



# Oregon

Tina Kotek, Governor

## Medical Board

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**Date:** November 25, 2025

**To:** Acupuncture Advisory Committee  
Oregon Medical Board

**From:** Elizabeth Ross, Legislative & Policy Analyst, Hearing Officer

**Subject:** Hearing Officer's Report on OAR 847 Division 71 and OAR 847-005-0005

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### Hearing Officer's Report

**Hearing Date:** November 18, 2025, 10 a.m.

**Hearing Location:** Oregon Medical Board, videoconference

**Rule Number:** OAR 847-071-0000, 847-071-0005, 847-071-0007, 847-071-0020, 847-071-0025, 847-071-0030, 847-071-0035, 847-071-0040, 847-071-0050, 847-005-0005

**Rule Title:** Implementing HB 2143 (2025) to establish five-needle protocol technician qualifications and regulations.

The rulemaking hearing on the proposed rule convened at 10:01 a.m. Attendees were informed of the procedures for taking comments. They were also told that the hearing was being recorded. The purpose of the hearing was to provide an opportunity for public comment on the rules proposed by the Oregon Medical Board implementing HB 2143 (2025) to establish five-needle protocol technician qualifications and regulations.

#### **Staff Present:**

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

#### **SUMMARY OF ORAL COMMENTS:**

The following persons testified at the hearing. Their testimony is summarized below.

#### **Lisa Rohleder, People's Organization of Community Acupuncture (POCA) Tech**

Supports the proposed 5NP rules as written and introduced a group of POCA Tech students to provide testimony.

#### **Andrew Babson, POCA Tech Student**

Supports the 5NP rules as written.

**Joanna McClish, POCA Tech Student**

Supports the 5NP rules as written.

**Dave Bamberger, POCA Tech Student**

Supports the 5NP rules as written.

**Kiara LaManna, POCA Tech Student**

Supports the 5NP rules as written.

**Lillian Olson, POCA Tech Student**

Supports the 5NP rules as written.

**Marie Songer, POCA Tech Student**

Supports the 5NP rules as written.

**Ella Gomez, POCA Tech Student**

Supports the 5NP rules as written. Ella Gomez just moved from Washington State where they can practice 5NP and noticed a significant difference in friends and family well-being due to it.

**Nancy Lopez, POCA Tech Student**

Supports the 5NP rules as written.

**Erin Cook, POCA Tech Student**

Supports the 5NP rules as written.

**Kristen Melissa Garvin, POCA Tech Student**

Supports the 5NP rules as written.

**Kathleen Bodie, POCA Tech Student**

Supports the 5NP rules as written.

**Skip Van Meter, POCA Tech Dean of Students**

Supports the 5NP rules as written.

**Chad McCarty, POCA Tech Student**

Supports the 5NP rules as written.

**York Miller, POCA Tech Student**

Supports the 5NP rules as written.

**Julie Kronilkin, POCA Tech Student**

Supports the 5NP rules as written.

**Alyssa Mittling, POCA Tech Student**

Supports the 5NP rules as written.

**Winona Vaitekunas, Oregon Association of Acupuncturists Secretary and Registrar at POCA Tech**

Supports the current version of the 5NP rules as written.

**Jane Tarabochia, POCA Tech Student**

Supports the 5NP rules as written.

**Sara Biegelsen, Acupuncturist**

Member of the 5NP Workgroup and is in full support of the current rules as written.

**Elizabeth Ribeiro, POCA Tech Student**

Supports the 5NP rules as written. Elizabeth Ribeiro is from Michigan where 5NP is legal and saw it used as a vital and accessible tool by non-physician and non-acupuncture providers, including nurses, peer support specialists, and other professionals. They stated 5NP can then be used in places as a low-barrier treatment and it's wonderful.

**Maddie Foley, Oregon Association of Acupuncturists Treasurer and Vice President**

Serves as the sole acupuncturist at Coburg Serenity Lane and has observed that residents find 5NP treatments highly beneficial and valued. Maddie Foley supports the 5NP rules as written.

**Ryan Hofer, Naturopathic Doctor, POCA Tech Board Member**

Supports the 5NP rules as written and noted the rules honor 5NP's history as a complementary modality by increasing accessibility and fostering community development. The rules enable 5NP technicians to both receive training and eventually become trainers themselves, creating a sustainable educational pathway. Ryan Hofer noted Oregon needs right-sized credentials to provide access to the training and affordable treatments.

**Riley Cushing, POCA Tech Student**

Supports the 5NP rules as written.

**Zachary Krebs, Acupuncturist**

Supports the current rules as written. Zachary Krebs thinks the rules are cool and are going to help a lot of people.

**Haley Merrit, Acupuncturist.**

Works at Working Class Acupuncture and supervises students for POCA Tech. Supports the 5NP rules as written.

**Yarrow Geggus, POCA Tech Student**

Supports the 5NP rules as written.

**Katia Bushanski, Acupuncture Student**

Third-year student of acupuncture planning to practice in the Corvallis area. Katia Bushanski read all the rules thoroughly and fully supports them as written.

**Jamila Wilson, POCA Tech Student**

Employee at the United Way of the Columbia Willamette serving in the Disaster and Climate Resilience Department. Supports the 5NP rules as written and emphasized the value of providing community-based organizations with access to 5NP training and resources. Jamila Wilson highlighted how 5NP will expand the toolkit available to community health workers.

**Julia Neese, POCA Tech Student**

Supports the 5NP rules as written.

**Sonya Hargrove, POCA Tech Student**

Completely and wholeheartedly supports the 5NP rules as written.

**Letty Dogheart**

Disabled veteran and community health educator and supports the 5NP protocol as it stands.

**Jaye Mejía-Duwan**

PhD candidate at the University of California in the Department of Environmental Science working in Portland and supports the 5NP rules as written. Jaye Mejía-Duwan noted in this political climate communities need these kinds of resources and access. The current rules ensure that the 5NP program is safe, accessible, affordable, and centers on community.

**Jennifer Kehl, Registered Nurse and Licensed Acupuncturist**

Provides 5NP in a harm reduction program in Eugene and supports the 5NP rules as written.

**Adrianna Locke, Acupuncturist**

Member of the 5NP Workgroup that developed the rules and clinic owner in Northeast Portland. Adrianna Locke was glad to see how the rules progressed and stands by them.

**Moses Cooper**

Supports the rules as written in the current write-up.

The public hearing adjourned around 10:19 a.m.

**WRITTEN COMMENTS:**

Written comments were accepted until 5 p.m. on November 24, 2025. Written comments attached below.

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**From:** dare <[REDACTED]>  
**Sent:** Wednesday, October 22, 2025 10:22 AM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP Public Comment

You don't often get email from [REDACTED] [learn why this is important](#)

I support the current version of the 5NP rules.

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**From:** Carie Arps <[REDACTED]>  
**Sent:** Thursday, October 23, 2025 7:17 AM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** : 5NP Public Comment

You don't often get email from [REDACTED]. [Learn why this is important](#)

**Dear Elizabeth,**

**As a licensed mental health provider and massage therapist, I support access to 5-Needle Protocol (5NP) care for the communities who need it most.**

Please **finalize the current draft rules as written**, allowing trained 5NP technicians to provide community-based care **without additional supervision requirements** that would limit access and increase costs.

*The draft rules already ensure safety, clear scope, and accountability while honoring the intent of HB 2143, which is to expand access to culturally grounded, community-driven healing.*

Sincerely,  
Carie Arps, LPC

Sent from my iPhone

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**From:** Victoria Roessler <[REDACTED]>  
**Sent:** Thursday, October 23, 2025 7:31 AM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP Public Comment

**Subject:** 5NP Public Comment

**Body:**

*I support **access to 5-Needle Protocol (5NP) care** for the communities who need it most.*

*Please **finalize the current draft rules as written**, allowing trained 5NP technicians to provide community-based care **without additional supervision requirements** that would limit access and increase costs.*

*The draft rules already ensure safety, clear scope, and accountability while honoring the intent of HB 2143, which is to expand access to culturally grounded, community-driven healing.*

*Please help our community have access to recovery.*

*-Victoria Roessler*

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**From:** Celine Hollombe <[REDACTED]>  
**Sent:** Thursday, October 23, 2025 7:49 AM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** Draft 5NP Public Comment

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*I support **access to 5-Needle Protocol (5NP) care** for the communities who need it most.*

*Please **finalize the current draft rules as written**, allowing trained 5NP technicians to provide community-based care **without additional supervision requirements** that would limit access and increase costs.*

*The draft rules already ensure safety, clear scope, and accountability while honoring the intent of HB 2143, which is to expand access to culturally grounded, community-driven healing.*

Best,

**Céline Hollombe**

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**From:** Hannah Dwertman <[REDACTED]>  
**Sent:** Thursday, October 23, 2025 8:16 AM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP Public Comment

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Hello,

I support access to 5-Needle Protocol (5NP) care for the communities who need it most.

Please **finalize the current draft rules as written**, allowing trained 5NP technicians to provide community-based care **without additional supervision requirements** that would limit access and increase costs.

The draft rules already ensure safety, clear scope, and accountability while honoring the intent of HB 2143, which is to expand access to culturally grounded, community-driven healing.

Thanks so much,  
Hannah Dwertman, L.Ac.

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**From:** Dorine Nafziger <[REDACTED]>  
**Sent:** Thursday, October 23, 2025 8:37 AM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP Public Comment

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Good morning Elizabeth,

*I support **access to 5-Needle Protocol (5NP) care** for the communities who need it most. Please **finalize the current draft rules as written**, allowing trained 5NP technicians to provide community-based care **without additional supervision requirements** that would limit access and increase costs. The draft rules already ensure safety, clear scope, and accountability while honoring the intent of HB 2143, which is to expand access to culturally grounded, community-driven healing.*

## Quick Points:

- **Access & equity.** Many communities most affected by trauma, substance use, and suicide can't sustain costs of L.Ac.-supervised groups. A **technician model** (like Community Health Workers) keeps care local, relational, and affordable. (IHS's long-running work in meth and suicide prevention underscores the need for community-centered approaches.)
- **Safety & scope.** The rules define training content (sanitation, infection control, consent, trauma-informed care) and **limit** practice to five ear points for **temporary** relief of SUD/mental-health/trauma symptoms, with discipline provisions if boundaries are crossed. The OMB has already drafted responsible access and we just need to let them know we support that.
- **Evidence & experience.** Decades of community use (including tribal programs and post-crisis responses) show 5NP's value as a **regulating, connecting** intervention, often a bridge to counseling, primary care, and ceremony.

Please, let's make care accessible to the folks that need it most.

In gratitude,  
Dorine

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**From:** Anna Murphy-Moore <[REDACTED]>  
**Sent:** Thursday, October 23, 2025 8:52 AM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP Public Comment

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Greetings,

I am writing to confirm that I support access to the 5-Needle Protocol (5NP) for the communities that need it most.

I ask that you please finalize the current craft rules as written, allowing trained 5NP technicians to provide community-based care without additional supervision requirements. These requirements would both limit access and increase costs.

As a licensed acupuncturist who is familiar with this protocol, I believe that the current draft rules already ensure safety, clear scope of practice limitations and accountability while honoring the intent of expanding access to care and providing culturally grounding, community driven healing. At this time, when access to health care is already in crisis, we should not be creating unnecessary obstacles to care. We need to focus on expanding access.

**Access & equity.** Many communities most affected by trauma, substance use, and suicide can't sustain costs of L.Ac.-supervised groups. A **technician model** (like [Community Health Workers](#)) keeps care local, relational, and affordable. ([IHS's long-running work in meth and suicide prevention](#) underscores the need for community-centered approaches.)

**Safety & scope.** [The rules define training content](#) (sanitation, infection control, consent, trauma-informed care) and **limit** practice to five ear points for **temporary** relief of SUD/mental-health/trauma symptoms, with discipline provisions if boundaries are crossed. The OMB has already drafted responsible access and we just need to [let them know](#) we support that.

**Evidence & experience.** [Decades of community use](#) (including tribal programs and post-crisis responses) show 5NP's value as a **regulating, connecting** intervention, often a bridge to counseling, primary care, and ceremony

Let's do what we can to support these communities that are already struggling. The 5NP protocol is a simple and evidence based treatment that is incredibly low risk and was designed to function as a community based health care model.

Sincerely,  
Anna Murphy-Moore LAc

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**From:** Megan Bulloch [REDACTED] >  
**Sent:** Thursday, October 23, 2025 8:51 AM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5np public comment

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*Hi Elizabeth,*

*I've heard that there is a move to limit the scope of the 5NP protocol; namely to include supervision. I wanted to reach out to support the draft rules as written (i.e., no supervision).*

*I'm sure someone has sent you this [successful program](#), Stuck's community acupuncture, from Flagstaff, where young First Nations are trained in 5NP and then work in their communities. This seems exactly what this medicine was developed for. I hope for the same in Oregon.*

*I ask that you work to **finalize the current draft rules as written**, allowing trained 5NP technicians to provide community-based care **without additional supervision requirements** that would limit access and increase costs. The draft rules already ensure safety, clear scope, and accountability while honouring the intent of HB 2143, which is to expand access to culturally grounded, community-driven healing.*

*My very best,*

*mjb*

*Megan Bulloch, PhD, LAc*

AC223288

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**From:** Yume Takeuchi, L.Ac. [REDACTED] >  
**Sent:** Thursday, October 23, 2025 10:23 AM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP Public Comment

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Hello Elizabeth

My name is Yume Takeuchi and I am a licensed acupuncturist in Portland, Oregon. I am writing today to show my support for the access to 5-Needle Protocol for the communities who need it most.

Please finalize the current draft rules as written, allowing trained 5NP technicians to provide community-based care without additional supervision requirements that would limit access and increase costs. The draft rules already ensure safety, clear scope, and accountability while honoring the intent of HB 2143, which is to expand access to culturally grounded, community-driven healing.

Thank you,  
Yume Takeuchi, L.Ac.

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YUZU Acupuncture Studio  
Yume Takeuchi, L.Ac., MSTCM  
[REDACTED] Portland, OR 97214  
Ph: [REDACTED]  
<https://www.yuzuacupuncture.com/>

**Book your Appointment Now!**  
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**From:** Laura Clevenger <[REDACTED]>  
**Sent:** Thursday, October 23, 2025 10:47 AM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP Public Comment

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I support **access to 5-Needle Protocol (5NP) care** for the communities who need it most. Please **finalize the current draft rules as written**, allowing trained 5NP technicians to provide community-based care **without additional supervision requirements** that would limit access and increase costs.

The draft rules already ensure safety, clear scope, and accountability while honoring the intent of HB 2143, which is to expand access to culturally grounded, community-driven healing.

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**Dr. Laura Clevenger (she/her), ND**

*Naturopathic Physician*

[Kwan-Yin Healing Arts Center](#)

p: [REDACTED]

f: [REDACTED]

a: [REDACTED] Portland, OR 97212

s: [Schedule here-West location](#)

e: [REDACTED]

telemedicine: via Athena patient portal

Please allow at least 48-72 hours for email response.

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**From:** Ryan Hofer <[REDACTED]>  
**Sent:** Thursday, October 23, 2025 12:12 PM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP Public Comment

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Greetings,

My name is Ryan Hofer and I am a Naturopathic Doctor. Credentialism and fear-based safetyism have contributed to inaccessible, inequitable complementary healthcare in Oregon for too long. Access to complementary healthcare is essential, and the 5NP draft rules are the kind of common sense rules that will directly help communities in need. The draft rules already ensure safety, clear scope, and accountability while honoring the intent of HB 2143, which is to expand access to culturally grounded, community-driven healing.

Thank you,  
Ryan Hofer

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**From:** Sue Viens <[REDACTED]>  
**Sent:** Thursday, October 23, 2025 12:54 PM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** Support for Finalizing 5-Needle Protocol

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Dear Elizabeth and To Whom this May Concern,

I'm writing to express strong support for finalizing the current draft rules for the 5-Needle Protocol (5NP) as they are written. These rules thoughtfully balance safety, scope, and accountability while staying true to the intent of HB 2143—to expand access to culturally rooted, community-driven healing.

Allowing trained 5NP technicians to provide care without additional supervision requirements will make this service more accessible and affordable for the people who need it most. Many communities deeply affected by trauma, substance use, and suicide simply cannot sustain the cost of Licensed Acupuncturist-supervised programs. A technician model—similar to that of Community Health Workers—keeps care grounded in local relationships and community trust. The success of community-based approaches within Indian Health Service programs for methamphetamine and suicide prevention demonstrates just how vital this model can be.

The proposed rules already set clear expectations for safety and professionalism. Training includes sanitation, infection control, informed consent, and trauma-informed care, and the scope is appropriately limited to the five established ear points used for temporary relief of substance use, mental health, and trauma-related symptoms. Accountability measures are also in place to ensure responsible practice.

For decades, communities—including tribal programs and disaster response teams—have relied on 5NP as a stabilizing and connecting intervention. It has proven to be a valuable bridge to counseling, primary care, and traditional healing.

Please move forward with adopting the draft rules as written, so that community members can continue to offer and receive this essential, culturally responsive care.

Sincerely,

Sue Viens

Sent from my iPhone

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**From:** Quinn Miller <[REDACTED]>  
**Sent:** Thursday, October 23, 2025 1:46 PM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP care

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Dear Elizabeth,

I support **access to 5-Needle Protocol (5NP) care** for the communities who need it most. Please **finalize the current draft rules as written**, allowing trained 5NP technicians to provide community-based care **without additional supervision requirements** that would limit access and increase costs.

The draft rules already ensure safety, clear scope, and accountability while honoring the intent of HB 2143, which is to expand access to culturally grounded, community-driven healing.

Access & equity. Many communities most affected by trauma, substance use, and suicide can't sustain costs of L.Ac.-supervised groups. A technician model keeps care local, relational, and affordable. (IHS's long-running work in meth and suicide prevention underscores the need for community-centered approaches.)

Thank you for considering these needs,

Quinn Miller

4th Year Doctoral Student of Acupuncture and Chinese Herbal Medicine, NUNM

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**From:** Rebecca Groebner [REDACTED]  
**Sent:** Thursday, October 23, 2025 2:04 PM  
**To:** ROSS Elizabeth \* OMB  
**Cc:** Lisa Rohleder; Adrianna Locke  
**Subject:** 5NP Public Comment, Support for Access Without Supervision

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The sender cannot be verified, use extreme caution!

Dear Oregon Medical Board Members,

I'm writing both as an acupuncturist and as a mother.

In 2023, my family lost our son, **Lief (age 32)**, to suicide. He was Native American (Yakima/Wasco) and had been working so hard to survive by attending counseling, seeing his primary care provider, and looking for meaningful work. He was even considering becoming a Community Health Worker.

During that time, I searched for a space where he could sit in circle with other Native people and receive the five-needle protocol (5NP) in a group setting that supports calm, connection, and regulation. The Native American Rehabilitation Association had paused groups during the pandemic, and we couldn't find anything similar in time.

I'm writing now in the hope that others like Lief will have access to this care in the future. **Please finalize the current draft 5NP rules as written, without adding supervision requirements.**

**5NP was created for access, community, and solidarity, not for hierarchy.** It works because it centers trust, autonomy, and cultural safety. If a technician, who may be Native or from another BIPOC community, must be supervised by someone outside that circle, it is no longer a circle; it becomes a hierarchy. People like my son would not have felt safe participating under those conditions.

For many communities most affected by trauma, substance use, and suicide, peer-delivered, community-based care is what makes participation possible. A technician model (like that used with Community Health Workers) keeps care local, relational, and affordable. The current draft rules already ensure responsible, safe practice.

Thank you for considering this from both my professional and personal heart. Lief is not the only close family member we have lost this way and I do believe that people need this option, without supervision to retain their dignity. Please protect the integrity of the circle by keeping supervision requirements out of the final rules.

Warmly,  
**Rebecca Groebner, DAC, LAc**  
Portland, Oregon

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**From:** Das Kamhout <[REDACTED]>  
**Sent:** Thursday, October 23, 2025 3:11 PM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP support

[You don't often get email from [REDACTED] Learn why this is important at <https://aka.ms/LearnAboutSenderIdentification> ]

Hi Elizabeth,

I support access to 5-Needle Protocol (5NP) care for the communities who need it most. Please finalize the current draft rules as written, allowing trained 5NP technicians to provide community-based care without additional supervision requirements that would limit access and increase costs. The draft rules already ensure safety, clear scope, and accountability while honoring the intent of HB 2143, which is to expand access to culturally grounded, community-driven healing.

Thanks,  
-Das

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**From:** Anne Zander <[REDACTED]>  
**Sent:** Thursday, October 23, 2025 12:46 PM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP Public Comment

You don't often get email from [REDACTED]. [Learn why this is important](#)

Dear Dr. Ross,

I support **access to 5-Needle Protocol (5NP) care** for the communities who need it most.

Please **finalize the current draft rules as written**, allowing trained 5NP technicians to provide community-based care **without additional supervision requirements** that would limit access and increase costs.

The draft rules already ensure safety, clear scope, and accountability while honoring the intent of HB 2143, which is to expand access to culturally grounded, community-driven healing.

We need access to services like these now more than ever, ways to bring us into community, feel less alone and heal together. I thank you for your time and careful attention to this matter.

Sincerely,

Anne Zander (she/her)

*Parent, Artist, Community Member*

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**From:** Cecilia <[REDACTED]>  
**Sent:** Thursday, October 23, 2025 9:00 AM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP public comment

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*I support **access to 5-Needle Protocol (5NP) care** for the communities who need it most. Please **finalize the current draft rules as written**, allowing trained 5NP technicians to provide community-based care **without additional supervision requirements** that would limit access and increase costs. The draft rules already ensure safety, clear scope, and accountability while honoring the intent of HB 2143, which is to expand access to culturally grounded, community-driven healing.*

*Cecilia Dominguez, PSYD  
Clinical psychologist*

Sent from my iPhone

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**From:** sara lawrence <[REDACTED]>  
**Sent:** Thursday, October 23, 2025 8:29 PM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP Public Comment

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Hello,

*I support **access to 5-Needle Protocol (5NP) care** for the communities who need it most.*

*Please **finalize the current draft rules as written**, allowing trained 5NP technicians to provide community-based care **without additional supervision requirements** that would limit access and increase costs.*

*The draft rules already ensure safety, clear scope, and accountability while honoring the intent of HB 2143, which is to expand access to culturally grounded, community-driven healing.*

Sincerely,

Sara

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**From:** PJ Alexander <[REDACTED]>  
**Sent:** Thursday, October 23, 2025 9:12 PM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP Public Comment

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I support the current version of the 5NP rules.

Thank you!  
PJ Alexander

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**From:** Meaghan Kennedy <[REDACTED]>  
**Sent:** Friday, October 24, 2025 8:39 AM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP Public Comment

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Hi Ms. Ross,

I am writing as a Nurse and future Psychiatric/Mental Health Nurse Practitioner in support access to 5-Needle Protocol (5NP) care for the communities who need it most. I have seen firsthand the benefit of this technique in patients for regulating the nervous system and helping with insomnia, chronic pain, anxiety, and cravings.

Please finalize the current draft rules as written, allowing trained 5NP technicians to provide community-based care without additional supervision requirements that would limit access and increase costs. Treatments that are not accessible are not effective, period.

The draft rules already ensure safety, clear scope, and accountability while honoring the intent of HB 2143, which is to expand access to culturally grounded, community-driven healing.

Thank you,

Meaghan Kennedy  
[REDACTED]

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**From:** Cora Siebert <[REDACTED]>  
**Sent:** Friday, October 24, 2025 9:18 AM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP Public Comment

You don't often get email from [REDACTED]. [Learn why this is important](#)

I support access to 5-Needle Protocol (5NP) care for the communities who need it most.

Please finalize the current draft rules as written, allowing trained 5NP technicians to provide community-based care without additional supervision requirements that would limit access and increase costs.

The draft rules already ensure safety, clear scope, and accountability while honoring the intent of HB 2143, which is to expand access to culturally grounded, community-driven healing.

Thank you,

Cora Siebert

Sent from [Proton Mail](#) for iOS.

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**From:** Sarah May <[REDACTED]>  
**Sent:** Friday, October 24, 2025 8:24 AM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP Public Comment

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Hello,

I support access to 5-Needle Protocol (5NP) care for the communities who need it most.

Please finalize the current draft rules as written, allowing trained 5NP technicians to provide community-based care without additional supervision requirements that would limit access and increase costs.

The draft rules already ensure safety, clear scope, and accountability while honoring the intent of HB 2143, which is to expand access to culturally grounded, community-driven healing.

With the current uncertainty of healthcare options in our country, the 5NP protocol could help bridge a very wide gap in care, especially for underserved populations.

Thank you,  
Sarah Robinson

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**From:** Haley Bott <[REDACTED]>  
**Sent:** Friday, October 24, 2025 9:29 AM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP Public Comment

You don't often get email from [REDACTED]. [Learn why this is important](#)

The sender cannot be verified, use extreme caution!

*To whom it may concern,*

*I support access to 5-Needle Protocol (5NP) care for the communities who need it most. Please finalize the current draft rules as written, allowing trained 5NP technicians to provide community-based care without additional supervision requirements that would limit access and increase costs.*

*The draft rules already ensure safety, clear scope, and accountability while honoring the intent of HB 2143, which is to expand access to culturally grounded, community-driven healing.*

*As a licensed acupuncturist, I fully support the expansion of access to needle usage for 5NP, and do not agree with my peers who think it should only be accessible to licensed professionals. This way of healing our communities is safe, cost efficient, and effective.*

*Thank you,  
Haley Bott, DACM, L.Ac*

---

**From:** Drew Lewis <[REDACTED]>  
**Sent:** Saturday, October 25, 2025 5:04 AM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP Public Comment

You don't often get email from [REDACTED]. [Learn why this is important](#)

The sender cannot be verified, use extreme caution!

Ms. Ross

I support **access to 5-Needle Protocol (5NP) care** for the communities who need it most.

Please **finalize the current draft rules as written**, allowing trained 5NP technicians to provide community-based care **without additional supervision requirements** that would limit access and increase costs.

The draft rules already ensure safety, clear scope, and accountability while honoring the intent of HB 2143, which is to expand access to culturally grounded, community-driven healing.

I understand that there are some voices pressuring the OMB to add a requirement for supervision by a licensed acupuncturist or social worker or nurse. However, the claims that this would enhance "safety" are unsupported by evidence. Please do not allow career protectionism from a small group of interests to over ride the potential life-affirming benefits of wider access to proven, safe, and sensible life-affirming care that will benefit Oregonians.

Thank you for your attention, and for your continuing work to enhance access to care for all of us.

Respectfully,

- Drew Lewis  
Portland, Oregon  
[REDACTED]

---

**From:** Kate Malone Kimmich <[REDACTED]>  
**Sent:** Monday, October 27, 2025 10:04 AM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP Public Comment

You don't often get email from [REDACTED]. [Learn why this is important](#)

Hello Elizabeth,

I support **access to 5-Needle Protocol (5NP) care** for the communities who need it most.

Please **finalize the current draft rules as written**, allowing trained 5NP technicians to provide community-based care **without additional supervision requirements** that would limit access and increase costs.

The draft rules already ensure safety, clear scope, and accountability while honoring the intent of **HB 2143**, which is to expand access to culturally grounded, community-driven healing.

Thank you!

Kate Malone Kimmich, MS, RDN, LDN

---

**From:** Tree WoodSmith <[REDACTED]>  
**Sent:** Tuesday, October 28, 2025 12:54 PM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP Public Comment

You don't often get email from [REDACTED] [Learn why this is important](#)

I support access to **5-Needle Protocol (5NP)** care for the communities who need it most.

Please **finalize the current draft rules as written**, allowing trained 5NP technicians to provide community-based care **without additional supervision requirements** that would limit access and increase costs.

The draft rules already ensure safety, clear scope, and accountability while honoring the intent of HB 2143, which is to expand access to culturally grounded, community-driven healing.

In Wellness,  
Tree



---

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October 27, 2025

NADA leadership is 100 percent in support of the new NADA 5 Point Protocol (N5PP) law in Oregon. Oregon's expanded scope for NADA practice is entirely in the Spirit of NADA as intended by our visionary, innovative, and compassionate forerunners. NADA leadership wishes the citizens of Oregon continued success in removing barriers, increasing access, and lowering the costs of effective treatment for those suffering from substance use disorders, trauma, stress, suicidality and other mental/emotional conditions.

Kenny "Khensu" Carter

M.D., M.P.H., L.Ac., Dipl.Ac.

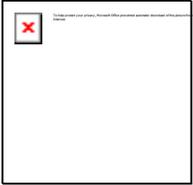
NADA President

---

**From:** Krista A Bargsten <[REDACTED]>  
**Sent:** Thursday, October 30, 2025 7:27 AM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP Public Comment

You don't often get email from [REDACTED] [Learn why this is important](#)

I support the current version of 5NP rules.



**Krista A Bargsten, LAc**

---

**From:** Melissa Poulin <[REDACTED]>  
**Sent:** Thursday, October 30, 2025 12:55 PM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP Public Comment

You don't often get email from [REDACTED]. [Learn why this is important](#)

Dear Elizabeth,

I support the current version of 5NP rules.

Thank you,  
Melissa Poulin L.Ac.

---

**From:** Dolores Jimerson <[REDACTED]>  
**Sent:** Thursday, November 6, 2025 2:57 PM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP Rules HB2143

Good Afternoon Elizabeth,  
I am writing to comment my support of the proposed 5NP rules.  
Respectfully,  
Dolores Jimerson, LCSW, ADS, RT  
NADA certified 5NP provider and registered trainer

EMAIL CONFIDENTIALITY:

This message is a confidential communication from Dolores Jimerson. The information contained in this communication, and any attachments thereto, is privileged and confidential and intended solely for use by the addressee(s). Any other use or dissemination, or copying of this communication is strictly prohibited. If this was erroneously sent to you, please notify Dolores Jimerson and permanently delete the original and any electronic or printed copies of this electronic communication. Thank you for your assistance.

---

**From:** Jason Wilson <[REDACTED]>  
**Sent:** Wednesday, November 12, 2025 12:23 PM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** Comment Regarding 847-071-0000, 847-071-0005, 847-071-0007, 847-071-0020, 847-071-0025, 847-071-0030, 847-071-0035, 847-071-0040, 847-071-0050, 847-005-0005: Implementing HB 2143 to establish five-needle protocol technician qualifications and regulations.

The sender cannot be verified, use extreme caution!

#### Comment on the Implementation of HB2143

- What makes this 5NP different than acupuncture? Isn't the insertion of needles into named acupuncture points with the intention to affect change (even temporary) in trauma, mental health conditions and/or substance use disorder a form of acupuncture? If so, why should the Board be convinced that a 32 hour training should suffice when it requires over 3000 hours of training to qualify as a licensed acupuncturist?
- The workgroup chair, Dilip Babu, was unwilling to have a conversation regarding any supervision of 5NP technicians with acupuncture committee members because he had been privileged to participate in the workgroup that had decided to commit to Pocatech's guidelines on training. Since when did the work of a workgroup, especially one populated by the private interests of a training institute that stands to gain financially from this decision, supersede the opinions of committee members or the board as it relates to public safety and the pursuit of excellence in quality medicine? Is his unwillingness to meet his colleague in respectful conversation not a violation of NCCAOM ethics as it relates to a commitment to establishing healthy boundaries?
- The text of the Bill states in section 2(2)(f) that the Board may impose, "Any other requirements or standards that the board determines necessary." However, Executive Director Nicole Krishnaswami interpreted the legislative intent to the acupuncture committee that no supervision is intended by the legislators, and that the Bill would have to be 'started over from scratch' if supervision were to be added (see meeting minutes and recordings of September 12 Acupuncture committee). In response to this non-textual interpretation of intent, committee member Gaines decided to change her vote from nay to aye in deciding to pass these rules as written to the Board for review. Without the change in vote, the review would still be in committee. If legislative intent is to suffice in matters of technical expertise like medicine, why then do we even need a State Medical Board?
- Ms. Krishnaswami should clarify her source material for the interpretation she provided since the text of the Bill is clearly open to 'any other requirements' as stated above. Furthermore, when committee members expressed interest in collecting more data pertaining to the way that other States have implemented 5NP, rather than provide them with the information as described in her miscellaneous job duties, Nicole decided to sway the voting members' mind with a non-textual interpretation of legislative intent.
- During the Acupuncture Committee meeting on September 12, Dr. Dibu stated that he could not understand what safety concerns could be of interest to require further training or supervision of 5NP practitioners. I would recommend that he search the internet for images of needle infections in the auricular cartilage. There are several images of infected ears that might enlighten him of the potential negative health impact that can arise due to poor administration of needles into the ear.
- Jill Shaw, Board Chair and liaison to the Acupuncture Committee was absent from the Acupuncture Committee meeting on September 12 and during the subsequent Board meeting on October 2 the Board had 15

seconds of silence as a 'discussion' on this matter before unanimously voting to move forward as written. I would think that a little more audible discussion would be merited considering the amount of comments that the implementation of this Bill has garnished in the hours and hours of workgroup discourse and the nearly two hour discussion at the acupuncture committee. I invite Dr. Shaw to comment on how her absence as liaison may have impacted the lack of audible discussion at the proceedings of the Board at first review.

- Overall, the proceedings in the implementation of HB2143 appear to be more of a dog-and-pony show created to rebuff qualified public commentary in lieu of a pre-determined path that was laid out behind closed doors by the staff of the OMB before the initial workgroup meeting was even convened. Since the staff at the OMB report to the Executive Director, this is Executive Directive rulemaking by proxy.

---

**From:** cb <[REDACTED]>  
**Sent:** Sunday, November 16, 2025 11:54 AM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5np

You don't often get email from [REDACTED] [Learn why this is important](#)

hello,  
i'm writing to express my support for 5np and that i support the rules as written.  
sincerely,  
cyrus bartlett, LAc

This email is confidential and may be legally protected. It is intended solely for the addressee. Access to this email by anyone else, unless expressly approved by the sender or an authorized addressee, is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or any action omitted or taken in reliance on it, is prohibited and may be unlawful. If you believe that you have received this email in error, please contact the sender and delete this e-mail and destroy all copies.

NOV 21 2025

We, the undersigned, are writing to express our wholehearted support for the Oregon Medical Board's proposed rules to implement HB 2143, a new law allowing individuals with specific training to provide the Five Needle Protocol (5NP) to Oregonians.

HB 2143 is a project of the Native American Youth and Family Center (NAYA) and the NAYA Action Fund; its goal is to address systemic barriers in healthcare – specifically the lack of culturally responsive, accessible, and affordable treatment options for communities disproportionately impacted by addiction, trauma, and mental health challenges. HB 2143 eliminates unnecessary regulatory hurdles so that trained, trusted community members – not just licensed acupuncturists – can provide 5NP, a holistic, non-verbal, community-centered and cost-effective form of care. The progress of HB 2143 has been community-led, community-driven, and transparent.

5NP is legal in many states, although every state regulates it differently. The current version of the Oregon Medical Board's rules are the result of a painstaking, careful, open, quintessentially Oregonian public process.

The OMB's rule making included the input of a workgroup with diverse perspectives, including community representatives. The workgroup's discussions focused on safety and accountability, down to the smallest details. The current version of the rules has been reviewed and approved by the workgroup, the OMB's Acupuncture Advisory Committee, and the board itself.

The proposed rules (which are not identical to other states') reflect the distinct culture of the Oregon Medical Board, which has earned national awards for outstanding best practices, including support for its mission to protect the public, education of both the public and practitioners, and demonstration of a partnership approach to problem-solving. Unlike some other states that outsource accountability for 5NP to other licensing boards or to individual practitioners, the OMB has taken a rigorous, responsive, hands-on approach to 5NP in Oregon, which includes making 5NP Technicians directly accountable to the OMB itself.

The current version of the OMB's rules will benefit a long list of Oregonians, including: people in rural communities where services are scarce, people in recovery from substance use, people with mental health challenges, people navigating housing instability, people involved with the criminal justice system, people navigating gaps with health insurance and/or continuity of care, first responders, farmworkers, and anyone who wants to support their own wellbeing with 5NP.

5NP is a safe, simple treatment and the proposed rules, as written, both protect the public and are faithful to the inclusive community spirit of HB 2143.

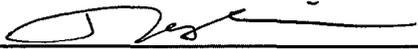
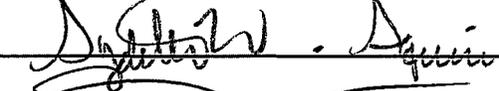
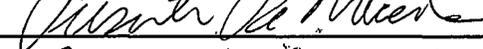
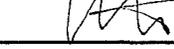
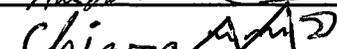
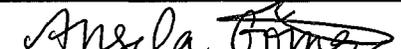
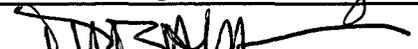
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We, the undersigned, are writing to express our wholehearted support for the Oregon Medical Board's proposed rules to implement HB 2143, a new law allowing individuals with specific training to provide the Five Needle Protocol (5NP) to Oregonians.

Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Nancy Lopez Sosa	<i>Nancy Lopez Sosa</i>
Kiersten Anstulerich	<i>Kiersten Anstulerich</i>
Kathleen Bode	<i>Kathleen Bode</i>
Allison Glass	<i>Allison Glass</i>
Andrea Leoncavallo	<i>Andrea Leoncavallo</i>
<del>ANDREA ROSSINI</del>	<del>ANDREA ROSSINI (SR) in</del>
Theresa DeLoe	<i>J. DeVost</i>
<i>Yvonne Mearns</i>	<b>ESTEE MARSH</b>
Kathleen Benz	<i>Kathleen Benz</i>
Sara Ruth Mearns	<i>Sara Ruth Mearns</i>
MARLENE ANDRESCO	<i>Marlene Andresco</i>
DEBBIE ANDRESCO	<i>Debbie Andresco</i>
Orey Young	<i>Orey Young</i>
Sarah Petrich	<i>Sarah Petrich</i>
Arielle Izquier de la Poterie	<i>Arielle Izquier de la Poterie</i>
LIABE K-S	<i>Liabe K-S</i>
CONNOR EBBINGHASE	<i>Connor Ebbinghase</i>
LUCA BAGGS	<i>Luca Baggs</i>
Nita Davidson	<i>Nita Davidson</i>
Angie Neff	<i>Angie Neff</i>

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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Tiangu Qiao	
Molly McCarthy	
Sydney Squire	
Sara Hargrove	
Michael Shapiro	
Leah Castañeda	
Priscila De Macedo	
Will Harrison	
Matt Jenstedt	
Chad McPartly	
Julie Kornilkin	
Pauline Zúñiga	
Andrew Babson	
<del>Julia</del> Chiara Lamanna	
YORICK MILLER	
Alessa Midtlynd	
Angela Gomez	
David Bamberger	
<del>Michael</del>	
Jamie Alam	
Phoebe Stryder	

CL

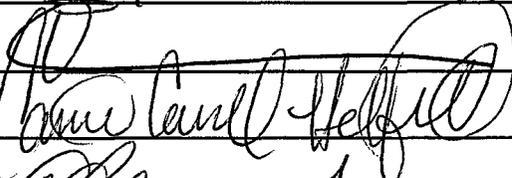
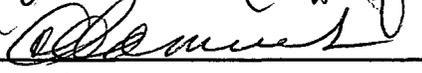
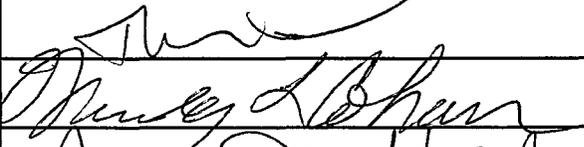
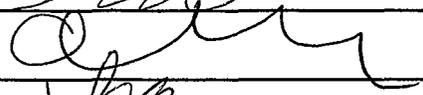
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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Rose Bliss	Rose Bliss
Sheila Romero Rios	Sheila Romero Rios
Jessica Cheri McLaughlin	J Cheri McLaughlin
Rosa M Rios	Rosa M Rios
William Joel Pomreis	William Joel Pomreis
Noah Staller	Noah Staller
Krystal Howard	Krystal Howard
Lapella Lapham, FNPC	Lapella Lapham
Robin Corbo	Robin Corbo
Jill Melroth	Jill Melroth
JAKI ROSE WARREN	JAKI ROSE WARREN
Tori Scholl	Tori Scholl
Nindy Sonaw	Nindy Sonaw
Hilgrid Kellenter Girdner	Hilgrid Kellenter Girdner
Greaser Goete	Greaser Goete
JOHN C. COWAN	John C. Cowan
Susan E Joslyn	Susan E Joslyn
Angela Moos	Angela Moos
Wendy Tangen-Foster	Wendy Tangen-Foster
Reggie Ruffin	Reggie Ruffin

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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Allison Stock	<del>Alison Stock</del>
Fabiola Casas	Fabiola Casas
Karen Stephens	Karen Stephens
<del>Dominic Kravtchik</del>	<del>Dominic Kravtchik</del>
Nancy Webster	Nancy Webster
Glenn Bolzale	Glenn Bolzale
Mikko Claly <sup>Mikko Aaby</sup>	Mikko Claly
<del>Nathan Gollman</del>	<del>Nathan Gollman</del>
STOBHAN O'CONNOR	Stobhan O'Connor
Patricia Thompson	Patricia Thompson
MARISSA MAJOR	Marissa Major
NAN LI WHITSON	Nan Li Whitson
Estee Marsh	Estee Marsh
Andrea Flores	Andrea Flores
JULIE RAMOS	Julie Ramos
Emily Weaver	Emily Weaver
PATRICIA OPDYKE	Patricia Opdyke
Alice Rose	Alice Rose
Nancy J Seiker	Nancy J Seiker
Sara Biegelsen	Sara Biegelsen

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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
George McCall	
Mickey Bratton	
Steve Chu	Steve Chu
Fatuma Abdi	
Theresa E Spofford	Theresa E Spofford
Brenda Prochilo	Brenda Prochilo
Zuli Mallinson	Zuli Mallinson
Cara Keenan	
Jeremy Tiefer	JT
Kate Brown	
Carrie Ann Helfrich	Carrie Ann Helfrich
Deborah Samuels	
Lisa Bowman	Lisa Bowman
Theresa Jelders	
Wendy Cohen	Wendy Cohen
Annie Luttrell	Annie Luttrell
Connie Oh	
Missy Chel	
Anapaula B. Foster	ABF
Dilip Babu	Dilip Babu

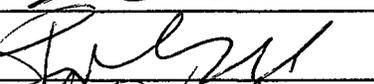
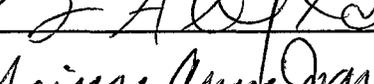
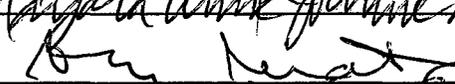
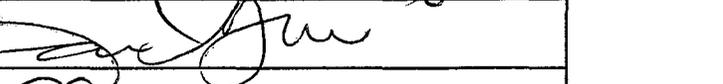
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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
STEPHANIE BATES	
Bethany Carder	Bethany Carder
Tim Parsons	Tim Parsons
MARILYN SCHUEKMAN	M. Schuekman
MARY DALTON	Mary Dalton
Julian Olson	Julian Olson
Steve Ciu	Steve Ciu
Jill Carey Torrey	Jill Carey Torrey
Susie Dahl	Susie Dahl
<del>Kristen</del> Kristoulee Meeta	Kristoulee Meeta
Carol Wong	Carol Wong
Julie Jones	Julie Jones
Pat Valley	Pat Valley
Theresa E Spofford	Theresa E Spofford
Hai Minh	Hai Minh
Kristine Lundam	Kristine Lundam
Stephanie Stephan	Stephanie Stephan
Sandra	Sandra
CAROL MEYROW	Carol Meyrow
<del>Monica</del> Emma	Emma

Monica  
Connie

Carol

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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Colleen Knapp	
Jim Bowman	
TRACY STRAWN	
Jessica Lambert	
Nathan Lambert	
Andrea Johnson	
Tracy Spruiell	
Beth Freeman	
Tim O'Neil	
PJ Alexander	
Marjara Anne Marks	
Amy Mirato	
Dawn Grischow	
Amber Jaitrong	
Connie Olsen	
Sean Cate	
Marjorie Joan Allen	
Susan L. Schaffer	
Serena Glick	
Jeanne Fe	

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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Linda Butler	Linda Butler
ERIN NIELSON	Erin Nielson
STANLEY POSTLETHWAIT	Stanley Postlethwait
Hillary Clautice	Hillary Clautice
MARILYN SMITH	Marilyn Smith
Sharon Wilkins	Sharon Wilkins
Kristin Gamm-Prochelo	Kristin Gamm-Prochelo
Ava Dougherty	Ava Dougherty
Marita Ingalsbe	Marita Ingalsbe
NYLA MCCARTHY	Nyla McCarthy
Erika Van Winkle	Erika Van Winkle
Rainer Rivenburgh	Rainer Rivenburgh
Andrea Middleton	Andrea Middleton
Mary Goulet	Mary Goulet
Ted Gioia	Ted Gioia
Angie Mendbayer	Angie Mendbayer
Anne Coker	Anne Coker
Andrew Bunting	Andrew Bunting
David Bineault	David Bineault
Heather Bawn	Heather Bawn

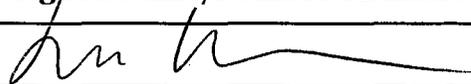
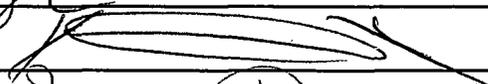
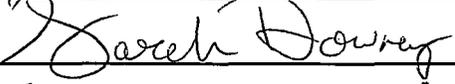
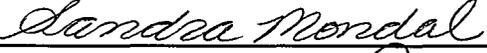
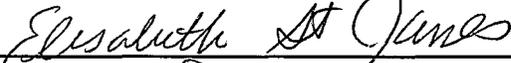
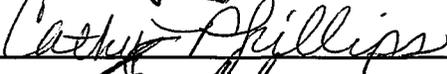
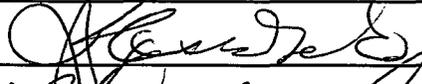
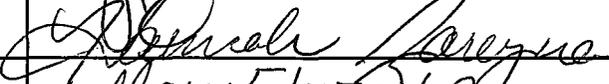
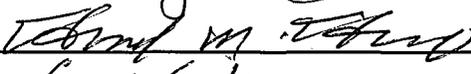
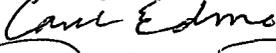
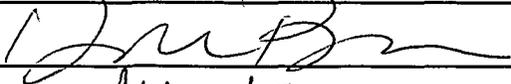
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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
nancy alford	nancy alford
Suzanne Lawler	Suzanne Lawler
RAS ARORA	
Joseph McAuley	Joseph McAuley
Bernadette Torres	Bernadette Torres
Emery Olson	Emery Olson
Marcia Long	Marcia Long
Amy Schiveley	Amy Schiveley
Selesté Sanchez	Selesté Sanchez
MIGUEL BARRIOS	Miguel Barrios
CARA TOMLINSON	Cara Tomlinson
Dawna Miller	
Jennifer Harrington	Jennifer Harrington
LOIS HARRINGTON	Lois Harrington
MIGNON HAMLIN	Mignon Hamlin
ARLIE KANGAS	Arlie Kangas
Juanita Garraw	Juanita Garraw
Katchyn L Conway	Katchyn L Conway
Jazmin Miranda	Jazmin Miranda
Charles Knapp	Charles Knapp
CYRUS BARTHELEMY	Cyrus Barthélemy

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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Lillian Olson	L Olson
Haley Merritt	H J Merritt
DAVID LOITZ	<del>David Loitz</del>
Deborah Stevenson	<del>Deborah Stevenson</del>
Stephanie Stephan	Stephanie Stephan
Virginia Wetzal	Virginia Wetzal
DAN TUREK	<del>Dan Turek</del>
Mary Cutler	Mary Cutler
Kristin Sacco	Kristin Sacco
Cynthia Marshall	Cynthia Marshall
Stephanie Palmer	Stephanie Palmer
Lisa Peters	Lisa Peters
Ren Crenshaw	RC
Katie Kornberg	Katie Kornberg
KATIE KIES	Katie Kies
Sheila CARTER	Sheila Carter
Marion Ostertag	<del>Marion Ostertag</del>
Heather Wornum	<del>Heather Wornum</del>
Kristin Wheary	Kristin Wheary
Michelle Brooks	Michelle Brooks

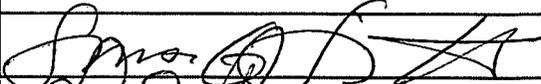
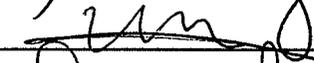
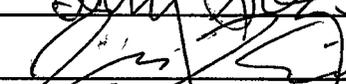
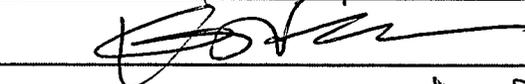
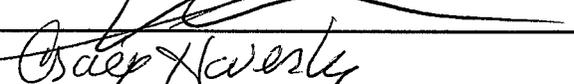
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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Julia Neace	
Riley Crushing	
Moses Cooper	
Sarah Downey	
SANDRA MONDAL	
Elisabeth St James	
Barbara Danely	
Kristina Peel	
Hannah Ravira	
Catherine J Phillips	
Craig Gilson	
RITA SPEARS	
Andrew Chin	
J. Kimiko Escobedo	
Hannah Rayner	
Mary Edwards	
Edmund M. Edms	
Carol Edms	
Deborah Brown	
Angele Morutan	

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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Kilena Long	Kilena Long
Steve Haines	Steve Haines
Jeanne Shiroda	Jeanne Shiroda
Roslyn Hamilton	Roslyn Hamilton
Skaron Szolnoki	Skaron Szolnoki
Gail Hare	Gail Hare
Ryan Hofer	Ryan Hofer
Satina Manze	Satina Manze #32
Whitsitt Goodson	Whitsitt Goodson
MICHAEL GOLTZ	MICHAEL GOLTZ
KELLY GILSON	Kelly Gilson
CATHERINE CARUSO	CATHERINE CARUSO
Janet Walker	Janet Walker
David Rovik	David Rovik
Sheilagh Van Belthowing	Sheilagh Van Belthowing
Christine Emmach-Wray	Christine Emmach-Wray
Talen Stoner	Talen Stoner
ALISON BURT	ALISON BURT
Carol Clapshaw	Carol Clapshaw
Eugenie Powell	Eugenie Powell

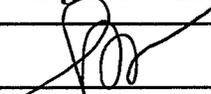
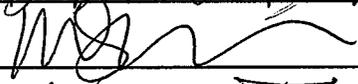
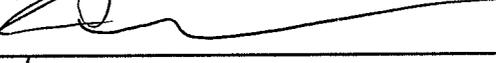
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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
SUSAN SCHMIDT	
Lindy Rummy <del>Ruby Rummy</del>	
STEVE CHERBOROMAK	
KORI GOLANI	Roni A. Holm and notified
Kristin Bowling	
Will Harrison	
Sarah Boeres	Sarah Boeres
Lillian Killbe	Lilly Killbe
BARRY SIEGEL	Barry Siegel
Jonathan Kirby	
PATRICIA KESSEL	Patricia Kessel
Kyle Newell	
Jan Albrich	Jan Albrich
Jaimie Lust	
Elizabeth Churchill	
MARTIN HELM	
CRAIG HEVERLY	Craig Heverly
Tzelev Diamondstone	<del>Tzelev</del> Tzelev Diamondstone
Drew Hansen	Drew Hansen

Gary Gregg

Gary Gregg

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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Sonya Gregg	
Joanna McClish	Joanna McClish
Callie John	Callie John
Deborah Bell	Deborah Bell
Erin Engelke	
Maxx Tauldage	Max Tje
Charlotte Aborn	Charlotte Aborn
Sheryl S. Price	Sheryl S. Price
Steve Ciu	Steve Ciu
Jen Rauhouser	Jen Rauhouser
Amandalyn Friedland	
Zora Machado	Zora Machado
James Machado	J Machado 971804987
ARCHER RIZZO	
Saskia Ferreira	
James Roberts	J Roberts
Margaret Fussell	Margaret F. Fussell
Sarah Wunderlich	
Amanda L. Miller	Amanda L. Miller
Steve Hankson	Steve Hankson

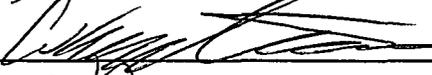
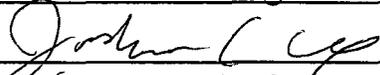
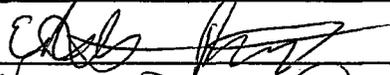
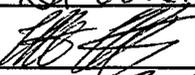
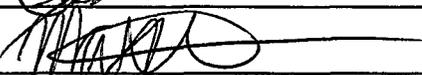
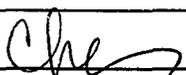
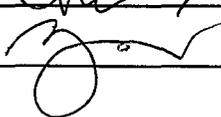
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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Leslie Williams	Leslie Williams
Kathryn Kupunui	<del>Kathryn Kupunui</del>
Epiphany Pizer	Epiphany Pizer
JEMILA HART	Jemila Hart
Homy Wheeler	Homy Wheeler
Sarah Howell	Sarah Howell
Dawn Furstenberg	Dawn Furstenberg
Kristine Henderson	Kristine Henderson
Richard Radvich	Richard Radvich
Lori Golani	Lori Golani
Jerry Fugate	Jerry Fugate
<del>Elizabeth Fugate</del>	<del>Elizabeth Fugate</del>
Sonja Pearson-Denning	Sonja Pearson-Denning
Rachel Williams	Rachel Williams
Stephanie A. Siakel	Stephanie A. Siakel
Emma Payne	Emma Payne
Sandra Paul	Sandra Paul
Douglas Hiatt	Douglas Hiatt
Amya Renn	Amya Renn
Kathleen Madden	Kathleen Madden

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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Jules Kitzera	<i>Jules Kitzera</i>
Wintry Verraneault	<i>Wintry</i>
Arabee Koun	<i>Arabee Koun</i>
Emily Castle	<i>Emily Castle</i>
Andrea Wiener	<i>Andrea Wiener</i>
Marie Songer	<i>Marie Songer</i>
Mary Reed	<i>Mary Reed</i>
Linda Livemore	<i>Linda Livemore</i>
Linda Weisman	<i>Linda Weisman</i>
Maggie Little-Reece	<i>Maggie Little-Reece</i>
Pamela Medley	<i>Pamela Medley</i>
<del>Will McElhinny</del>	<i>Will McElhinny</i>
<del>Leland J. Bard</del>	<i>Leland J. Bard</i>
Gloria Gostnell	<i>Gloria Gostnell</i>
Leeanna Kligis	<i>Leeanna Kligis</i>
Cyr Zeeberg-Foote	<i>Cyr Zeeberg-Foote</i>
Thia Zeeberg-Foote	<i>Thia Zeeberg-Foote</i>
Brittany Ingish	<i>Brittany Ingish</i>
Jane Tarabochia	<i>Jane Tarabochia</i>
Rodney Drake	<i>Rodney Drake</i>

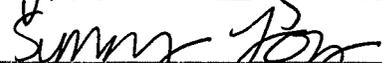
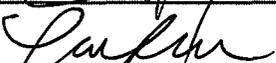
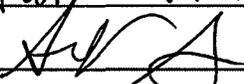
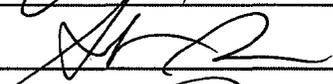
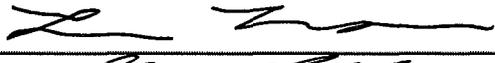
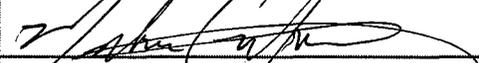
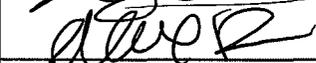
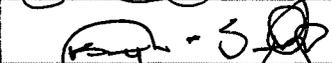
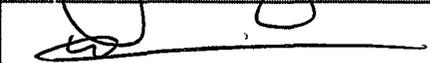
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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Cindy Rimer	
R. CINDY GREENVIK	R. Cindy Grenvik
Xiaoying Ruan	Xiaoying Ruan
Lillian ERWIN	
Wayne Richardet	
J. Bruhn	
TISH LEOS	
Jasmine Sergia	Jasmine Sergia
Joshua Cox	
VIOLET PASCOE	Violet L. Pascoe
Ethan Roberts	
KAREN M. CASO	Karen M. Caso
Di Ann Gillaspie	Di Ann Gillaspie
<b>B</b> Brett Hillberg	
Milo Osswald	
Max Day	
Lineta Schmackey	
Charmane Worthing	
Brian Worthing	

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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Laura Laird	Laura Laird
Riley Cushing	Riley Cushing
Bria Peale	Bria Peale
JANET LITSTER	Janet Litster
Robert Hyman	Robert Hyman

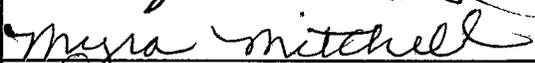
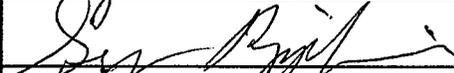
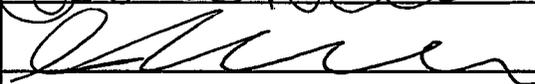
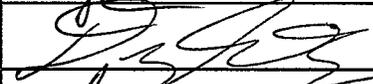
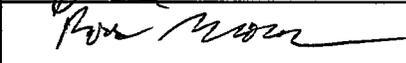
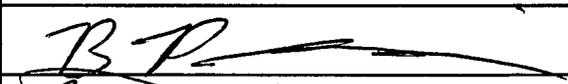
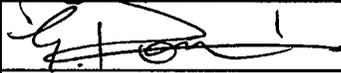
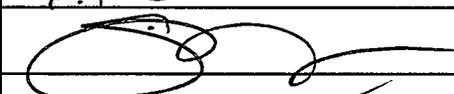
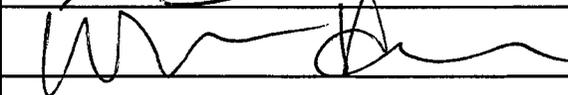
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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Flynnne Olivarez	
Sunny Joy	
Margr Schofield	
Emily Lai (aka Elm)	
Tara Violetta	
 Selin Strait	
Ariella Lai	
Laura Mangano	
John Freudenthal	
Nikeisah Newton	
Jennifer Boyce	
AUX BRITT	
Rebecca Lesspoch	
Shaunte Greenway	
KARIN SANDERS	
Ashlea Veshay	
Andy Spalletta	
Jaye Mejia - Duwan	
Rubi Vergara-Grindell	
Palet Campos-Melchor	

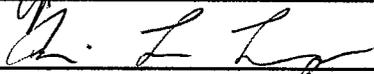
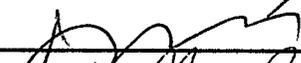
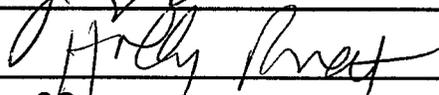
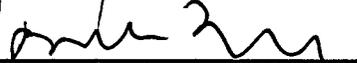
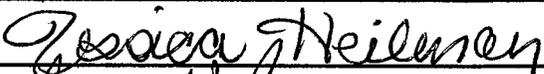
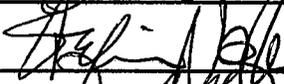
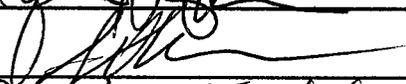
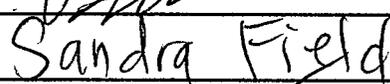
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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Theresa E Spofford	Theresa E. Spofford
Carol Scheans	Carol Scheans
Rockelle Dixon	Rockelle Dixon
Kristen Kelly	Kristen Kelly
R. Arora	R. Arora
Adrien Mishashani	Adrien Mishashani
Paige Martell	Paige Martell
Azriel Super	Azriel Super
Sherrill Leverich	Sherrill Leverich
Cathrine Teack	Cathrine Teack
Mam Dalton	Mam Dalton
Marilyn Scheuerman	Marilyn Scheuerman
Swan Cousins	Swan Cousins
Theresa E Spofford	Theresa E Spofford
Janet Hitti	Janet Hitti
Joyce M. Hull	Joyce M. Hull
Jean Guither	Jean Guither

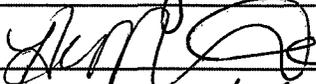
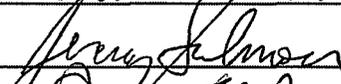
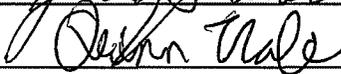
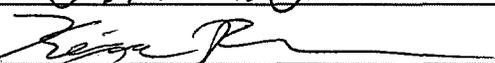
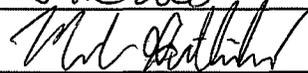
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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Elizabeth Ribeiro	
Carolyn Brown	
MYRA MITCHELL	
Grace Ripplinger	
Jonathan Juarez	
Carrie Meech	
Step Van Meter	
Riley Cushing	
DYLAN LIVERMAN	
J Christensen	
Koss Moore	
Bethany Plaisance	
Esmeralda Roman	
Sonya Hargrove	
Robin Eggen	
Winona Vaitekunas	

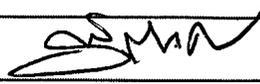
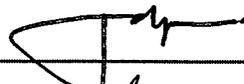
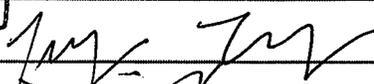
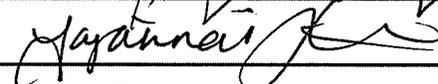
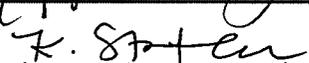
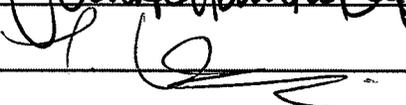
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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Jocksana Corona	
Adrian L. Lopez	
Sadie Dupont	
Holly Prewett	
	
Jessica Neilman	
STEFANIE NAGORKA	
STEPHEN CLARK	
Sandra Field	
Yanlei Feng	

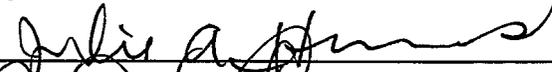
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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
MEGAN BROWN	
HAYLEY ARCHER	
<del>Naomi Bartholomae</del> Naomi Bartholomae	
Jeremy Salmon	
Quinn Vale	
Kessa Pereira	
Pablo Martos	
Patrick Reynolds	
Marco Crow	
Mark Gilliland	

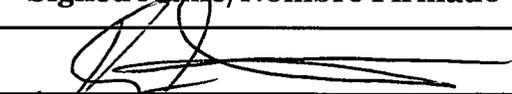
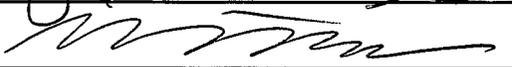
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Thanadej Throngkitpaisan	
JAMAE ANN SABANGAN	
Jenny Tseng	
Tajanna' Stocker	
KRISTLE MAY STATLER	
Joon Aettaworn-Kantrea	
Tracie Umbreit	

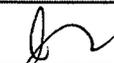
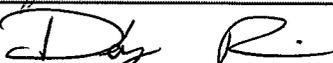
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Stephen Loaiza	
Julie Hommes	
JEFF Donaldson-Farber	
Rebecca Ghent	

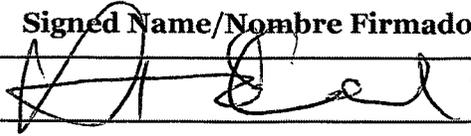
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Krista A Bangsten, LAc	
Derek Wilson	
Noah Davidson	

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Jim Shim	
Dey RIVERS	

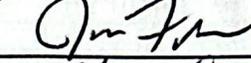
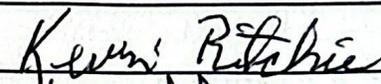
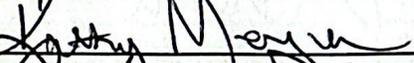
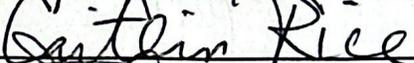
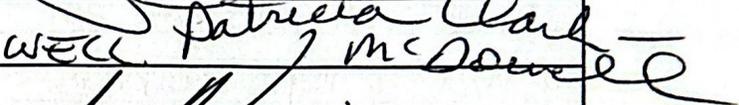
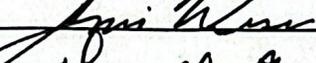
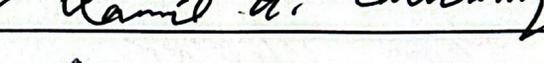
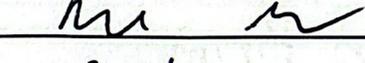
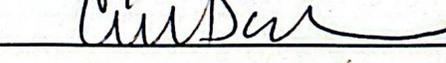
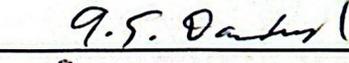
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Armel Culi De Leon	

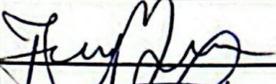
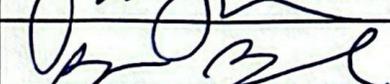
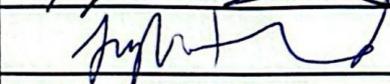
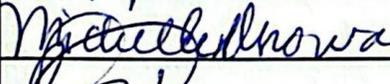
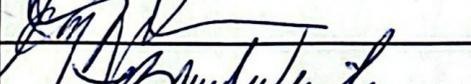
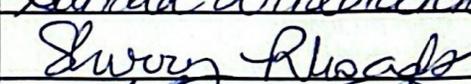
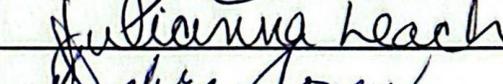
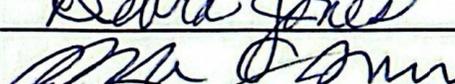
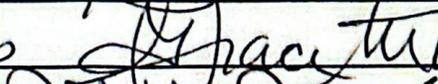
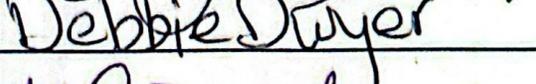
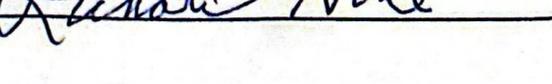
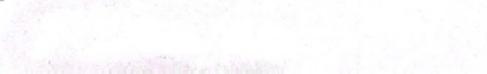
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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Melissa Kearns	Melissa Kearns
Dennis Reed	Dennis Reed
Masha Black	Masha Black
Katherine Amelia Mae Kann	Katherine Kann
Sarah Lane	Sarah M. Lane
Louise Dardvard	Louise Dardvard
STEPHANIE AGNEW-CARRIE	Stephanie Agnew-Carrie
Nancy Ann Koun	Nancy Buchanan
Helen Papoff	Helen Papoff
Angel Swanson	Angel Swanson
Chloe Anderson	Chloe Anderson
Riva DiGiacomo	Riva DiGiacomo
Kris YATE	Kris Yate
Pam Weaver	Pam Weaver
Sharon Brim	Sharon Brim
Ted Bierma Welch	Ted Bierma Welch
Rebecca Rose	Rebecca Rose
Mary C. Diederich	Mary C. Diederich
Dee Padlock	Dee Padlock
Ben Forman-Vargas	Ben Forman

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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Erika McGuire	
KAREN FULLER	
Karee Sustata	
Q VANBENSCHOTEN	
JOSHUA FRIENDSON	
TERRI BROWN	
Dana Dawson	
KEVIN RITCHIE	
Kathy Meyer	
CAITLIN RICE	
Seannette Adams	
PATRICIA CLARK-MCDOWELL	
Jim Wisser	
David A Courtney	
STAROVST DINE	
Joel Hedges	
Cindy Danbert	
Anthony S. Dandurand	
Amy McClannick	
Melissa Canino	

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TEVY ZANE	
Scott Olson	
Somerfield Habener	
Ryan McCarty	
Paige Bouvard	
Taylor Harwood	
Michelle D. Nowak	
Jody Esperanza	
<del>BARRY WINEBRENNER</del>	
Sandra Winebrenner	
Sherry Rhoads	
GARY BALKIAN	
Julianna Leach	
Debra Jones	
Maddie Fouy	
Kaye Joe	
Joel Grace McNabb	
Debbie Dwyer	
Kellie Donahue	
Richard Nire	

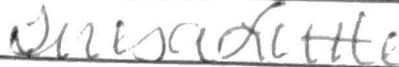
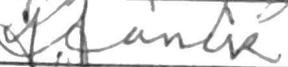
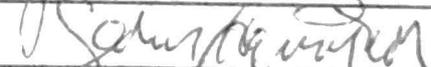
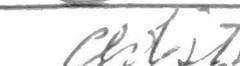
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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Aubree Cardwell	Aubree Cardwell
Gwen Taylor	Gwen Taylor
Kerocca J Taylor	Kerocca J Taylor
Jerome Cottrell	Jerome Cottrell
Zoranda Donovan	Zoranda Donovan
Jessica Bittner	Jessica Bittner
Christina Nash	Christina E. Nash
Stephen Hermansen	Stephen Hermansen
Lisa Kraft-Gonzales	Lisa Kraft-Gonzales
ROXY BORTA	ROXY BORTA
Ruby Pily	LINDA DIAZ
	ALBYN FISH

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Printed Name/Nombre Impreso	Signed Name/Nombre Firmado
Stephanie Allen	Stephanie Allen
Verdene McGuire	Verdene McGuire
Elaine Chang	Elaine Chang
Byron Shannahay	<del>Byron Shannahay</del>
Rob Singer	<del>Rob Singer</del>
SUSAN E. WIGET	<del>Susan E. Wiget</del>
Valerie Morris	Valerie Morris
Kara Brinkman-Addams	<del>Kara Brinkman-Addams</del>
Jerry Ferruccio	<del>Jerry Ferruccio</del>
Ad Rhinchart	Ad Rhinchart
Greg Armitage	Greg Armitage
Elizabeth Weber	Elizabeth Weber
Robyn Thompson	Robyn Thompson
Sonja Greenmyer	Sonja Greenmyer

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Teresa LITTLE	
Stphanie Teyema	
Rebecca Price	
David Bineault	
Terrance Francis	
Terri Swanson	
Cheyenne Morris	
Jessie Clay	
Sean Hannigan	
DANIELLE RECH	
NAKITA BROLEN	
Carlin Walker	
Julie Hoff	
Eriq Haman	
Cheyenne Morris	
Christina Lacey	
LQ Lorien Eshrel	

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**From:** Shannon Conrad [REDACTED] >  
**Sent:** Sunday, November 23, 2025 10:39 AM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** Fwd: Concerns Regarding the Recently Passed OMB Law Allowing subpar 5np training

Resubmitting a letter originally submitted 9/1/25 for review and consideration.

Sent from my iPhone

Begin forwarded message:

**From:** Shannon Conrad <[REDACTED]>  
**Date:** September 1, 2025 at 19:26:16 PDT  
**To:** ROSS Elizabeth \* OMB <elizabeth.ross@omb.oregon.gov>  
**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



Dear Members of the Oregon Medical Board,

I am an acupuncturist with 20 years of experience practicing in various clinical settings. I have treated in-patients in multiple hospital departments, have maintained a general private practice in both rural and urban environments, have held events for the treatment of veterans with pain and PTSD and have practiced at Lincoln Recovery Center, where NADA treatment was first popularized. I have also worked as a peer mentor at Riker's Island in NY and as a volunteer with a prison work release program. I am a proponent of community health improvements and also maintaining health safety. I request that the Oregon Medical Board consider specific regulatory measures regarding the training, supervision, and scope of practice for 5NP technicians.

Based on my understanding and concern for the safety, longevity and efficacy of this practice, I propose that 5NP technicians have required supervision, comparable to most other states allowing this practice, as per the document provided by POCA via the OMB for the rule making work group. Please note that of the **25 regulated state examples** provided by OMB, **at least 22 require supervision by a Licensed Acupuncturist or MD**. In addition to supervision, **many require the technician to maintain a previous healthcare license** and to practice **only in licensed healthcare facilities**. The AAC work group did not appear to be familiar with this document and some erroneous statements were made. I request that we adhere to these safety standards.

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."

After several hours of workshopping, over several weeks, it was stated at the end of the AAC/ OMB meeting, that we may not be capable of adding supervision to the rules. I do not believe this to be true. The statute states that **the OMB may add any other requirements or standards they determine necessary**.

Please remember, that there is a great assumption of safety being discussed in these meetings because of the way that 5NP has been provided thus far, which has included medical and acupuncture supervision. **THIS BILL DOES NOT MAINTAIN THE CURRENT NOR PREVIOUS STANDARDS**. 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, is not vetted by lengthy training, teaching or testing, and is being given unrestricted access to independently provide medical care to vulnerable populations involving the insertion of needles. This is contrary to other medical technicians, most of which require 9 months + of training, some form of supervision, to work in a clinical setting, to have some form of liability insurance, and to have more skin in the game and licensure at stake. Furthermore, 5NP training creates an independent health care provider that inserts needles into cartilage, with **719 hours LESS training than those required for a cartilage ear piercer**, which is a cosmetic and not medical procedure. There has been an assumption that all technicians will have the same discretion as all of the healthcare providers in the room, however that discretion is learned with experience and months to years of training.

In the workgroup, some had said that problems will be minimal because Poca has been “tracking,” and has determined so, however one could speculate that a service with such minimal “tracking” built into its performance, ie no charting, minimal name use, and a lack of consistency in providers, patients and location, is not going to have the most accurate statistical account of adverse events. It is also assumed that communities will hold each other accountable so that greater safety rules are unnecessary. Let’s please remember that we are asking people to self regulate in the provision of a treatment where one of the primary afflictions being treated is due to the very fact that people cannot self regulate. It has been stated that medicine in the state of OR is already self regulatory, in that the OMB does not perform random inspections. However, in most scenarios it takes a long time to become a healthcare provider, requires many months or years of observation by peers and teachers, requires clinical experience and testing. None of that is self regulatory. Additionally, insurance companies do random audits all the time and large facilities are inspected by agencies such as the Joint Commission.

Please also remember that we cannot base rules on the safety of this treatment thus far because this bill expands the providers in quantity and context exponentially. Please also remember that the rule making workshop was made primarily of supporters of this bill and a large number of Poca or Poca Tech affiliates, both of which stand to profit from this bill being highly unregulated. Trainings are advertised at \$450 per person. This bill substantially expands the number of people that these organizations can offer trainings to.

I would also like to add that this bill specifically asks technicians not to pose as acupuncturists and yet across the country, this technique is being referred to as acuwellness and is predominantly offered for an up charge in out of pocket therapy offices and the like. Across the country, it appears to be less about treating the marginalized and more about up charging those who can afford to pay extra out of pocket costs.

It was mentioned in recent testimony that this treatment will only cost 70 cents per patient. Should we assume that treatment in Oregon will take place on street corners and not be charged for? How else could it cost 70 cents unless there are no fees for the location, the training, or the provider? Is this also to mean that the cost of a surgery should be solely determined by the wholesale cost of the tools needed or that MD office visits should be free if they don’t require tools?

This bill is not only reckless but it does not solve the problems that it intends to. At the least, 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:

- 30 hours of didactic training

- 40 supervised clinical treatment hours
- Certification in the NCCAOM Clean Needle Technique (CNT)
- OSHA-compliant Blood Born Pathogens training, as well as HIPAA protocols, as required

By working within these frameworks, we can continue to expand access to acupuncture services while maintaining the highest standards of patient safety and professionalism.

Thank you for your time and consideration.

---

**From:** Jonathan Juarez [REDACTED] >  
**Sent:** Monday, November 24, 2025 12:13 PM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** Public comment for 5NP

You don't often get email from [REDACTED]. [Learn why this is important](#)

Hello,

I would like to submit a public comment for 5NP.

Here it is:

In Support of 5NP

I am in support of 5NP because I have seen these treatments work.  
I have received 5NP myself and it has helped me greatly.  
By passing this 5NP legislation we are creating more access to trauma informed healthcare.  
Thanks for everyone's work and support in making this dream a reality in Oregon.  
In this together,  
Jonathan Juarez  
Acupuncture Student at POCA Technical Institute

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**From:** Charles Lev <[REDACTED]>  
**Sent:** Monday, November 24, 2025 4:35 PM  
**To:** ROSS Elizabeth \* OMB  
**Subject:** 5NP COMMENT

Hi Elizabeth,

First and foremost ~ thank you for your work coordinating our collective efforts to establish standards providing for training 5NP technicians.

I would like to register a comment:

I think that as we go forward training people in the state of Oregon to provide 5NP, It is likely that healthcare workers such as nurse practitioners or Medical Assistants who are already skilled doing blood draws, injections & working with patient care in general will find that 30 hours are excessive for learning a protocol as technically simple as the 5NP.

I do think it's important that our training provides background and history, as well as training in a degree of simple healing intention. It's true that 5NP constitutes more than technique alone.

And, all that said, it seems quite possible to accomplish all of that in far less than 30 hours with someone who has already trained in working with inserting needles in the course of providing healthcare.

30 hours seems perfect for non-medical people in the general public who want to provide this treatment.

I applaud these efforts, again thank you.

I hope that going forward we have a capacity to offer a second tier of training, with less hours, for people who are already licensed medical practitioners.

Very truly yours,  
Charles Rothschild Lev  
Licensed acupuncturist  
OHSU Family Medicine



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

Canby OR 97013

Date: November 24, 2025

# Critical Analysis of Oregon HB 2143 and OMB Administrative Rules: A Comprehensive Review of the Five-Needle Protocol (5NP) Implementation

## I. Executive Summary

The impending implementation of Oregon House Bill 2143 (2025) and the associated administrative rules drafted by the Oregon Medical Board (OMB) represents a watershed moment in the state's approach to behavioral health integration, yet it simultaneously introduces a paradigm shift in the regulation of invasive medical procedures that warrants extreme caution. By authorizing the creation of a "5NP Technician" registry, the state is effectively sanctioning the autonomous performance of invasive auricular acupuncture procedures by laypersons with minimal training—specifically, 30 didactic hours and 40 ears needed—and, most critically, no statutory requirement for clinical supervision. This report, a Comprehensive Critique, determines that while the legislative intent is rooted in the equitable expansion of "low-barrier" adjunctive care for Substance Use Disorders (SUD), the current statutory and regulatory framework creates profound, unmitigated public safety risks that far exceed accepted medical standards. The 5NP statutes and draft rules authorize individuals to insert needles into vulnerable populations without the oversight of a licensed healthcare professional, a structural decision the OMB defends by citing a "statutory silence" in HB 2143 regarding supervision.<sup>1</sup> This interpretation has led to a regulatory abdication where the Board explicitly states it lacks the authority to mandate supervision, thereby creating a class of practitioner who is clinically autonomous yet educationally dependent. These technicians will operate in high-risk environments—SUD recovery centers, mental health clinics, and potentially unregulated community spaces—without the diagnostic capabilities to identify medical emergencies, contraindications, or the progression of communicable diseases.<sup>1</sup>

Critical structural flaws identified in this review include the absence of a robust mechanism for adverse event management, a "train-the-trainer" degradation loop where minimally trained technicians can credential new technicians after only two years of practice, and a reliance on Informed Consent forms that act as liability shields rather than true patient safety instruments.<sup>1</sup>

Furthermore, the fee structure (\$100 initial registration) and the reliance on "self-identification" for treatment eligibility create a system that is economically accessible but clinically porous.<sup>1</sup> This report concludes that without immediate legislative amendment to mandate supervision and bolster training standards, HB 2143 poses a significant liability to the State of Oregon and a direct physical threat to the immunocompromised and traumatized populations it aims to serve.

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## II. Full Legal & Regulatory Analysis

The legal and regulatory architecture surrounding the Oregon 5NP initiative is characterized by a dangerous disconnect between broad legislative authorization and restricted regulatory implementation. A meticulous dissection of HB 2143 and the OMB's proposed Division 071 rules reveals a framework that prioritizes access over safety to a degree that is unprecedented in Oregon's medical history.

### Statutory Authority and the Supervision Void

The most glaring legal vulnerability in the current framework is the absence of a statutory mandate for supervision, a lacuna that the OMB has codified into a rigid policy position. As noted in the introduction to the OMB Draft Rules, the Board has adopted a strict constructionist view of HB 2143, stating unequivocally that "HB 2143 does not impose supervision requirements or authorize the OMB to write rules requiring supervision".<sup>1</sup> The Board further asserts that under ORS 183.400, "agencies cannot exceed the authority granted by the legislature" and that "the absence of statutory language does not create implied authority".<sup>1</sup> This legal interpretation creates a regulatory vacuum that is distinct from almost every other tiered healthcare profession in the state. In established hierarchies—such as Physician Assistants, Dental Hygienists, or Occupational Therapy Assistants—the statutes explicitly link the subordinate practitioner to a supervising licensee to ensure public safety and establish a chain of vicarious liability. By failing to include this language, and by the OMB's subsequent refusal to infer authority from its general mandate to protect the public (ORS 677.265), the state has inadvertently created an autonomous provider class. This class has a scope of practice that involves skin penetration, biohazard generation, and treatment of psychiatric conditions, yet requires less training than a cosmetologist or tattoo artist.

The legal implications of this "Supervision Void" are severe and multifaceted. Primarily, it results in **Liability Shifting**. In a standard medical setting, if a subordinate practitioner commits malpractice (e.g., causes a pneumothorax, severe infection, or misses a critical diagnosis), the supervising clinician and the facility share vicarious liability. Under the HB 2143 framework, a 5NP technician is an independent registrant. If they commit an error, there is no supervising clinician to hold accountable. Given that 5NP technicians are unlikely to carry high-value malpractice insurance, and the statutes do not mandate such coverage, the injured patient is left with little recourse, and the employing facility assumes total liability.

Secondly, the OMB has created a form of **Regulatory Estoppel**. By explicitly stating in the draft rules' preamble that they lack the authority to require supervision, the OMB has effectively estopped itself from disciplining a technician for "lack of supervision" or "practicing beyond competency" in future disciplinary hearings, provided the technician stayed within the mechanical confines of the 5-point protocol. If a technician treats a patient who subsequently collapses from an undiagnosed condition, the technician can legally argue that the state

explicitly authorized them to practice without the diagnostic oversight that would have caught the condition.

## Ambiguities in Definitions and Scope

The definition of "Five-Needle Protocol" in OAR 847-071-0005(3) limits the practice to the stimulation of five specific ear points (Shen Men, Sympathetic, Liver, Kidney, Lung) for "temporary relief from the symptoms of substance use disorder, mental health conditions or trauma".<sup>1</sup> While precise in anatomical location, the rule is legally vague in its clinical indications, specifically regarding the terms "Mental Health Conditions" and "Trauma."

The term "**Mental Health Conditions**" is legally undefined in the context of this rule. Without a restrictive definition or a requirement for a referral from a mental health professional, this terminology could arguably encompass the entire DSM-5 spectrum, from mild adjustment disorders to acute schizophrenic psychosis or severe bipolar mania. A 5NP technician, who is forbidden from diagnosing, is nonetheless authorized to treat the "symptoms" of these conditions. This creates a dangerous scenario where a technician acts as the sole provider for a patient with a severe, deteriorating psychiatric condition, masking symptoms with "temporary relief" while the underlying pathology goes untreated.

Similarly, "**Trauma**" is left open to interpretation. While the context implies psychological trauma (PTSD), the lack of statutory precision leaves room for dangerous interpretations by under-trained practitioners who might attempt to treat "physical trauma" or pain via these points.

Furthermore, the phrase "temporary relief" allows for an open-ended treatment duration. There are no guardrails in OAR 847-071 preventing a technician from treating a patient indefinitely—daily, for years—for a condition that requires escalating medical or psychiatric care. This "symptom management without diagnostic limit" effectively legalizes the delay of necessary medical care.

## Conflicts with ORS 677 and Constitutional Non-Delegation

The proposed rules potentially conflict with the broader intent of ORS 677 (Regulation of Medicine). ORS 677.190 outlines grounds for discipline, including "gross or repeated negligence." However, negligence is legally determined against a standard of care. By creating a new tier of practitioner with no established standard of care other than a 30-hour course, the state makes it legally difficult to define what constitutes "negligence" for a 5NP technician. Consider a scenario where a 5NP technician fails to recognize a diabetic ear infection that leads to auricular chondritis and permanent deformity. A Licensed Acupuncturist (L.Ac.) or MD would be held liable because their training includes pathology and dermatology. However, a 5NP technician, whose training is only required to cover "Ear needling and point location" and basic hygiene<sup>1</sup>, could legally argue that recognizing early-stage necrosis or distinguishing it from a "healing reaction" is outside their scope of training. This creates a paradox where the practitioner is effectively too unskilled to be negligent in complex scenarios, insulating them from accountability for diagnostic failures.

## Regulatory Responsibility Chains and Enforcement

The enforcement mechanisms detailed in OAR 847-071-0050 are entirely reactive, lacking any proactive oversight. The Board may suspend registration if a technician is found to be "incompetent" or guilty of "unprofessional conduct".<sup>1</sup> However, without a supervision requirement, there is no mechanism for *detecting* incompetence before patient harm occurs. In licensed fields, the supervisor acts as the regulatory proxy, the first line of defense who corrects technique and judgment daily. Here, the OMB is the sole oversight body, yet it has no physical presence in the varied community settings—church basements, outdoor shelters, private living rooms—where 5NP will be performed.

The rules also fail to establish a clear responsibility chain for infection control at the facility level. While "Sanitation and hygiene protocols" are a required training element<sup>1</sup>, the rules do not specify who is responsible for the facility's overall biohazard compliance (OSHA Bloodborne Pathogens Standard). If a 5NP technician is working as a volunteer in a pop-up shelter—a scenario plausible and encouraged under the "low-barrier" intent<sup>1</sup>—there may be no facility-level compliance officer. This leaves the regulation of biohazard disposal, needle stick protocols, and facility sterility in a legal gray area, potentially violating federal OSHA mandates which typically require an employer-employee relationship for enforcement.

### Contradiction in "Good Moral Character"

OAR 847-071-0020(1)(c) mandates that an applicant have "good moral character," yet Section (2) immediately qualifies this by stating "Criminal history is not an automatic disqualification".<sup>1</sup> The rule further clarifies that "Substance use disorder in remission... are not a reflection of current moral character." This language clearly aims to support the peer-support model common in SUD recovery, where lived experience is valued.

However, the lack of specific disqualifying offenses creates a significant regulatory vulnerability. While the Board will conduct a "national fingerprint-based background check"<sup>1</sup>, the absence of a matrix of disqualifying convictions (e.g., violent felonies, sexual assault, elder abuse) leaves the decision to a subjective "case-by-case" evaluation. This subjectivity creates two risks: first, that individuals with history of violent offenses may be credentialed to insert needles into vulnerable, traumatized populations; and second, that the Board exposes itself to administrative legal challenges every time it denies a registration based on criminal history, as it lacks a clear statutory exclusion list to point to. The reliance on the Board to interpret "moral character" without specific guidelines invites inconsistency and potential bias in the credentialing process.

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## III. Clinical Safety & Public Health Risk Matrix

The clinical deployment of the 5-Needle Protocol by minimally trained technicians introduces a spectrum of risks that differ significantly from those present when the same procedure is performed by a licensed acupuncturist or physician. The primary driver of this risk is the "Symptom-Diagnosis Gap": 5NP technicians are authorized to treat symptoms but are strictly forbidden from, and untrained in, diagnosis. This fundamental disconnect creates a blind spot where serious medical pathology can be masked, ignored, or exacerbated.

### The Danger of Unscreened Procedures

The Informed Consent document explicitly states: "no extensive intake or discussion" is required prior to treatment.<sup>1</sup> This feature, designed to reduce barriers to entry for traumatized patients who may be reticent to share personal histories, removes the primary safety filter in medical practice: the history taking.

**Bleeding Disorders & Anticoagulants:** Patients with Alcohol Use Disorder (AUD) frequently present with coagulopathies due to liver dysfunction (cirrhosis) or thrombocytopenia. Additionally, many patients in the target demographic may be on anticoagulant therapy for cardiovascular conditions. A 5NP technician, untrained in recognizing the physical signs of liver disease (e.g., jaundice, ascites, spider angiomas, caput medusae) and legally absolved from conducting a medical intake, is flying blind. Needling a patient with an INR of 4.0 or severe thrombocytopenia can lead to excessive bleeding, auricular hematoma (cauliflower ear), or prolonged hemorrhage. The lack of screening creates a direct pathway for these adverse events.

**Immunocompromise:** The SUD population has higher prevalence rates of HIV, Hepatitis C, and uncontrolled diabetes. The use of ear seeds and beads, which rely on pressure to stimulate points, poses a specific risk to diabetics. Pressure necrosis can occur rapidly in diabetic patients with microvascular compromise.<sup>1</sup> While the consent form mentions this caution, a technician with no medical training may not understand the pathophysiology of diabetic neuropathy (where the patient cannot feel the pain of the necrosis) or know to visually inspect the ear for pre-existing circulatory compromise. The rule requires "caution," but provides no mechanism (training or intake) to exercise it.

## Infection Control and Community Settings

The proposed rules emphasize "low-barrier access" to "expand access to safe... treatment" <sup>1</sup>, implying treatment in non-clinical settings such as community centers, shelters, and outdoor encampments. These environments inherently lack the controlled sterility of a clinical office.

**Aerosolized Pathogens:** The 5NP protocol often occurs in a group circle ("sit quietly for 30-45 minutes" <sup>1</sup>). In a shelter setting or crowded community room, this creates a high-density vector for airborne pathogens such as Tuberculosis, COVID-19, and Influenza. A group of 10-20 individuals sitting in a circle for 45 minutes constitutes a significant exposure event. Without facility standards requiring air filtration or spacing, the 5NP circle can become a super-spreader event, particularly given the compromised immune status of many in the SUD community.

**Needlestick Injuries:** In chaotic community settings, the risk of a patient moving unexpectedly, a technician stumbling, or a sharps container being kicked over is heightened. The lack of a mandatory OSHA Bloodborne Pathogen (BBP) certification in the training requirements <sup>1</sup> is a critical oversight. A technician sticking themselves with a needle used on a high-risk patient requires immediate Post-Exposure Prophylaxis (PEP) protocols. A lay technician, operating potentially as a volunteer without an employer's safety net, is unlikely to have established PEP protocols or access to immediate occupational health services, increasing the risk of HIV or Hepatitis transmission to the provider.

## Psychiatric Instability and Syncope

The "Sympathetic" and "Shen Men" points are potent autonomic modulators. In highly traumatized or constitutionally depleted individuals, needling can precipitate a strong physiological release, ranging from emotional catharsis to a vasovagal response (syncope/fainting).<sup>1</sup>

**Syncope Domino Effect:** If a patient faints in a group setting, it introduces chaos. A patient slumping forward with needles in their ears risks driving the needles deeper or lacerating the skin. Furthermore, seeing a fellow participant collapse can trigger anxiety or panic in others. A single technician managing 10 patients cannot safely manage a fainting patient—which requires maintaining an airway, checking vitals, and preventing falls—while monitoring the needles in 9 other patients to ensure they remain calm and safe.

**Psychiatric Decompensation:** For individuals with severe PTSD or psychosis, somatic interventions can trigger flashbacks, dissociation, or acute paranoia. A technician with no mental health training (Mental Health First Aid is not mandated in 1) is ill-equipped to de-escalate a psychiatric emergency. This creates a risk that a medical intervention intended to soothe could precipitate a crisis necessitating law enforcement intervention, a result that directly contradicts the "safe space" ethos of the program.

## Risk Matrix Table

Risk Category	Specific Hazard	Source of Vulnerability	Likelihood	Severity	System Weakness
<b>Infection</b>	Auricular Chondritis / Perichondritis	Pathogen introduction into avascular cartilage; poor sanitation in community settings.	Moderate	High (Disfigurement)	Lack of strict facility hygiene standards; absence of supervision.
<b>Medical</b>	Uncontrolled Bleeding / Hematoma	Coagulopathy in alcoholic/hepatic patients; "No intake" policy.	Moderate	Moderate	No medical history intake; technician inability to assess signs of liver disease.
<b>Medical</b>	Diabetic Necrosis (Ear Seeds)	Pressure ulcers from seeds in diabetic patients with poor microcirculation.	Low	High (Tissue Loss)	Reliance on patient self-report of diabetes; lack of technician pathophysiology training.
<b>Psychiatric</b>	Acute Decompensation	Triggering of PTSD/Psychosis during somatic release.	Moderate	High (Safety of Self/Others)	Lack of mental health crisis training; lack of diagnostic scope.

<b>Safety</b>	Syncope (Fainting)	Vagal response to needle insertion in anxious/depleted patients.	High	Moderate (Fall Injury)	Group setting makes individual monitoring difficult; lack of CPR/First Aid mandate.
<b>Biohazard</b>	Needlestick Injury	Accidental puncture of technician or third party.	Moderate	High (HIV/Hep C/B transmission)	No OSHA Bloodborne Pathogen training requirement in rules.
<b>Systemic</b>	Delayed Diagnosis	Patient relies on 5NP for serious condition (e.g., endocarditis masked as "malaise").	Moderate	High (Death/Sepsis)	"Temporary relief" definition allows indefinite treatment without referral.

## IV. Training & Competency Evaluation

The training standards proposed in OAR 847-071-0025 are dangerously insufficient when compared to the risk profile of the procedure and the vulnerable nature of the patient population. The requirement of "at least 30 hours of didactic and 40 ears needed" <sup>1</sup> represents a trivial amount of education for an invasive procedure, creating a "competency illusion."

### The "40 Ears" Fallacy

The requirement to needle "40 ears" equates to treating 20 patients (assuming bilateral treatment) or 40 patients (unilateral). In medical education pedagogy, competency curves suggest that a learner is still a novice after 20 repetitions. This volume is insufficient to expose the trainee to the necessary variance in human anatomy (e.g., deformed ears, scar tissue, keloids) or the variance in patient behavior (agitation, anxiety). By contrast, a Licensed Acupuncturist (L.Ac.) in Oregon typically completes over 2,500 hours of training, with hundreds of hours of direct clinical supervision. The 5NP standard represents approximately 1.2% of the training of an L.Ac., yet the 5NP technician is granted full autonomy within the protocol. The rules implicitly rely on external organizations like the National Acupuncture Detoxification Association (NADA) and the People's Organization of Community Acupuncture (POCA) to set the curriculum.<sup>1</sup> While these organizations have established histories, outsourcing state regulatory standards to private advocacy groups without adding state-specific safety overlays (like supervision) is a dereliction of the Board's independent duty to assure competency.

### The "Train-the-Trainer" Degradation Loop

OAR 847-071-0025(1)(B) establishes a pathway for a 5NP technician to become a "5NP Trainer" if they have held registration for two years and co-taught two programs.<sup>1</sup> This provision creates a perilous "closed-loop" degradation of knowledge. A technician, who received only 30

hours of initial training and has practiced unsupervised for two years—potentially reinforcing bad habits or incorrect techniques—can then become the primary educator for a new generation of technicians.

This "Train-the-Trainer" model lacks the external injection of higher-level medical knowledge. In most medical professions, educators are required to hold a degree *higher* or significantly more advanced than the students they teach. Here, the blind lead the blind. Without a requirement that trainers be Licensed Acupuncturists or Physicians, the nuance of aseptic technique, point location, and safety management will inevitably atrophy with each generation of technicians.

## Missing Critical Curricula

The required training elements listed in Section (2) of the rule include "Sanitation" and "Trauma informed care" <sup>1</sup>, but glaringly omit standard medical safety certifications:

1. **CPR / Basic Life Support (BLS):** Essential for managing syncope or cardiac events in high-risk populations. A technician without BLS cannot legally or competently respond to a cardiac arrest in their group circle.
2. **OSHA Bloodborne Pathogens (BBP):** The federal standard for anyone exposed to needles. The omission of this specific certification suggests a lack of seriousness regarding the occupational hazards of acupuncture.
3. **Mental Health First Aid:** Critical for recognizing when a patient is escalating beyond the scope of 5NP.
4. **Red Flag Recognition:** Specific training on when *not* to treat (e.g., signs of cellulitis, intoxication, psychosis, impetigo).

## Comparison of Minimum Safe Standards

Domain	5NP Technician (Proposed)	Licensed Acupuncturist (L.Ac.)	Medical Doctor (MD/DO)	Minimum Safe Standard
<b>Didactic Hours</b>	30 Hours	2,500+ Hours (Masters/Doctorate)	4,000+ Hours (Medical School)	<b>100 Hours</b> (to include A&P/Safety)
<b>Clinical Supervision</b>	40 Ears (approx. 20 patients)	800+ Hours	10,000+ Hours (Residency)	<b>100 Patient Encounters</b>
<b>Supervision Level</b>	<b>None</b> (Independent Practice)	Independent Practice	Independent Practice	<b>Direct or General Supervision</b>
<b>Infection Control</b>	"Sanitation techniques"	Clean Needle Technique (CNT) Cert.	Sterile Technique / Infection Control	<b>CNT Certification + OSHA BBP</b>
<b>Emergency Skills</b>	Not Required	CNT / CPR often required	ACLS / BLS	<b>BLS / CPR Certification</b>
<b>Scope</b>	5 Points Only	Full Body / Diagnosis	Full Scope Medicine	<b>5 Points Only</b>

<b>Referral Ability</b>	No training on <i>when</i> to refer	Trained in Differential Diagnosis	Full Diagnostic Capability	<b>Mandatory Referral Protocols</b>
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## V. Informed Consent Analysis

The OMB has placed significant weight on Informed Consent as a primary safety mechanism, likely to counterbalance the lack of supervision. However, the analysis of the draft Consent Form <sup>1</sup> and the regulatory requirements reveals that the consent process is designed more for bureaucratic compliance than true patient education or protection.

### The "Daily Signature" Bureaucracy

OAR 847-071-0040(3) and the FAQs <sup>1</sup> mandate that consent be obtained "prior to providing treatment" and confirmed "prior to each treatment," implying a fresh signature or distinct validation every single visit.

- **Clinical Reality:** In a high-volume community detox setting, requiring a full informed consent signature daily leads to "click-through" behavior. Patients, often in withdrawal or distress, will sign without reading to access care.
- **Form Fatigue:** The repetition devalues the content of the warning. If a patient signs the same paper for 30 days straight, they stop processing the risks.
- **Recommendation:** A "Master Consent" signed at induction, coupled with a brief verbal check-in ("Has anything changed medically since yesterday?") documented in a treatment log, is standard clinical practice and far more effective at capturing day-to-day changes in health status.

### Content Deficiencies and Liability

The draft consent form <sup>1</sup> lists generic risks ("local bruising, slight bleeding, fainting") but misses population-specific warnings that are critical for informed decision-making:

1. **Diabetes:** While it mentions caution for ear seeds, it does not explicitly warn that *needles* also pose infection risks for uncontrolled diabetics.
2. **Pregnancy:** The form is silent on pregnancy. While 5NP is generally considered safe, certain points (Sympathetic) have strong autonomic effects. Pregnant patients should be screened or at least warned to consult their OB/GYN, especially in high-risk pregnancies.
3. **Drowsiness/Driving:** The form states "deep relaxation, or even fall asleep" is normal. It does not warn patients about driving or operating machinery immediately after treatment. If a patient drives home in a "deeply relaxed" or dissociated state and causes an accident, the lack of warning creates a liability for the technician.

### Legal Sufficiency of "Self-Identification"

The rule requires the individual to "self-identify the reason(s) for the 5NP treatment".<sup>1</sup> This is a legal maneuver to avoid the technician making a diagnosis.

- **Liability:** If a patient writes "Headache" or "Back Pain" (which are not qualifying conditions of SUD, Mental Health, or Trauma), and the technician treats them, the

technician has violated the scope of practice. The reliance on patient self-reporting places the burden of scope compliance on the patient, not the provider.

- **Privacy & HIPAA:** The form asks patients to identify as having "substance use disorders, mental health conditions, and trauma".<sup>1</sup> In a community setting, collecting this paper trail creates significant privacy vulnerabilities. The FAQs <sup>1</sup> state that HIPAA "may not apply if treatment is provided in certain community or volunteer settings." This is a dangerous ambiguity. If a volunteer technician collects forms identifying 50 people as having SUDs and leaves those forms in a car that gets stolen, there is a massive breach of privacy with unclear federal recourse (HIPAA vs. 42 CFR Part 2). The lack of clear data security mandates in the rules is a major oversight.

## The "Healing Reaction" Clause

The consent form includes "nausea or vomiting" as a "Possible Side Effect/Healing Reaction".<sup>1</sup> Grouping vomiting as a "healing reaction" is medically dubious and potentially dangerous. Vomiting can be a sign of a severe vagal reaction, anaphylaxis, or overdose. Framing it as "healing" encourages technicians and patients to ignore a symptom that should prompt immediate medical assessment.

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## VI. Administrative Rulemaking Errors & Oversights

The OMB's Division 071 Draft Rules contain several administrative errors, contradictions, and under-implementations that weaken the regulatory framework and create confusion.

### Missing Definitions

The rules rely heavily on terms that are not defined in OAR 847-071-0005, leaving them open to broad interpretation:

- **"Trauma":** As previously noted, this is undefined.
- **"Mental Health Conditions":** Undefined.
- **"Community Standards of Care" (referenced in 0040(5)(c)):** The FAQs define this as "care... used by ordinarily careful 5NP technicians".<sup>1</sup> This is circular logic. Since there are currently *no* 5NP technicians in Oregon, there is no community standard. The standard is being created *ex nihilo* by the first batch of trainees. This makes it impossible to adjudicate malpractice cases until a standard evolves, which may take years of trial and error.

### Contradictory Authority on Supervision

The Notice of Proposed Rulemaking <sup>1</sup> contains a significant logical and legal contradiction. It states: "Agencies cannot exceed the authority granted by the legislature" to justify the lack of supervision. However, ORS 677.265 (cited as authority) grants the Board broad powers to

"Make and enforce rules... necessary to regulate the practice of medicine." Since 5NP involves piercing the skin (a medical act), the Board arguably *does* have the authority to require supervision under its general mandate to protect the public, regardless of HB 2143's specific silence. The Board's narrow interpretation is a policy choice—a decision to prioritize the "low-barrier" political mandate over the "public safety" medical mandate—not a strict legal constraint. By hiding behind "statutory silence," the Board is abdicating its primary function.

## Under-Implementation of Reporting

OAR 847-071-0040(5)(d) requires technicians to "Establish clear procedures for handling complications".<sup>1</sup> It does not, however, require *reporting* those complications to the Board unless they rise to the level of "gross negligence." This means the Board will have no data on the frequency of adverse events (fainting, infections, accidental needle sticks) to evaluate the safety of the program. Without a mandatory reporting requirement for adverse events, the "sunset review" or future legislative adjustments will be based on anecdotal evidence rather than data.

## Fee Structure and Economic Reality

The proposed fee structure—\$100 for initial registration and \$50 for annual renewal—is extremely low.<sup>1</sup> While this aligns with the low-barrier goal, it raises questions about the Board's capacity to fund effective oversight. The cost of processing fingerprints, background checks, and maintaining the registry will likely exceed these fees. As noted in the Fiscal Impact statement<sup>1</sup>, "initial program costs will exceed the proposed registration fee revenue," and the agency will cover costs with "existing funds paid by OMB licensees." This means Physicians and Acupuncturists are effectively subsidizing the regulation of a new, competing provider class, which may create political friction within the licensee base.

## The "10-Year" Recency Clause

OAR 847-071-0020(1)(b) states that if training was completed more than ten years ago, the applicant must demonstrate "current competency".<sup>1</sup> However, it does not define what constitutes a demonstration of competency (e.g., a re-test, a refresher course). This ambiguity leaves the Board staff with discretionary power that could be applied inconsistently.

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# VII. Impact on Acupuncturists, Physicians & Behavioral-Health Systems

The economic and professional ecology of Oregon's healthcare system will be significantly disrupted by the introduction of 5NP technicians, with ripple effects felt by existing licensees and the behavioral health system at large.

## Economic Impact and Practice-Creep

- **Devaluation of Services:** Licensed Acupuncturists (L.Acs) often work in SUD settings (detox clinics, community health). The introduction of a low-wage (or volunteer) workforce creates a "race to the bottom." Clinics facing budget cuts will be incentivized to replace

L.Acs with 5NP technicians. While this lowers costs, it reduces the quality of care, as Ld.Acs provide comprehensive treatment beyond the 5 ear points (e.g., body points for liver detox, pain, insomnia, digestion). The nuance of a tailored treatment is replaced by a standardized, "one-size-fits-all" protocol.

- **Displacement:** There is a tangible risk that 5NP technicians will displace L.Acs in community health clinics, limiting the employment market for licensed professionals and discouraging new students from entering the full acupuncture profession.

## Professional Boundary Erosion

The restriction against using the title "Acupuncturist" is difficult to enforce in practice. Patients almost universally refer to the procedure as "acupuncture." Technicians will likely be colloquially called "acupuncturists" by staff and patients. This linguistic drift dilutes the professional identity of the L.Ac. credential and confuses the public regarding the level of training of the person holding the needle. The public may assume the technician has extensive medical training, leading to misplaced trust in their diagnostic opinions.

## Liability for Employing Clinics

Behavioral health clinics employing 5NP technicians face a unique liability paradox.

- **The Licensed vs. Unlicensed Dilemma:** If a clinic employs an L.Ac., the L.Ac. carries their own malpractice insurance and operates under a clear license. If they employ a 5NP technician, the clinic is employing an unsupervised layperson. Under the legal doctrine of *respondeat superior*, the clinic is fully liable for the technician's errors.
- **Insurance Complications:** Insurance underwriters for these clinics may view the lack of supervision as a high-risk factor. Clinics may find that their general liability policies exclude "invasive procedures performed by unsupervised non-licensed personnel," or premiums may skyrocket to cover the risk. This economic reality may inadvertently limit the deployment of 5NP technicians, countering the legislative intent.

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## VIII. Ethical & Equity Evaluation

The driving force behind HB 2143 is equity—expanding access to culturally responsive care for marginalized populations.<sup>1</sup> The narrative of the 5NP protocol is deeply rooted in the social justice movements of the Black Panthers and Young Lords at Lincoln Hospital in the 1970s, as acknowledged in the Purpose Statement.<sup>1</sup> However, equity achieved by drastically lowering safety standards is a false economy and an ethical minefield.

### The "Two-Tiered" System of Care

The current framework codifies a two-tiered system of acupuncture in Oregon:

1. **Tier 1:** Wealthy and Insured Oregonians receive acupuncture from L.Acs and MDs with 3,000+ hours of training, in sterile clinics, with full diagnostic capabilities and individualized treatment plans.

2. **Tier 2:** Marginalized, Low-Income, and SUD populations receive 5NP from technicians with 30 hours of training, in unregulated community settings, with no medical oversight and a standardized, non-individualized protocol.

This is not health equity; it is the state-sanctioned provision of sub-standard care for the poor. True equity would involve expanding Medicaid (OHP) reimbursement for Licensed Acupuncturists to work in SUD settings, ensuring that the most vulnerable patients—those with the most complex medical and social needs—receive the highest standard of care, not the lowest.

## **Cultural Competency as a Band-Aid**

The requirement for "one hour per year of cultural competency" is a token administrative gesture that does not mitigate the physical risks of unsupervised needle insertion. Furthermore, the inclusion of the "Black Panthers and Young Lords" historical narrative in the administrative rules is unusual for a regulatory document. While the historical context is vital for the community's ownership of the practice, its inclusion in the rule's Purpose Statement risks romanticizing a medical procedure. It conflates revolutionary activism with regulatory safety. The state must ensure that respect for the *origins* of the practice does not lead to a suspension of the *standards* required for invasive procedures in the modern era.

## **Ethical Risks of "Volunteer" Models**

The model relies heavily on the idea of community volunteers. While noble, this introduces ethical risks regarding the exploitation of labor (often from within the recovery community itself) and the lack of accountability. A volunteer who burns out or harms a patient can simply walk away; a professional whose license is their livelihood is tethered to ethical codes and accountability structures.

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# **IX. Proposed Revisions & Legislative Fixes**

To salvage the intent of HB 2143—expanding access—while mitigating its catastrophic risks, the following revisions are necessary. These recommendations bridge the gap between "low barrier" and "high safety."

## **1. Legislative Fix: Mandatory Supervision Clause**

### **Add to HB 2143 / ORS:**

"A 5NP technician must practice under the general supervision of a licensed acupuncturist, physician, physician assistant, or nurse practitioner. The supervising licensee need not be present at the time of treatment but must be available for consultation (telephonically or in-person) and must conduct a site visit at least quarterly to review hygiene, safety logs, and technician competency."

## **2. Redlined Edits to OAR 847-071 (Training)**

- **Current:** "30 hours didactic, 40 ears needed."
- **Proposed:** "60 hours didactic (including 4 hours CPR/BLS, 2 hours OSHA Bloodborne Pathogens, 4 hours Mental Health First Aid), and 100 ears needed under direct supervision of an L.Ac. or MD."
- **Trainer Requirement:** Remove the ability for 5NP technicians to train other technicians. Trainers must be L.Acs, MDs, or NADA-certified trainers who also hold a higher-level healthcare license. This stops the "closed loop" degradation.

### 3. Standardized "Master" Consent & Screening Checklist

Replace the "Daily Signature" bureaucracy with a robust induction protocol:

- **Mandatory Screening Checklist:** The rule must require a documented negative screen for: Bleeding disorders, anticoagulant use, immunocompromise, history of fainting, and pregnancy (unless cleared by OB).
- **Adverse Event Reporting:** Mandate that *all* adverse events (including syncope requiring assistance, needle sticks, and infections) be logged and reported to the Board annually for data review.

### 4. Emergency Preparedness Clause

**Add to OAR 847-071-0040:**

"Any location where 5NP is administered must have a written emergency response plan, a functional telephone for calling 911, access to an AED (if available in the building), and a biohazard exposure control plan compliant with ORS/OSHA standards. The technician must carry a mobile sharps container and a basic first aid kit."

### 5. Title Protection and Public Clarity

Strengthen the language in OAR 847-071-0040(2) to explicitly forbid the use of terms like "acudetox specialist" or "ear acupuncturist." Mandate that technicians wear a badge clearly stating "Registered 5NP Technician - Not a Licensed Doctor or Acupuncturist."

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## X. Final Summary — Page Policy Brief

TO: Oregon Legislature & Oregon Medical Board  
FROM: Multidisciplinary Regulatory Review Committee  
RE: Urgent Critical Vulnerabilities in 5NP Implementation (HB 2143)

**The Current Situation:** HB 2143 and the draft OMB rules authorize minimally trained laypersons (30 hours education) to perform invasive acupuncture procedures on high-risk populations without medical supervision. While intended to expand access to care, the current framework creates a dangerous "Tier 2" safety standard for vulnerable Oregonians and exposes the state and providers to significant liability.

### Top 20 Risks Identified

1. **No Supervision:** Technicians operate entirely autonomously, a deviation from all other medical extender models.
2. **Inadequate Training:** 30 hours is insufficient for invasive procedures; equates to <2% of L.Ac training.
3. **No Diagnostic Scope:** Techs cannot identify medical contraindications (liver disease, diabetes).
4. **Syncope Clusters:** Group fainting risks in unsupervised settings can lead to chaos and injury.
5. **Infection Control:** No facility hygiene standards defined for "community settings."
6. **Needlestick Injuries:** No OSHA Bloodborne Pathogen training required; high risk in SUD settings.
7. **Missed Pathology:** Liver disease/coagulopathy in SUD patients ignored due to "no intake" policy.
8. **Diabetic Complications:** Necrosis risk from ear seeds in unscreened diabetics.
9. **Psychiatric Crisis:** No training to manage acute decompensation or psychosis.
10. **Liability Void:** No supervisor to hold accountable for malpractice; patients left without recourse.
11. **Knowledge Degradation:** Techs training techs creates a "closed loop" of error transmission.
12. **Definition Ambiguity:** "Mental Health" and "Trauma" are undefined, allowing scope creep.
13. **Criminal History:** No automatic disqualification for violent offenses; subjective Board review.
14. **Form Fatigue:** Daily consent signatures reduce patient comprehension and compliance.
15. **Scope Creep:** "Temporary relief" allows indefinite, unmonitored treatment of serious conditions.
16. **Privacy Risks:** Collection of SUD status on paper forms without clear HIPAA/Part 2 mandates.
17. **Economic Displacement:** State-subsidized undercutting of Licensed Acupuncturists.
18. **Two-Tiered Care:** Codifying lower safety standards for the poor/SUD population.
19. **Lack of Reporting:** No mechanism to track adverse events or safety data.
20. **Regulatory Estoppel:** OMB claims it *cannot* regulate safety via supervision due to statutory silence.

## Top 20 Recommended Fixes

1. **Mandate General Supervision:** Require a licensed sponsor (L.Ac/MD) for every technician.
2. **Increase Training:** Raise minimum to 60 hours + 100 ears clinical experience.
3. **Mandate CPR & BBP:** Require BLS and OSHA Bloodborne Pathogens certification.
4. **Eliminate "Tech-Trainers":** Only L.Acs/MDs should teach the certification course.
5. **Define "Mental Health":** Limit scope to non-acute conditions; require referral for complex cases.
6. **Screening Protocol:** Mandate a medical intake checklist for bleeding/diabetes/pregnancy.
7. **Emergency Plans:** Require site-specific safety protocols (phone, AED access).
8. **Define Negligence:** Establish a clear standard of care for disciplinary purposes.
9. **Disqualifying Crimes:** List specific offenses (violence, sex abuse) barring registration.
10. **Master Consent:** Replace daily forms with induction consent + verbal check-in log.
11. **Referral Mandate:** Require referral to a PCP/L.Ac after a set number of treatments (e.g., 20).
12. **Adverse Event Log:** Mandate annual reporting of all syncope, infection, and accidents.
13. **Insurance Requirement:** Mandate professional liability coverage for technicians/employers.
14. **Title Protection:** Stricter enforcement against "acupuncture" usage; mandatory ID badges.
15. **Facility Standards:** Apply basic clinical hygiene rules to all community sites.
16. **Continuing Ed:** Increase CE requirements; focus on safety/red flags.
17. **Age Restriction:** Ensure treatments are appropriate for minors; parental consent mandates.
18. **Diabetes Warning:** Explicitly add needle/seed infection risks to the consent form.
19. **Pregnancy Screen:** Mandate screening for pregnancy due to point sensitivity.
20. **Sunset Review:** Mandate a safety data review after 2 years of implementation.

**Conclusion:** Rules alone cannot fix the "Supervision Gap" if the Board believes its hands are tied. HB 2143 requires legislative amendment to explicitly mandate supervision. Without this, Oregon is effectively experimenting on its most vulnerable citizens with an unsupervised, under-trained workforce, prioritizing access over the fundamental medical dictum:

***Primum non nocere (First, do no harm)***

### Works cited

1. 5NP FAQs.pdf
2. Five-Needle Protocol (5NP) Treatment & Informed Consent DRAFT
3. 5NP\_Draft Rules

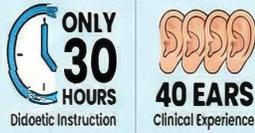
Sincerely,

*Christopher Beardall Dc, L.Ac.*

Christopher Alan Beardall, DC, L.Ac.

Visual Diagrams Below:

**THE CORE PROBLEM:  
UNSUPERVISED & UNDER-TRAINED**



**A New Practitioner Class with No Supervision**

HB 2143 authorizes "SNP Technicians" to perform invasive acupuncture on high-risk populations with no statutory requirement for clinical supervision.

**The "Supervision Void"**

OMB states "statutory silence" on supervision, creating clinically autonomous yet educationally dependent practitioners.

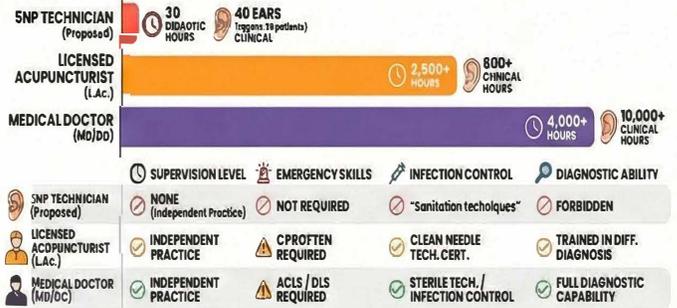
**A Two-Tiered System of Care**



**A STARK COMPARISON: THE TRAINING CHASM**

The training for a 5NP Technician is a tiny fraction of that required for other professionals.

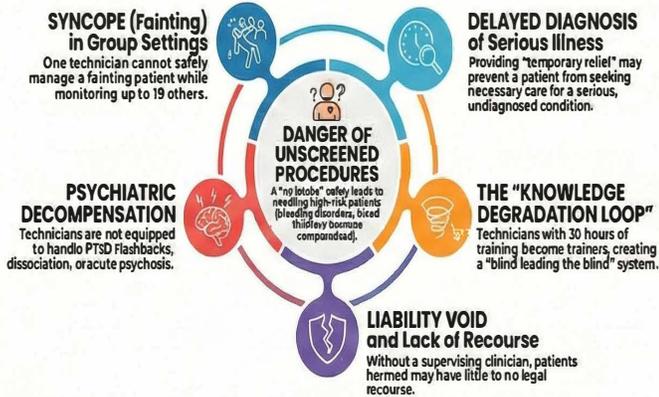
**TRAINING HOURS COMPARISON**



	SUPERVISION LEVEL	EMERGENCY SKILLS	INFECTION CONTROL	DIAGNOSTIC ABILITY
SNP TECHNICIAN (Proposed)	NONE (Independent Practice)	NOT REQUIRED	"Sanitation techniques"	FORBIDDEN
LICENSED ACUPUNCTURIST (L.Ac.)	INDEPENDENT PRACTICE	CPR/FTEN REQUIRED	CLEAN NEEDLE TECH. CERT.	TRAINED IN DIFF. DIAGNOSIS
MEDICAL DOCTOR (MD/DC)	INDEPENDENT PRACTICE	ACLS / DLS REQUIRED	STERILE TECH. / INFECTION CONTROL	FULL DIAGNOSTIC CAPABILITY

This disparity in education and oversight is central to the public safety risk.

**A MATRIX OF UNMITIGATED RISKS**



**URGENT RECOMMENDATIONS FOR A SAFER LAW**

- ✓ **MANDATE GENERAL SUPERVISION**  
Amend HB 2143 to require supervision by a licensed acupuncturist, physician, PA, or nurse practitioner.
- ✓ **DRASTICALLY INCREASE TRAINING STANDARDS**  
Increase minimum training to at least 60 hours, with mandatory certifications in CPR/BLE, OSHA Bloodborne Pathogens, and Mental Health First Aid.
- ✓ **REQUIRE A MEDICAL SCREENING CHECKLIST**  
Mandate documented screening for high-risk contraindications before every initial treatment.
- ✓ **ELIMINATE THE "TECHNICIAN-AS-TRAINER" PATHWAY**  
Require all trainers to hold a higher-level healthcare license (L.Ac., MD) to prevent knowledge degradation.
- ✓ **ESTABLISH MANDATORY ADVERSE EVENT REPORTING**  
Require all complications to be logged and reported to the OMB for data-driven safety oversight.
- ✓ **STRENGTHEN TITLE PROTECTION**  
Mandate badges clearly stating "Registered SNP Technician - Not a Licensed Doctor or Acupuncturist" to avoid public confusion.



## When 'Relaxation' Becomes a Group Crisis

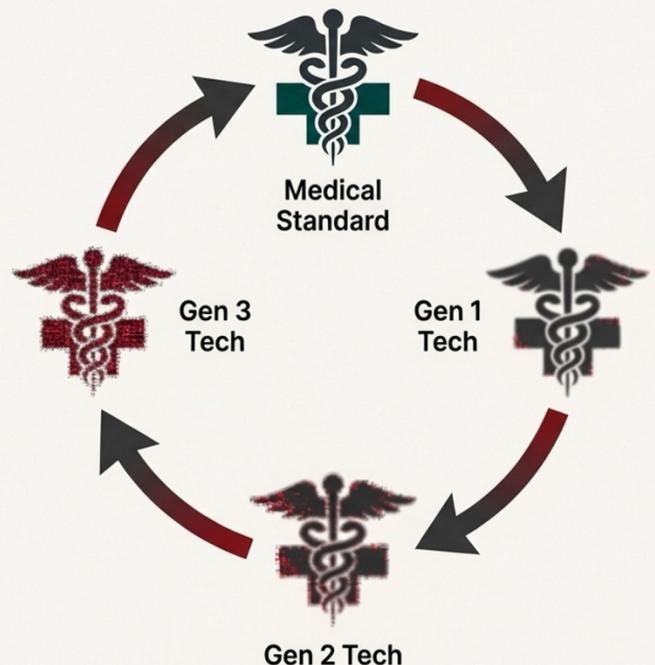
Key Risks in Group Settings:

- **Syncope Domino Effect:** A patient faints from a vasovagal response. A single, unsupervised technician cannot manage the falling patient (maintaining airway, preventing injury) while simultaneously monitoring up to 19 other needed individuals who may panic.
- **Psychiatric Decompensation:** A somatic intervention triggers a flashback or acute psychosis in a patient with severe PTSD. The technician has no mental health crisis training to de-escalate the situation safely for the individual or the group.

## The Degradation Loop: When the Untrained Train the Untrained

The Flawed Mechanism (per OAR 847-071-0025):

- A technician with only **30 hours** of initial training can become a '5NP Trainer' after just **two years** of unsupervised practice.
- This creates a closed loop where bad habits, incorrect techniques, and safety blind spots are reinforced and passed down to the next generation of technicians.
- There is no requirement for external injection of higher-level medical knowledge from a licensed professional.



## The Illusion of Equity Creates a Two-Tiered System of Care

### Tier 1 (The Insured & Affluent):

Receive comprehensive diagnosis and individualized acupuncture from a 3,000-hour professional in a sterile, clinical setting.



### Tier 2 (The Vulnerable & Low-Income):

Receive a standardized, one-size-fits-all protocol from a 30-hour technician in potentially unregulated community settings with no medical oversight.

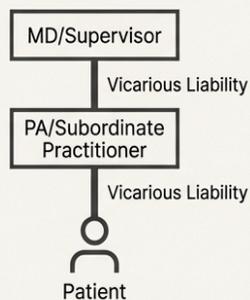
This is not health equity. It is the **codification of a lower standard of care** for the state's **most medically complex and traumatized populations**.

## The Liability Shell Game: Who Pays When a Patient is Harmed?

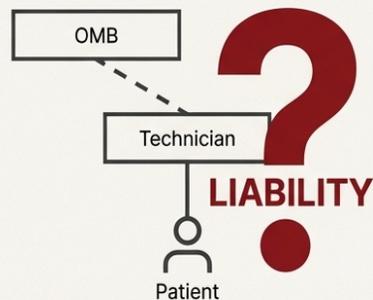
### Two Critical Legal Flaws:

- **Liability Shifting:** Without a supervising clinician, vicarious liability is eliminated. The burden shifts **entirely** to the (likely uninsured) technician and the employing facility. The injured patient is left with little recourse.
- **Regulatory Estoppel:** By stating it lacks authority to require supervision, the OMB has legally estopped itself from disciplining a technician for practicing beyond competency, as long as they stick to the 5 points. The state has tied its own hands.

#### Standard Medical Model



#### HB 2143 Model



## A Prescription for Safety: Three Pillars to Protect Oregonians



### 1. MANDATORY SUPERVISION

Amend HB 2143 to require general supervision by a licensed L.Ac., MD, PA, or NP. The supervisor must be available for consultation and conduct quarterly site visits.



### 2. ROBUST TRAINING & COMPETENCY

Increase didactic training to 60+ hours, mandate certifications in CPR/BLS and OSHA Bloodborne Pathogens, and require 100 ears needed under *'direct'* supervision.



### 3. REAL OVERSIGHT & CONSENT

Mandate a medical screening checklist (for bleeding disorders, diabetes, pregnancy), require emergency plans for all sites, and institute mandatory reporting of all adverse events to the OMB.

The fundamental principle of medicine must  
be the foundation of public policy.

**\*Primum non nocere\***

First, do no harm.

## Concerns & Recommendations for the Practice of 5NP

I urge the Oregon Medical Board to **NOT PASS** the Final Rules Proposal.

Take additional time to revise and strengthen the Final Rules Proposal.

**The Final Rules Proposal raises multiple public safety and professional oversight issues:**

### 1. **\*\*\*INSTITUTE SUPERVISION\*\*\***

*Note: the OMB states that they see that the law (HB 2143) does not specify supervision of 5NP practitioners.*

*And, thus the OMB has no authority to institute supervision.*

*However, the law clearly states: (2) "...The board may adopt rules to establish:" (2) (f) "Any other requirements or standards the board determines necessary."*

*This is called "enabling legislation", common in lawmaking. The law authorizes the agency which is implementing the law the liberty to write rules to perform its job. This is intentional, since legislators cannot know the specifics of a situation and can not know ahead of time what will be needed.*

2. The current rules draft permits individuals as young as 18 to perform needling procedures independently after only 31 hours of training, with **NO requirement for medical supervision, prior medical experience, or referral.**
3. There are **NO restrictions on treatment locations**, potentially allowing procedures to take place in settings such as shopping malls, patients in their cars, or the beach.
4. Basic **infection control practices are notably absent.** Alarming, patients can remove their own needles, creating significant risk of bloodborne pathogen exposure, in direct conflict with **CDC and OSHA standards.**
5. The rules draft does **NOT require medical documentation** (ie chart notes) of the treatment given, beyond a simple consent form.
6. There is **no description of oversight by the Oregon Medical Board** over the institutions providing training.

**These provisions fall far below acceptable standards of medical care and public safety.**

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**Recommendations of the following revisions to the Final Rules Proposal:**

**See the documents from Dr. Christopher Beardall. I concur with that content plus:**

A- Add a source of the ear point locations.

#### 1. Age Requirements

- 5NP Technicians should be **at least 21 years old**, or work under **direct supervision** from a qualified practitioner if between the ages of **18–20**.

#### 2. Clinical Setting

- 5NP treatment should only be performed in **established medical clinics**, under the supervision of a **Licensed Acupuncturist or similarly qualified medical professional** with experience in 5NP and infection control.
- Allowances can be made for **mobile medical units** providing services in community outreach settings.

#### 3. Training Requirements

- Require a **minimum of 90 hours** of training, including in-person **classroom and supervised clinical practice.**
- Training must include the details of the **Clean Needle Technique**, national acupuncture hygiene standards.

#### 4. Standard Medical Practices

- Protocols for **infection control, patient rights, and medical documentation** used in general medical practice.

#### 5. Patient Safety for Retained Objects

- Safety procedures for **retained objects** (needles, seeds, or beads taped to the ear), to prevent infections that could lead to serious complications such as **cauliflower ear** or ear deformity.

#### 6. Oversight of Training Institutions

- The **Oregon Medical Board must oversee and approve all training institutions and curricula** to ensure consistent, high-quality education and public safety.

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These recommendations are essential to uphold the integrity of acupuncture as a medical practice and to ensure public trust and safety.

Write rules for a comprehensive and medically sound approach.



November 24, 2025

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

Re: Public Hearing and Public Comment Period for HB2143

Dear members of the Oregon Medical Board,

My name is Winona (Noni) Vaitekunas and I am a licensed acupuncturist practicing in the state of Oregon and currently serving as the Secretary of the Oregon Association of Acupuncturists.

I would like to wholeheartedly and enthusiastically support the 5NP Draft Rules, Draft 5NP Treatment & Informed Consent Form, and Draft 5NP FAQs as they are currently written. I deeply appreciate the due diligence of the Oregon Medical Board throughout the 5NP Rule Development Process and am confident that the rules, as they are currently written, are in the best interest of Oregonians' safety and accessibility of this protocol.

I have compiled immense research over the past three years regarding the nationwide regulations around 5NP. I have attached a copy of my research notes to this public comment letter. In my years of experience, I have heard from every single person I reached out to from POCA Cooperative, National Acupuncture Detoxification Association, and from practitioners across the country that the more accessible this protocol is the better the implementation has gone in those states. Multiple legislative updates to expand the scope and accessibility of 5NP supports this trajectory.

Thank you for the current draft of rules and I look forward to the future implementation of 5NP in Oregon.

Sincerely,



Winona (Noni) Vaitekunas

To the best of my knowledge, these are all of the states with 5NP laws. States without 5NP laws are not listed on this sheet. States without 5NP laws where people are currently organizing to expand access to this protocol include California, Idaho, Pennsylvania, and Washington.

States with 5NP laws where people are currently organizing for additional access are: Maryland, Michigan, New York.

**Color coding:**

States where a route to specific 5 Needle Protocol practitioners has been approved are **GREEN** and are as follows: AR, AZ, CO, DE, GA, IN, MA, MD, ME, MI, MO, NM, NY, OK, RI, SC, SD, TN, TX, UT, VT, WV, WY, NH, VA, OR

States with more restrictive terminology or physician delegation remain black and white: CT, LA, NC, OH, WI, WA

state		requirement	who	terminology	supervision	restrictions
AZ	statutory	Auricular Acupuncture Certification from the State of AZ. Training program in auricular acupuncture for the treatment of alcoholism, substance abuse, trauma, or chemical dependency.	anybody	Acupuncture Detoxification Specialist	general, AZ LAc	BEFORE TREATING A PATIENT, AN AURICULAR ACUPUNCTURIST SHALL OBTAIN FROM THE PATIENT A SIGNED INFORMED CONSENT THAT HAS BEEN APPROVED BY THE BOARD. See full details here: <a href="https://www.azleg.gov/legtext/55leg/1R/laws/0312.pdf">https://www.azleg.gov/legtext/55leg/1R/laws/0312.pdf</a>
AR	statutory	Education not specified.	anybody	ADS, registered	general, DOM	Substance abuse treatment only. Detox specialists shall register with the Board. They shall be permitted to use only the five (5) point ear protocol of NADA for substance abuse and shall not treat or offer treatment in any other capacity.

CO	statutory	Any appropriate training.	<p>"In 2020, the general assembly repealed the requirement in the mental health practice act that a professional must be licensed, registered, or certified as a mental health professional in order to practice auricular acudetox. The act makes a conforming amendment to clarify that it is not an unlawful act for a professional who is trained to perform auricular acudetox to perform the practice without a license, registration, or certification as a mental health professional."</p> <p><a href="https://leg.colorado.gov/bills/hb21-1146">https://leg.colorado.gov/bills/hb21-1146</a></p>	Auricular Acudetox	None	For stress, trauma, alcoholism, substance abuse, or chemical dependency program, etc.
CT	statutory	Must maintain certification with NADA.	anybody	Auricular Acupuncture	General supervision by a MD that is within 20 minutes of site, with a review and on-site	State, federal, or board approved alcohol, substance abuse, nicotine dependency, or chemical dependency program or other healthcare setting approved by the Board and Council.

					visit every 3 months.	
DE	statutory	NADA or equivalent that meets or exceeds the standards of training set by NADA including instruction in clean needle technique.	Healthcare related profession	ADS, licensed	None	State, federal, or board approved alcohol, substance abuse, nicotine dependency, or chemical dependency program or other healthcare setting approved by the Board and Council.
GA	statutory	Successfully completed a nationally recognized training program in auricular (ear) detoxification therapy for the treatment of chemical dependence as approved by the Board, board approved CNT.	21+	Auricular Detoxification Technician ADT, licensed	Direct supervision of LAc or MD with acu training.	Must be provided in a city, county, state, federal, or private chemical dependency program approved by the Medical Board.
IN	statutory	Successful completion of a board approved training program in acupuncture for the treatment of alcoholism, substance abuse, or chemical dependency that meets or exceeds the standards of training set by the NADA, CNT.	anybody	Auricular acupuncture, no designation	General by LAc or MD	Within the context of a state, federal, or board approved alcohol, substance abuse, or chemical dependency program.
LA	statutory	NADA training by a registered NADA trainer, NADA certification.	anybody	ADS, certification	General supervision by acupuncturist assistant or MD	none

MA	<a href="#">statutory</a>	A certificate of completion from NADA or from a state-recognized organization or agency that meets or exceeds the NADA training standards	Licensed physicians, Licensed psychologists, Licensed PCNS, LICSW, LCSW, LMHC, CARN, LADCI or LADCII, CADCII or CADC, RNs + NPs	ADS, licensed 'qualified professional'	General supervision of a licensed acupuncturist	Auricular acupuncture must be performed in: (i) a private, freestanding facility licensed by the department that provides care or treatment for individuals with substance use disorders or other addictive disorders; (ii) a facility under the direction and supervision of the department of mental health; (iii) a setting approved or licensed by the department of mental health; or (iv) any other setting where auricular acupuncture detoxification is an appropriate adjunct therapy to a substance use disorder or behavioral health treatment program; provided, however, that individual or 1-on-1 appointments with a health care provider shall occur within a setting permissible under this subsection.
MD	statutory	Minimum 70-hour basic training of which 40 hours are clinical training which includes the following training and subject matter - long list of specifics including "At least 20 treatments during a 4-hour period with good point location and techniques."	Certified Professional Counselors, Certified Associate Counselors, supervised counselors (all specific to alcohol and drug), Licensed Clinical Alcohol and Drug Counselors, Psychologists, Licensed Clinical Social Workers, and Nurses	ADS, registered	General/occasional direct by LAc or MD with acu-detox training	Professional setting approved by the Board of Acupuncture that meets reasonable community standards, or a clinical substance abuse program or professional setting for patients with documented substance abuse concerns.
ME	<a href="#">statutory</a>	Training from NADA or	Cert/Licensed Drug	ADS, Licensed	General by	NADA protocol, substance use and

		other board approved auricular acupuncture training, including POCA training Licensed by <a href="#">the Board</a> of Complementary Health Care Providers.	and Alcohol Counselors, Physicians, PA's, Nurses, NP's, Professional Counselors, Psychologists, Licensed Social Workers	ADS	LAc with license in good standing	co-occurring disorders.
MI	statutory	Certified as ADSes by NADA "or an organization that the Board determines to be a successor organization."	anybody	ADS	LAc or MDs with acupuncture training	Must be used for substance use disorder treatment.
MO	restricted	(NADA) or other national entity approved by the advisory committee.	anybody	Auricular Detox Technician ADT	LAc with 4 hours face to face time each month	Must be provided in a hospital, clinic, or treatment facility which provides comprehensive substance abuse services and maintains necessary licenses and certification.
NC	physician delegation					
NH	statutory	NADA training or a training that meets or exceeds the NADA training, as determined by the board. POCA Training approved by the board.	Licensed health care professionals, recovery coaches, peer counselors, or other board approved NT professionals (anybody).	ADS certification	General by LAc	Must be provided for the purposes of behavioral health applications, including addictions, mental health, and disaster and emotional trauma.
NM	statutory	Must complete an Acupuncture Board-approved training.	anybody	ADS, certification	General by DOM	Must be provided for the purpose of harm reduction or treating and preventing alcoholism, substance

						abuse, or chemical dependency. This can be done only within an Acupuncture Board-approved treatment program that demonstrates experience in disease prevention, harm reduction, or the treatment or prevention of alcoholism, substance abuse, or chemical dependency.
NY	statutory	Valid certification.	anybody		General by DOM	Must be provided for the purpose of substance abuse treatment.
OH	physician delegation					
OK		Not regulated	anybody			No restrictions.
OR	statutory	Must meet educational and OMB rule requirements and register with the Oregon Medical Board.	anybody	5NP technician		Rules become effective 3/1/26 and OMB starts accepting 5NP technician applications 3/2/26 (Monday).
RI	statutory	Meets or exceeds the NADA training from a recognized agency.	Licensed chemical dependency professionals, social workers, peer recovery counselors, mental health counselors, and nurses.	ADS, licensed 'qualified professional'	General by LAc	May be provided within the provider's current scope of practice, working in or in collaboration with behavioral health and healthcare agencies or other state-approved programs or agencies.
SC	statutory	Nationally recognized training program in auricular detoxification therapy for the treatment of chemical dependency detoxification and	21+	Auricular Detoxification Therapy, Auricular therapist / ADS, licensed	Direct by LAc or MD	Must be provided for the purposes of treatment of chemical dependency, detoxification, and substance abuse.

		substance abuse, as approved by the board, CNT.				
SD		Not regulated	anybody			No restrictions.
TN	statutory	Board-approved training program in auricular detoxification acupuncture. To become board-approved, the training program must meet or exceed standards of training set by NADA.	anybody	ADS, certification	General by LAc	Must be provided in a hospital, clinic, or treatment facility that provides comprehensive alcohol and substance abuse or chemical dependency services, including counseling.
TX	statutory	Successfully completed a training program in acupuncture detoxification that meets guidelines approved by the medical board.	Licensed Social Workers, Licensed Professional Counselors, Licensed Psychologists, Licensed Chemical Dependency Counselors, Licensed Vocational Nurses, and Licensed Registered Nurses if NT. Continuing education is required and includes six hours of education in the practice of acupuncture and a course in either CNT or universal	ADS, certification	Removed Sec. 205.303(b)(2) "under the supervision of a licensed acupuncturist or physician" in 2023.	For the treatment of addiction, trauma, or physical, emotional, or psychological stress.  Texas passed a bill, effective 9/1/23, to expand the scope. <a href="https://capitol.texas.gov/tlodocs/88R/billtext/html/HB01106S.htm">https://capitol.texas.gov/tlodocs/88R/billtext/html/HB01106S.htm</a>

			infection control precaution procedures.			
UT	statutory	NADA or POCA AAT Training approved.	MD, DO, Chiropractor, Naturopathic Physician, Licensed Acupuncturist, RN, APRN, LPN, PA, Psychologist, LCSW, CSW, LMFT, CMHC, SUDC, ASUDC.			Adjunct treatment for substance use disorders and mental health-trauma  <a href="https://le.utah.gov/~2022/bills/static/HB0195.html">https://le.utah.gov/~2022/bills/static/HB0195.html</a>
VT	statutory	Deregulated 7/1/19 (1) has appropriate training in CNT, (2) uses sterile, single-use needles, without reuse, (3) does not claim to treat any disease, disorder, infirmity or affliction by using auriculotherapy, (4) does not use any letters, words, or insignia indicating or implying that he or she is an acupuncturist, and (5) does not make any statement implying that his or her practice of auriculotherapy is licensed, certified or otherwise overseen by the State of VT.	anybody		none	none
VA	statutory	NADA or an equivalent	anybody		none	Exempt from regulation as an

		certifying body, including POCA.				acupuncturist as long as practitioners only use 5NP.
WA	physician delegation					
WV	statutory	NADA or equivalent – POCA approved.	Must be 18yrs old, - Physicians Asst., Dentist, Registered Nurse, Practical Nurse, Psychologist, Occupational therapist, social worker, professional counselor, emergency medical services professional, correctional medical providers and any other profession the board determines is eligible to engage in the practice of auricular acudetox		none	Treatment of substance abuse, alcoholism, chemical dependency, detox, behavioral therapy, or trauma recovery.
WY	statutory	NADA or equivalent.	anybody	Auricular Acupuncture	none	Must be provided within the scope of the health care provider’s practice for the purpose of treating mental and emotional health, post and acute trauma, and/or substance abuse and chemical dependency.
WI	physician delegation					