsement to practice acupuncture point injection therapy. The applicant must submit with his or her application proof that the applicant has:

(a) Successfully completed postgraduate coursework approved by the National Certification Commission for Acupuncture and Oriental Medicine or a successor organization which provides at least 24 hours of instruction provided in person,

including, without limitation, at least 8 hours of instruction received by practicum and 2 hours of training in the administration of intramuscular epinephrine; and

(b) Obtained or otherwise carries a policy of professional liability insurance which insures the applicant against any liability arising from the provision of acupuncture point injection therapy by the applicant.

2. The Board shall issue an endorsement to practice acupuncture point injection therapy to an applicant who meets the requirements of subsection 1.

3. A licensee who is issued an endorsement to practice acupuncture point injection therapy may only inject substances for which the licensee has received training which may include, without limitation, nutritional, homeopathic and herbal substances.

4. As used in this section, "acupuncture point injection therapy" means the subcutaneous, intramuscular and intradermal injection of substances to stimulate acupuncture points, ashi points and trigger points to relieve pain and prevent illness.

Maryland: COMAR 10.26.02.08 (Acupoint Injection Therapy – Registration)

A. Registration. To obtain the required registration from the Board as qualified to practice acupoint injection therapy, an applicant shall:

(1) Possess an active license in good standing to practice acupuncture and East Asian medicine in the State;

(2) Successfully complete an NCCAOM, or other appropriate accreditation body endorsed specialty training program and assessment in acupoint injection therapy that consists of at least 60 hours including:

(a) A minimum of 40 hours of theoretical training in the required topics;

(b) A minimum of 20 hours of live face-to-face clinical practical experience; and

(c) Instruction that meets the requirements of §C of this regulation;

(3) Possess a current certification by the American Heart Association or approved equivalent in basic life support;

(4) Hold a current Clean Needle Technique Certificate through CCAHM or NCCAOM;

(5) If licensed in the State for less than 2 years, possess a valid license in good standing to practice acupuncture and East Asian medicine, in any state, for at least 2 years before applying to perform acupoint injection therapy in the State; and

(6) Complete and submit an application in the format provided by the Board.

B. The Board shall accept the documentation from a licensee that has completed the training required to perform acupoint injection therapy prior to the effective date of this regulation if:

(1) The licensee provides a certificate, or other valid documentation, confirming successful completion of 60 hours of acupoint injection therapy training that complies with this regulation; or

(2) The previously completed training does not meet the requirements of this regulation, but the licensee provides documentation of completion of supplemental training that, together with the initial training, fulfills the coursework requirements of §C of this regulation.

C. Training Program Curriculum. The curriculum for the acupoint injection therapy program shall include:

(1) 20 hours of clinical practice on a patient or patients;

(2) History and development of acupuncture injection therapy;
(3) Differential diagnosis;
(4) Definitions, concepts, and pathophysiology;
(5) The nature, function, channels entered, and contraindications of the substances stated in §F(2) of this regulation;
(6) Diseases amenable to treatment with acupuncture injection therapy and the substances appropriate to treat them;
(7) Identification of appropriate points for treatment, including palpatory diagnosis;
(8) A review of physical examination, anatomy, and referral zones;
(9) Universal precautions including management of blood borne pathogens and hazardous waste;
(10) Procedures for injections, including preparing the substances, contraindications, and precautions;
(11) Administration techniques and equipment required;
(12) Administration of the prepackaged substances authorized for acupoint injection therapy, including aseptic technique, recordkeeping and storage of substances prepared and authorized for use in acupoint injection therapy;
(13) Safety and emergency procedures; and
(14) 2 hours of training in the use of intramuscular epinephrine and emergency oxygen which count toward the required theoretical and clinical training hours.

D. Clinical Instructors. In addition to the requirements of NCCAOM, or other appropriate accreditation body, an instructor for acupoint injection therapy shall:
(1) Ensure that the curriculum meets the training requirements set forth under §C of this regulation;
(2) Be a licensed practitioner in acupuncture in good standing in the State and be registered to practice acupoint injection therapy in the State;
(3) Possess at least 5 years of experience in the practice of acupuncture that includes acupoint injection therapy;
(4) Retain proof of compliance as set forth under this section for as long as they provide acupoint injection therapy training; and
(5) Provide proof of compliance to the Board upon request.

E. Training Programs. All training programs shall provide each successful student with:
(1) A certificate of successful completion of the program;
(2) A course syllabus outlining the schedule and curriculum of the program; and
(3) Testing requirements and the performance measure for successful completion.

F. Practice.
(1) To practice acupoint injection therapy, the licensed acupuncturist shall:
(a) Possess a registration for acupoint injection therapy from the Board;
(b) Explain acupoint injection therapy to the patient in advance of treatment;
(c) Obtain written informed consent specific to acupoint injection therapy that shall be included in the patient's medical record;
(d) Only perform subcutaneous, intradermal, or intramuscular injection in accordance with the principles of acupuncture;

(e) Have an adverse event or emergency plan in place for allergic reactions to injected substances;
(f) Maintain professional liability coverage for this procedure; and
(g) Only use prepackaged and sterile acupoint injectable therapeutic substances that are:
(i) Acquired from an appropriately licensed entity in compliance with federal and State law; and
(ii) Stored securely and in accordance with manufacturer's specifications.

(2) In the practice of acupoint injection therapy, the licensed acupuncturist, provided they have been trained on utilization of the specific therapeutic substance, may only use the following therapeutic substances for acupoint injection therapy:
(a) Sterile and bacteriostatic water;
(b) Saline solution;
(c) Alkalizing agents such as sodium bicarbonate;
(d) Nutritional or dietary substances;
(e) Vitamins and minerals including B-12, B-complex, C, cyanocobalamin, hydroxocobalamin, and methylcobalamin;
(f) Proteins, enzymes, and amino acids including methionine, choline, inositol, and glutathione;
(g) Sugars including dextrose and glucose;
(h) Ozone;
(i) Procaine and lidocaine;
(j) Herbal and botanical extracts including astragalus and Sarapin;
(k) Biological products including hyaluronic acid and epinephrine; and
(l) Homeopathic substances including Traumeel and Zeel.

(3) A licensed acupuncturist in the practice of acupoint injection therapy may not:
(a) Administer substances other than those specified under §F(2) of this regulation;
(b) Administer substances that the licensed acupuncturist has not been appropriately trained in accordance with this regulation;
(c) Give an injectable substance to a patient for self-injection; or
(d) Administer intravenous injections.

Washington: WAC 246-803-040 – Education and Training for point injection therapy

Acupuncturist or acupuncture and Eastern medicine practitioners employing point injection therapy shall use only those substances and techniques for which they have received training.

(1) The education and training for point injection therapy must:
(a) Consist of a minimum total of 24 hours in the topics required in this section:
(i) Sixteen hours must be in-person; eight hours of which must be hands-on clinical practical experience; and
(ii) The remaining eight hours may be obtained through live interactive webinar or in-person.

(b) Be administered by an instructor that meets the requirements of subsection (3) of this section.

(2) A curriculum for a point injection therapy training program must include all of the following:

(a) Review of physical examination, contraindications and universal precautions, and differential diagnosis;

(b) Compounding and administration of the substances authorized for point injection therapy under WAC 246-803-030, including aseptic technique, recordkeeping and storage of substances authorized for use in point injection therapy;

(c) Use of local anesthetics, such as lidocaine and procaine, for reduction of pain during point injection therapy, consistent with the practice of acupuncture and Eastern medicine;(d) Emergency procedures to include the use of oxygen and epinephrine for potential emergency purposes, such as an allergic or adverse reaction, for patient care and safety; and

(e) Point injection therapy techniques and contraindication within the acupuncture or Eastern medicine scope of practice relative to the authorized substances listed in WAC 246-803-030 (13)(a)(i) through (vi).

(3) An instructor for point injection therapy must have:

(a) A health care credential in good standing with a scope of practice that includes point injection therapy; and

(b) At least five years of experience in a health care practice that includes point injection therapy.

(4) In addition to the requirements of subsections (1) and (2) of this section, an acupuncturist or acupuncture and Eastern medicine practitioners using point injection therapy must complete a minimum of two hours of training specifically in the use of intramuscular epinephrine, local anesthetics and oxygen.

(a) The training may be taken separately from the training in point injection therapy.

(b) The minimum of two hours of training count towards meeting the requirement for 24 hours of training as required in subsection (1)(a) of this section.

(c) An acupuncturist or acupuncture and Eastern medicine practitioner who holds an active credential with a scope of practice that includes the authority to prescribe, dispense or administer epinephrine, local anesthetics, or oxygen does not need to meet the requirements of (a) of this subsection.

(5) To qualify under this section, the training program shall provide each successful student with a:

(a) Certificate of successful completion of the program; and

(b) Course syllabus outlining the schedule and curriculum of the program.

(6) The requirements of subsections (1) through (5) of this section do not apply to an acupuncturist or acupuncture and Eastern medicine practitioner who has provided point injection therapy prior to June 9, 2016. An acupuncturist or acupuncture and Eastern medicine practitioners using point injection therapy prior to June 9, 2016, must have completed training and education in point injection therapy.

(7) Prior to administering local anesthetic, epinephrine, or oxygen in providing point injection therapy services, an acupuncturist or acupuncture and Eastern medicine practitioner must satisfy the education and training requirements under this section.
(8) Any acupuncturist or acupuncture and Eastern medicine practitioner performing point injection therapy must be able to demonstrate, upon request of the department, successful completion of education and training in point injection therapy.

Utah R156-72-701. Injection Therapy - Training Requirements.

(1) Under Subsection 58-72-102(3) and Section 58-72-701, the education and training curriculum for an acupuncturist to provide injection therapy shall:
(a) be approved by NCBAHM or ACAHM;
(b) be at least 24 clock hours which shall include at least 16 hours of in-person, hands-on, clinical experience;
(c) include the following areas:
(i) contraindications, indications, and universal precautions;
(ii) administration of substances authorized for point injection;
(iii) aseptic technique;
(iv) recordkeeping;
(v) storage; and
(vi) emergency procedures, including:
(A) responding to adverse reactions;
(B) administration of oxygen; and
(C) use of intramuscular epinephrine.
(2) An acupuncturist shall document completion of the education and training curriculum by obtaining a certification of completion from the course provider.

R156-72-702. Injection Therapy - Substances.

Under Subsection 58-72-102(3), a licensed acupuncturist who meets the qualifications to perform injection therapy required under Sections 58-72-701 and R156-72-701 may inject any of the following sterile substances in liquid form into acupuncture points on the body:
(1) an herb;
(2) a supplement;
(3) a vitamin; or
(4) a homeopathic product.

NATIONAL CERTIFICATION BOARD™
FOR ACUPUNCTURE & HERBAL MEDICINE

Acupuncture Injection Therapy Certificate of Qualifications

Content Outline

Note to Candidates: This document serves as a guide to assist in examination preparation for candidates who have met NCBAHM™ eligibility requirements for the Acupuncture Injection Therapy Certificate of Qualification (AIT COQ). Below is the content outline for the Acupuncture Injection Therapy assessment (Also known as: Point Injection Therapy (PIT), Acupuncture Point Injection Therapy (APIT)).

Domain I: Treatment Planning and Strategy (54% of Exam)

1.1 Injection Therapy
a. Demonstrates familiarity with supplies, equipment, and instruments. b. Demonstrates understanding of safe techniques, application of injection therapy, and aseptic procedures. c. Demonstrates understanding of OSHA safety standards and precautions in the laboratory setting, including basics of bloodborne pathogens, safety precautions, exposure control methods, and reporting and response procedures.
1.2 Differential Diagnosis and Patient Management
a. Demonstrates competency in examination, treatment strategy and planning (e.g., techniques, location selection, substance selection, modification for the condition treated) b. Demonstrates competency in patient communication and observation (e.g., informed consent, risks, procedures, alternatives, expected outcomes, patient response)
Per 70 Questions Total in the Assessment

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Domain II: Substances, Pharmacology, Safety, Regulations, and Documentation (46% of Exam)

2.1	Injection Therapy Substances
	a. Demonstrates understanding of injectable substances (e.g., indications, cautions, contraindications, compounding principles, chemical compatibility)
2.2	Adverse Reactions & Emergency Procedures
	a. Demonstrates competency in identifying and managing adverse reactions (e.g., allergies and anaphylaxis, bruising, syncope) and emergency procedures (e.g. administration of oxygen, epinephrine)
2.3	Quality, Storage, Rules, Regulations & Liability
	a. Demonstrates ability to determine quality of injectable substances and best practices for storage. b. Demonstrates understanding of rules and regulations related to injection therapy (e.g., USP 797, record keeping, malpractice and potential liability, risks of non-compliance)
	Per 70 Questions Total in the Assessment

Acupuncture Injection Therapy Certificate of Qualification Assessment

Updated February 2025

This certificate examination will ask about injection therapy practices and medications referenced on the following list. Injection therapy practices and medications that acupuncturists can use vary by state regulations. Practitioners need to refer to individual state regulations to understand the scope of practice within those states.

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Substance List:

The exam focuses on substances that have potential safety issues or are very commonly used in injection therapy and/or medical practice. For example, corticosteroids may be out of scope of practice for acupuncturists as injection therapy, but those practicing injection therapy should have knowledge of the use, application and potential side effects and complications of their use.

Please Note: The exam will focus on, but may not be exclusively limited to, the substances listed below. Substances not on this list may still appear on the exam as distractors (incorrect answers). Candidates are responsible for being familiar with all categories & substances that are mentioned in the content outline.

The exam includes the following categories of substances:

- Water (e.g., sterile water, bacteriostatic water)
- Salts (e.g., saline / sodium chloride, sodium bicarbonate)
- Anesthetics (e.g., procaine, lidocaine, bupivacaine, vapocoolants (e.g. ethyl chloride))
- Vitamins (e.g., vitamin B12, vitamin C, vitamin D)
- Catecholamines (e.g., epinephrine)
- Preservatives (e.g., benzyl alcohol)
- Steroids (e.g., corticosteroids)
- Sugars (e.g., dextrose)
- Minerals (e.g., iron, magnesium)
- Homeopathics (e.g., Traumeel®)
- Amino Acids (e.g., arginine, lysine, glutathione)
- Autologous Blood (e.g., blood products, appropriate anticoagulant, live cell products)
- Lipotropics (e.g., MICC (methionine, inositol, choline, cyanocobalamin), MIC (methionine, inositol, choline))
- Naturally occurring substances (e.g., hyaluronic acid)
- Gaseous substances (e.g., medical grade oxygen, ozone)
- Antiseptics (e.g., isopropyl alcohol, Betadine® / povidone-iodine, iodine, chlorohexidine)

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Reference List:

Items on the exam may reference, but not be limited to the following:

Books:

Saunders, S., Longworth, S. and Botting, J. (2019) *Injection techniques in musculoskeletal medicine: A practical manual for clinicians in primary and secondary care*. Edinburgh: Elsevier. 5th ed.

McNabb, J. (2021) *A Practical Guide to Joint & Soft Tissue Injection & Aspirations*. 4th Ed.

Clean Needle Technique (CNT) manual - CCCAHM. 7th Ed. (2024) *Clean Needle Technique Manual - Best Practices for Acupuncture Needle Safety and Related Procedures*. https://www.ccahm.org/ccaom/CNT_Manual.asp

Doyle, G. R., McCutcheon, J. A. (2015). *Clinical procedures for safer patient care*. BC campus. https://opentextbc.ca/clinicalskills/; Chapter 7 – Parenteral Medication Administration. https://opentextbc.ca/clinicalskills/chapter/7-1-introduction/

WHO *Best Practices for Injections and Related Procedures Toolkit:* Section 2 – "Best Practices for injection"; Section 4 – "Occupational risks and management of bloodborne pathogens"; Glossary. https://www.ncbi.nlm.nih.gov/books/NBK138495/

Travell, Simons & Simons' *Myofascial Pain and Dysfunction: The Trigger Point Manual*, 3rd ed. Wolters Kluwer. 2019.

Websites and Published Works

CDC:

- Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, *2007. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*. III.A.1.b – "Safe Injection Practices", IV.H. "Safe Injection Practices" https://www.cdc.gov/niosh/docket/archive/pdfs/niosh-219/0219-010107-siegel.pdf

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OSHA:

- Bloodborne Pathogens
  https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030
- OSHA for Healthcare Compliance Course with Bloodborne Pathogens Training
  https://epicourses.com/product/free-osha-for-healthcare-compliance-course-with-bloodborne-pathogens-training/
- Bloodborne Pathogens in the Healthcare setting
  https://www.oshacademy.com/courses/list/656-bloodborne-pathogens-healthcare-setting.html

Compounding:

- FDA – *Compounding and the FDA: Questions and Answers*.
  https://www.fda.gov/drugs/human-drug-compounding/compounding-and-fda-questions-and-answers
- Lambert, A. *What is USP 797 and how to stay compliant.* Wolter Kluwer.
  https://www.wolterskluwer.com/en/expert-insights/what-is-usp-797-and-how-to-stay-compliant

Compatibility:

- S. Gousia Begum*, et al., *Pharmaceutical Incompatibilities: A Review*, Asian Journal of Pharmaceutical Research and Development. 2018;6 (6): 56-6.
  https://www.researchgate.net/publication/332482842_PHARMACEUTICAL_INCOMPATIBILITES_A_REVIEW

Medical Records:

- 2023 Medical Records Retention Laws By State.
  https://recordinglaw.com/medical-records-retention-laws-by-state/

Anaphylaxis:

- Cleveland Clinic. *Anaphylaxis*.
  https://my.clevelandclinic.org/health/diseases/8619-anaphylaxis

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Epinephrine:

- Dalal R., et al. *Epinephrine*. StatPearls https://www.ncbi.nlm.nih.gov/books/NBK482160/
- Morriello F., et al. *Epinephrine in Anaphylaxis*. https://pmc.ncbi.nlm.nih.gov/articles/PMC10185359/pdf/195e683.pdf

Anesthetics:

- Sheikh, NK, Dua A., *Procaine. S*tatPearls. https://www.ncbi.nlm.nih.gov/books/NBK551556/
- Klaus D. Torp, et al. Lidocaine Toxicity. StatPearls. https://www.ncbi.nlm.nih.gov/books/NBK482479/
- Cherobin ACFP, Tavares GT. *Safety of local anesthetics*. An Bras Dermatol. 2020 Jan-Feb;95(1):82-90. doi: 10.1016/j.abd.2019.09.025. Epub 2019 Dec 18. PMID: 31952994; PMCID: PMC7058875. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7058875/

Vitamin B12:

- Julian T, Syeed R, Glascow N, Angelopoulou E, Zis P. *B12 as a Treatment for Peripheral Neuropathic Pain: A Systematic Review*. Nutrients. 2020 Jul 25;12(8):2221. doi: 10.3390/nu12082221. PMID: 32722436; PMCID: PMC7468922. https://pubmed.ncbi.nlm.nih.gov/32722436/
- Wolffenbuttel BH, Owen PJ, Ward M, Green R. *Vitamin B_{12}*. BMJ. 2023 Nov 20;383:e071725. doi: 10.1136/bmj-2022-071725. PMID: 37984968; PMCID: PMC10658777. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10658777/
- El Rhermoul FZ, Mustafa A, Wagner A, Nakonechna A, Kayode OS, Rutkowski R, Siew LQC, Rutkowski K. *Vitamin B_{12} Hypersensitivity: A Retrospective Multicenter Study*. J Allergy Clin Immunol Pract. 2024 Mar;12(3):699-704. doi: 10.1016/j.jaip.2023.10.037. Epub 2023 Oct 26. PMID: 37898177. https://pubmed.ncbi.nlm.nih.gov/37898177/

Acupoint Injection:

- Wang LQ, Chen Z, Zhang K, Liang N, Yang GY, Lai L, Liu JP. *Zusanli (ST36) Acupoint Injection for Diabetic Peripheral Neuropathy: A Systematic Review of Randomized Controlled Trials*. J Altern Complement Med. 2018 Dec;24(12):1138-1149. doi: 10.1089/acm.2018.0053. Epub 2018 Sep 26. PMID: 30431314; PMCID: PMC6987730.

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https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6987730/

Hyaluronic Acid:

- Walker K. et al. *Hyaluronic Acid*. Stat Pearls. https://www.ncbi.nlm.nih.gov/books/NBK482440/

Oxygen:

- American Red Cross. *Administering Emergency Oxygen.* https://www.lummi-nsn.gov/userfiles/332_m3240082_AdministeringEmergencyOxygenFactandSkill.pdf

Ozone:

- Jeyaraman M., et al. *Ozone therapy in musculoskeletal medicine: a comprehensive review.* European Journal of Medical Research (2024) 29:398. https://pmc.ncbi.nlm.nih.gov/articles/PMC11290204/pdf/40001_2024_Article_1976.pdf

- Hidalgo-Tallon FJ et al. *Updated Review on Ozone Therapy in Pain Medicine*. Frontiers in Physiology. 13:840623. https://pmc.ncbi.nlm.nih.gov/articles/PMC8904924/pdf/fphys-13-840623.pdf

Substances and Injection Therapy:

- National Institutes of Health, National Library of Medicine: FDA DailyMed: https://dailymed.nlm.nih.gov/dailymed/

- Usach I., et al. *Subcutaneous Injection of Drugs: Literature Review of Factors Influencing Pain Sensation at the Injection Site*. Adv Ther. 2019 Oct 5;36(11):2986–2996. https://pubmed.ncbi.nlm.nih.gov/31587143/

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Submitted by the Oregon Association of Acupuncturists

Acupuncture Advisory Review Request Form

Revised 12/2023

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

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

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

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

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

2. Why is this review needed?

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

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

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

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

   When performed by a properly trained and licensed provider:

   Side effects are usually mild (temporary soreness, bruising)

   Serious complications are rare

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

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

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

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

Acupuncture Advisory Review Request Form

Revised 12/2023

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

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

8. What are the financial impacts?

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

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

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

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

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

Request for review made by:

Amber Reding-Gazzini [redacted]

Full Name | E-mail | Phone

Oregon Association of Acupuncturists

Organization (if applicable)

[redacted]

Street Address, City, State, Zip Code

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

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

Submitted by the Oregon Association of Acupuncturists

Proposed Oregon Administrative Rule

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

847-070-XXXX

Definitions

For purposes of this rule:

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

847-070-XXXX

Scope of Practice

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

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

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

847-070-XXXX

Qualification Requirements

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

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

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

847-070-XXXX

Authorized Injectable Substances

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

847-070-XXXX

Professional Standards

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

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

847-070-XXXX

Continuing Education

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

847-070-XXXX

Unprofessional Conduct

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

Grounds for discipline include:

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

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

ACUPUNCTURE INJECTION THERAPY CERTIFICATE OF QUALIFICATION

GENERAL INFORMATION

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

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

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

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

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

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

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

Topics Covered

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

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

NATIONAL CERTIFICATION BOARD™
FOR ACUPUNCTURE & HERBAL MEDICINE

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

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General Information

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

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

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

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

Q3: Why should I obtain the AIT COQ?

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

Q4: Is a Certificate awarded?

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

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

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

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

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

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

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

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

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

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

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

Candidates who complete the AIT COQ:

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

Eligibility, Education, and Application

Q9: Who is eligible for the AIT COQ?

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

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

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

Q10: What training is required for the AIT COQ?

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

Q11: How do I apply for the AIT COQ?

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

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

Examination

Q12: What does the AIT COQ examination entail?

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

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

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

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Q14: How much is the AIT COQ examination?

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

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

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

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

Conclusion

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

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

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

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AN HAO NATURAL HEALTH CARE CLINIC

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Portland, OR 97210

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Letter to the Oregon Medical Board – Injection Therapy for Acupuncturists

Date: Oct 14, 2026

TO: Oregon Medical Board Attn: Acupuncture Advisory Committee and Point Injection Therapy Workgroup 1500 SW 1st Ave., Suite 620 Portland, OR 97201-5847

Re: Support for adding point injection therapy to the acupuncture scope of practice, with a required advanced-training credential

Dear Members of the Board, the Acupuncture Advisory Committee, and the Point Injection Therapy Workgroup:

I write in support of including point injection therapy within the scope of practice for Oregon licensed acupuncturists, provided it is offered only to those who complete Board-approved advanced training. I hold licenses as both a naturopathic physician and a licensed acupuncturist. I work in clinic administration at An Hao Clinic, a nonprofit clinic in Portland operated by the Institute for Traditional Medicine, and I have post-graduate clinical training in injection-based therapy.

Injection techniques are learned after licensure, in every profession that uses them. Specialized injection therapies are not part of the core naturopathic medical curriculum. Naturopathic physicians who offer them, myself included, learn them through post-graduate training. I trained in Perineural Injection Therapy, a subcutaneous dextrose technique, directly under its developer, Dr. John Lyftogt. That training, not my degree, prepared me to inject safely. The same model can work for acupuncturists: a core license, plus a defined advanced credential for those who choose to add injection.

Acupuncturists already have the foundation this training builds on. Licensed acupuncturists are trained in point location, surface and needling anatomy, clean needle technique, and the assessment of patients for needle-based care. Point injection uses the same points and a comparable needle depth. What it adds is the handling of sterile injectables and the management of adverse reactions, which is exactly what an advanced credential should teach and test.

Injection therapy shares acupuncture's target; the injectable is the difference. Using Perineural Injection Therapy as an example, both therapies treat the same tissue: small cutaneous nerve branches where they pass through fascia, often at or near classical acupoints. Both can interrupt the cycle in which a sensitized nerve releases Substance P and CGRP, driving local inflammation that sensitizes it further. They differ in how they act, and in the added skills injection requires.

	Acupuncture	Perineural Injection Therapy
Target tissue	Superficial nerves and fascia, at acupoints	Cutaneous nerve branches at fascial exit points, often at or near acupoints
Needle	Solid filiform needle	Fine-gauge hypodermic needle
Depth	Subcutaneous to intramuscular	Subcutaneous

	Acupuncture	Perineural Injection Therapy
What is delivered	Mechanical stimulation only	Small volumes of 5% dextrose
Proposed mechanism	Segmental gating, descending inhibition through endogenous opioids, local adenosine release	Direct calming of the sensitized nerve fiber (proposed TRPV1 effect); volume may decompress the constricted segment
Onset	Minutes to same session	Often within minutes
Typical course	Cumulative benefit across a course	Weekly sessions, often 4–8 or more; relief lasts longer after each
Added skills required	None beyond acupuncture training	Injection anatomy and palpation, clean injection technique, needle and solution selection, adverse-reaction management

The skills in the last row are the gap an advanced credential must close. They are teachable through coursework in anatomy, palpation and injection technique, followed by observation and supervised practice.

Other states have done this safely. A January 2026 review by Utah's Office of Professional Licensure Review found that ten states, including Utah, allow licensed acupuncturists to perform injection therapy. Washington offers a well-defined model. It limits injectables to saline, sterile water, herbs, minerals, vitamins in liquid form, and homeopathic and nutritional substances, plus local anesthetics such as lidocaine and procaine. It excludes controlled substances and steroids. It requires training before acupuncturists use local anesthetics, epinephrine or oxygen.

Patients would gain access to care. Many patients who would benefit from point injection already see an acupuncturist they trust. Today they must be referred elsewhere, often at greater cost and delay. A credentialed pathway lets them receive this care from a trained, licensed, Board-regulated provider.

Safeguards I recommend the Workgroup consider:

1. A Board-approved post-graduate course of [number] didactic hours and [number] supervised clinical hours, with a competency exam.
2. A defined list of permitted substances, modeled on Washington's, excluding controlled substances and steroids.
3. Current BLS certification, anaphylaxis training, and epinephrine on site wherever injections are given.
4. Written informed consent and documentation of each substance, dose, lot number and site.
5. Injection-specific continuing education at each license renewal.

One note on terms: "PIT" is used for both point injection therapy and Perineural Injection Therapy. In this letter, my clinical training refers to Perineural Injection Therapy, and my recommendation concerns point injection therapy as the Workgroup has defined it.

I respectfully ask the Workgroup to recommend that point injection therapy be included in the acupuncture scope of practice, available only to acupuncturists who complete Board-approved advanced training. I would welcome the chance to share my clinical experience with the Workgroup or the Committee.

Thank you for your careful work on this question.

Respectfully,

Dr. Edythe Vickers ND

Email: [redacted]

AC lic #:00078

Sources

- Oregon Medical Board, Point Injection Therapy Workgroup (meetings Oct 15 and Nov 5, 2026; Committee review Dec 4, 2026)
- Utah Office of Professional Licensure Review, Acupuncture Report (Jan 2026)
- Washington State Department of Health, point injection therapy letter (2022)