



HB 2143 Workgroup Five-Needle (5NP) Protocol

August 27, 2025, 4:00PM

Videoconference

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The public is invited to attend all portions of this meeting and may participate by providing comment during the public comment period (item #5).

1. Call to Order and Roll Call (4:00-4:05PM)

Workgroup Members:

Dilip Babu, MD, Workgroup Chair, Acupuncture Advisory Committee Representative

Jill Shaw, DO, Oregon Medical Board Representative

Eve Klein, MD, Oregon Medical Board Staff Representative

Nicole Noceto, LAc, Oregon Association of Acupuncturists Representative

Maddie Foley, DACM, LAc, Practicing Acupuncturist Representative

Jen Kearns, DAOM, LAc, Practicing Acupuncturist Representative

Whitsitt Goodson, LAc, Acupuncture Educator Representative

Sara Biegelsen, LAc, 5NP Trainer/Acupuncture Educator Representative

Adrianna Locke, MAc, LAc, Clinic Owner that intends to offer 5NP Representative

Letty Dogheart, Future 5NP Technician Representative

Moss Roberts, Community Member

Meeting Overview:

- The workgroup's role is advisory, and consensus is not necessary. While the Workgroup may make recommendations, the OMB retains decision making authority.
- Open, honest, and respectful communication is expected at all times.
- This is a public meeting, and all portions will be held in public session and recorded.
- **The public may provide comments during the designated period, agenda item #5. Members of the public are asked to hold comments until that time.**
- We will take a 10-minute break about halfway through the meeting.



2. HB 2143 Overview & Rule Development Process (4:05-4:15PM)

HB 2143 (2025) allows an individual to provide 5NP treatments without a license to practice acupuncture beginning March 1, 2026, and the law states:

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

Rulemaking Timeline (tentative):

- August-September 2025 – HB 2143 Workgroup meets
- September 12, 2025 – Acupuncture Advisory Committee reviews the Workgroup’s recommendations and makes recommendations to the Oregon Medical Board
- October 2, 2025 – Oregon Medical Board reviews all recommendations
- After October meeting – OMB files notice of proposed rules; public comment opens
- November 24, 2025, 5PM – Public comment period ends
- December 5, 2025 – Final review by the Acupuncture Advisory Committee
- January 8, 2026 – Final review and possible adoption by the Oregon Medical Board
- January-March 2026 – OMB staff develop systems for program (IT, web, forms, etc.)
- March 1, 2026 – Rules become effective
- March 2, 2026 (Monday) – OMB starts accepting 5NP technician applications



3. Review of Draft Rules (4:15-5:55PM)

Workgroup Members only. Members of the public will have a chance to comment during the comment period after the Workgroup's discussion.

4. Review of Informed Consent Form (5:55-6:15PM)

Workgroup Members only. Members of the public will have a chance to comment during the comment period after the Workgroup's discussion.

5. Public Comment (6:15-6:45PM)

Thorough review and substantive feedback from the public is welcome throughout the development of the 5NP rules and program. Any member of the public who is present at the meeting may provide comments at this time. OMB staff will call on public participants or participants may raise their hand to indicate the desire to comment. Please limit comments to three (3) minutes and state your name and organization (if applicable).

This is a time for the public to make comments, the Workgroup will not be answering or responding to questions. Additional written comments and questions may be submitted to elizabeth.ross@omb.oregon.gov.

6. Closing Discussion (6:45-7:00PM)

Workgroup members will provide closing thoughts, and the Workgroup Chair will summarize the meeting discussion and next steps.

- Workgroup members and the public may submit additional written comments to Elizabeth Ross, elizabeth.ross@omb.oregon.gov.
- Updates will be posted on the [HB 2143 website](#).
- Next Workgroup Meeting: Wednesday, Sept 3, 4-7PM



Approved by the Board on October XXX, 2025.

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

PUBLIC SESSION

Welcome

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

The following Workgroup Members were present:

Sara Biegelsen, LAc

Letty Dogheart

Maddie Foley, DACM, LAc

Whitsitt Goodson, LAc

Jen Kearns, DAOM, LAc

Eve Klein, MD (arrived at 4:05)

Adrianna Locke, MAc, LAc

Moss Roberts

Jill Shaw, DO

Dilip Babu, MD

Nicole Noceto, LAc, was absent by prior notice.

OMB Staff present:

Nicole Krishnaswami, JD, Executive Director

Elizabeth Ross, JD, Legislative & Policy Analyst

Netia N. Miles, Licensing Manager

Gretchen Kingham, Executive Assistant

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

Dr. Babu read an Emily Dickinson poem:

"Pain has an element of blank;

It cannot recollect

When it began, or if there were

A time when it was not.

It has no future but itself,

Its infinite realms contain

Its past, enlightened to perceive

New periods of pain."

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

Workgroup Member Introductions

Dr. Babu invited Workgroup members to introduce themselves:

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

Workgroup Charter

Workgroup members acknowledged the 5NP Protocol Workgroup Charter.

Background & HB 2143 Overview

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

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

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

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

Review of Draft Rules

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

Rule 00 Purpose Statement

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

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

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

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

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

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

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

Rule 05 Definitions

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

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

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

Rule 07 Five-Needle Protocol Treatment

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

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

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

Rule 20 Qualifications

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

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

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

Rule 25 Five-Needle Protocol Training

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

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

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

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

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

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

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

Rule 30 Application

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

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

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

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

Workgroup members shared several ideas, including:

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

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

Rule 35 Registration

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

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

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

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

Rule 40 Five-Needle Protocol Regulations

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

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

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

Rule 50 Disciplinary Proceedings

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

Public Comment

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

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

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

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

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

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

Closing Remarks

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

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

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

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

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

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

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

Dr. Babu adjourned the meeting at 6:52pm

Enrolled House Bill 2143

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

CHAPTER

AN ACT

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

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

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

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

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

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

(b) An application and registration fee;

(c) The form and manner of application;

(d) Sanitation and best practice standards;

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 3. ORS 677.761 is amended to read:

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

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

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

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

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

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

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

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

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

Division 71: Five-Needle Protocol

847-071-0000

Purpose Statement

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

847-071-0005

Definitions

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

- (1) “Acupuncture” has the meaning given in ORS 677.757.
- (2) “Board” means the Oregon Medical Board.
- (3) “Five-needle protocol” or “5NP” has the meaning given in Oregon Laws 2025, chapter 296, section 2.
- (4) “5NP technician” means an individual registered by the Oregon Medical Board to provide five-needle protocol treatments in Oregon.

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

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

847-071-0007

Five-Needle Protocol Treatment

- (1) Except as provided in sections (2) and (3) of this rule, no person may provide five-needle protocol (5NP) treatment without first obtaining a registration from the Oregon Medical Board.
- (2) An acupuncturist licensed under ORS 677.757 to 677.770 may provide 5NP treatment without additional 5NP registration.

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

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

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

847-071-0020

Qualifications

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

(a) Be at least 18 years of age;

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

(c) Have good moral character as those traits would relate to the applicant's ability to provide 5NP treatments.

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

~~(23)~~ No applicant is entitled to registration who:

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

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

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

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

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

847-071-0025

Five-Needle Protocol Training

(1) Before training five-needle protocol (5NP) technicians in Oregon, a 5NP trainer must:

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

(b) Meet one of the following requirements:

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

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

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

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

(a) Sanitation and hygiene techniques,

(b) Infection control precaution procedures,

- (c) Consent documentation and ~~the individual's patient~~ rights,
- (d) Ear needling and point location,
- (e) Plans to address potential risks, side effects, and complications,
- (f) Collaboration with other 5NP technicians, ~~and~~ health care providers, ~~and~~ community resources,
- (g) Trauma informed care,
- (h) Maintaining professional boundaries, and
- (i) Reporting requirements.

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

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

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

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

847-071-0030

Application

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

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

- (a) A complete application provided by the Board,
- (b) Registration and criminal records check fees as outlined in OAR 847-005-0005,

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

(d) The following documentation:

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

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

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

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

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

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

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

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

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

(78) 5NP fees are not refundable and may not be credited toward other Board fees.

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

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

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

847-071-0035

Registration

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

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

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

(a) Submitting a Board-required renewal application;

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

(c) Completing at least ~~three~~one hours of courses related to 5NP treatment or pain management; and

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

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

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

(b) Lapse of a registration is not discipline.

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

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

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

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

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

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

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

847-071-0040

Five-Needle Protocol Regulations

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

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

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

DRAFT: August 20, 2025

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

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

- (a) Clearly explaining the 5NP treatment, including needle placement, duration, and expected sensations;
- (b) Discussing potential risks and realistic treatment outcomes;
- (c) Respecting the ~~individual~~patient’s right to decline treatment or withdraw consent at any time; and
- (d) ~~Having the individual self-identify~~ indicating the reason(s) for the 5NP treatment and date of treatment.

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

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

- (a) Use only sterile, single-use disposable needles, ear seeds, or ear beads;
- (b) Adhere to sanitation and hygiene protocols;
- (c) Meet community standards of care; and
- (d) Establish clear procedures for handling complications or adverse reactions.

(6) A 5NP technician must set and maintain professional boundaries with all ~~patients~~ individuals ~~they provide receiving 5NP treatments~~ and protect ~~patient~~ the individuals’s privacy and dignity.

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

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

847-071-0050

Disciplinary Proceedings

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

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

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

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

(d) Is incompetent to provide 5NP treatments.

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

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

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

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

Five-Needle Protocol (5NP) Treatment & Informed Consent

What to Expect, 5NP Treatment Description

In Oregon, 5NP is a standardized, supportive treatment for individuals who self-identify as experiencing substance use disorders, mental health conditions, and trauma. Treatments are provided by state-registered 5NP technicians and contain:

1. **Setting Preparation:** quiet, clean, comfortable space with room relax.
2. **5NP Technician Preparation:** verifying an individual's consent form, washing hands
3. **Your Preparation:** sit comfortably in a quiet area, no extensive intake or discussion, ear(s) are prepared by wiping with alcohol wipe.
4. **Needles/Beads/Seeds:** thin single-use disposable needles, ear seeds, or ear beads are placed on the five ear points: shen men, sympathetic, liver, kidney, and lung points. You may feel a mild pinch or tingling when the needles are inserted or beads and seeds placed, which usually fades quickly.
5. **Relax:** you sit quietly for 30-45 minutes, no talking or interaction required. Some experience warmth, deep relaxation, or even fall asleep, which is normal. You should not get up while needles are in place. If you need to move alert the 5NP technician. If a needle falls out, let the 5NP technician know, do not pick it up. Never touch another person's fallen needle.
6. **Treatment Conclusion:** the 5NP technician or you may remove the needles. For ear beads or seeds, you will be given instructions on their care and duration of wear. If they cause discomfort, remove them immediately.
7. **Post-Treatment:** needles will be properly disposed of by 5NP technician, no extensive debriefing required, though brief check-ins may occur.

Possible Side Effects/Healing Reaction

I understand that 5NP may result in certain side effects, including local bruising, slight bleeding, fainting, temporary pain and discomfort, and temporary aggravation of symptoms existing prior to treatment. Conventional medicine therapy also may be indicated, either in response to an emergency or as deemed necessary at the discretion of a licensed health care practitioner.

Infectious Disease/Clean Needle Procedures

I understand that there are infectious diseases which have the potential to be carried through the air, through physical contact, and through body fluids. 5NP technicians follow standard precautions to guard against the spread of infection and use only sterilized, prepackaged, single-use, disposable needles. The acupuncture needles that are used for this treatment are single-use and applied according to national professional standards.

Medical Referral

I understand that 5NP is a complementary therapy, not a substitute for medical treatment, diagnosis, or prescribed medications. I understand that I should consult a licensed health care provider if there is a worsening of an ailment or condition or if a new ailment or condition arises. I also understand that if I am currently under the care of a healthcare provider, I should not alter my medications or treatment plans or discontinue my provider's care without first discussing such changes with my provider.

Voluntary Consent

I voluntarily consent to receive 5NP treatment. I understand that I may be treated with acupuncture needles, ear seeds, or ear beads. I have not been guaranteed any specific outcomes concerning the uses and effects of 5NP. I understand that I am free to discontinue 5NP treatment at any time. I understand that 5NP is not a standalone cure for substance use disorders, mental health conditions, or trauma.

(check box) I am obtaining 5NP treatment for the purpose of achieving temporary relief from the symptoms of substance use disorder, mental health conditions, or trauma.

Individual Receiving 5NP Treatment Name (Printed):

Signature:

Date:

Representative of the Individual (if applicable):

Name (Printed):

Signature:

Date:

5NP Technician Name:

Treatment Date & Time:

This 5NP consent form must be used by 5NP technicians when providing 5NP treatments in Oregon. An Oregon-licensed acupuncturist or physician providing 5NP treatments in Oregon is not required to use this form.

From: Lisa Rohleder <[REDACTED]>
Sent: Friday, August 22, 2025 1:58 PM
To: ROSS Elizabeth * OMB
Subject: 5NP consent form

Follow Up Flag: Follow up
Flag Status: Flagged

It's fabulous!!! I love it, what a great tool! Just one suggested edit: based on the adverse events reporting, add "nausea and/or vomiting" to the list of possible side effects?

have a lovely weekend,

Lisa Rohleder, L.Ac. she/her

[REDACTED]
<https://workingclassacu.substack.com/>

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From: Dr. Annabelle Snow <[REDACTED]>
Sent: Monday, August 25, 2025 12:32 AM
To: ROSS Elizabeth * OMB
Subject: HB 2143: Concerns about the introduction of 5NP/ear acupuncture in Oregon

Dear Ms. Ross,

I've recently learned about 5NP/ear acupuncture treatments being expanded in Oregon, and although I applaud the move as it is an impactful treatment, I do have some concerns. I recognize that I'm coming late to this conversation and that the bill has already passed, even really the opportunity to voice much of an opinion is quickly passing. Nonetheless, I do feel strongly enough about this to make a comment by sending this email. I've been an acupuncturist in Oregon since 2004, and I can tell you that ear treatments are a powerful and impactful treatment. I utilize ear acupuncture treatments with most of my patients. Over the years our clinic has done many ear acupuncture treatments at outreach events, and I will tell you that it is a strong treatment and the administration of it should not be taken lightly or offered by just anyone.

My concern is that ear acupuncture is still acupuncture and in the characterization of 5NP as **not** acupuncture and **not** a treatment and that the patients are individuals, **not patients**, it's downplaying the seriousness of it as a treatment and downplaying the potential for adverse events if this treatment is not in the right hands. I've had seated patients nearly go into needle shock with just ear needles. 5NP is acupuncture, plain and simple. I've also had patients experience a huge emotional release, which for some patients is scary and their reaction to the trigger can vary widely. Are these registered providers with no medical or mental health training equipped to handle someone getting triggered into a response to trauma or PTSD? Yes, this treatment is limited to one part of the body, and limited (if the provider is trained well enough) to 5 very specific points, but it is acupuncture, nonetheless. Why is needling in the ear really that different than needling in the body? So why should we allow just anyone to practice acupuncture? Ear seeds and pressure points at the 5NP points are also impactful. Why not start there instead of allowing everyone to utilize acupuncture needles?

I would like to respectfully recommend that there be more oversight within this expansion. Is it really true that virtually anyone who is 18 years of age or older could start needling patients with very little training or oversight? Why not start the expansion with **setting some limits on WHO can be registered such as mental health providers, social workers, medical providers of any kind, LMTs**, etc? This list could be expanded to include anyone who would realistically be working within the populations that the law is intended to serve. To expand it out so suddenly to anyone who wants to do ear acupuncture in any setting and without any real medical training or oversight feels unnecessarily risky.

What happens if a registered provider or patient gets hurt, gets an infection, goes into needle shock? What if the patient has a clotting disorder and starts bleeding more heavily? What if they are diabetic or have cancer and more prone to infection? If I understand correctly, no medical history will be taken, and no chart notes will be written down. Acupuncture, even in the ears, isn't necessarily a suitable treatment for everyone, in any state of mind and/or in various levels of substance use. Acupuncture should not be administered to anyone who is using drugs or alcohol at the time of the treatment.

Shouldn't anyone using acupuncture needles (instead of ear seeds or balls) be required to have some sort of true medical training? Is 30 hours of training enough to equip these medical providers to go out into the community by themselves in a variety of settings and administer acupuncture? Do the registered providers have to carry any malpractice insurance? If not, why not? If a registered 5NP provider hurts someone it will negatively impact all of us practicing acupuncture.

My questions/comments include:

- Could the initial roll out of this bill include expansion to include only medical providers, mental health providers, social workers, and other individuals? Once the details are tested out, expansion could widen.
- Who does a registered 5NP provider turn to if they need help with a difficult patient or situation?
- Perhaps anyone who is not a medical provider could be required to have an acupuncturist or MD/acupuncturist as their "sponsor" who oversees the care they are providing in the community, essentially answering questions, mentoring them, and maybe takes responsibility for them? I see this as something akin to an acupuncturist who wants to work on animals must secure a veterinarian to work under. This would allow the 5NP providers to get additional support from the experts who regularly practice ear acupuncture and keep the oversight within the acupuncture community.
- Acupuncture (even ear acupuncture) should not be administered to anyone who is using drugs or alcohol at the time of the treatment, especially if the administrator is not a medical provider.
- Will they be required to take CPR? Why not the pain management seminar we have to take?
- What happens if a patient gets hurt? Do they have legal or financial recourse against a registered 5NP provider?
- What happens if a patient goes into an emotional trauma trigger? Are these providers trained and equipped to manage it?
- What is the process for patient complaints?
- I believe it should be a requirement to communicate clearly that they are not licensed acupuncturists, that they are trained only to administer ear acupuncture to the 5 points. I believe the bill states that they cannot say that they are licensed acupuncturists, but I'm suggesting that the rules state that they are required to publicize/communicate that they are NOT so as not to confuse patients.

I'm all for expanding the usage of ear acupuncture/5NP but I strongly believe it's a mistake to take it too lightly and allow just anyone in the state of Oregon to practice ear acupuncture. Let's slow this down and do it right by setting some reasonable restrictions. Let's make sure that anyone using acupuncture needles goes through the same requirements as the rest of us, and has the proper support, training and experience to manage anything that might arise from administering this treatment in the community. Ear acupuncture is still acupuncture and should be considered as such.

Thank you for your time and your willingness to consider some of my points as the OMB creates the rules around this new expansion of acupuncture in Oregon.

Sincerely,
Annabelle

Dr. Annabelle Snow (she/her), DAOM, LAc, Clinic Director
North Portland Wellness Center
Clinic: [REDACTED] **Web:** northportlandwellness.com

From: Danielle Reghi <[REDACTED]>
Sent: Monday, August 25, 2025 4:59 PM
To: ROSS Elizabeth * OMB
Subject: Public Testimony on 5NP

Hi Elizabeth,

I would like to attend these meetings, but unfortunately they fall at a time that I am at work. So I will give some input this way. I heard that some concerning remarks were made at the last 5NP meeting. I hear that people were commenting that they are excited to treat pain with 5NP, and that there was some discussion over this being acupuncture.

While 5NP, and ear needles are a component of acupuncture, 5NP as a stand alone is not acupuncture. When this bill was initially presented to groups that I was in, the understanding was that the proponents of this bill wanted people in rehab settings to be able to have access to 5NP for inpatients and outpatient drug rehab purposes. There is historical context of 5NP being used in this way in the 70's in the Bronx New York. I got on board with the bill with the understanding that this is how 5NP would be used. We were told there would be explicit rules around safety, that practitioners could only use those 5 points, and that this would help to increase access to this therapy for marginalized communities that have a hard time accessing care otherwise. I want to be sure that people aren't under the impression that they are practicing acupuncture without a license. And I want people to understand that 5NP is for a specific purpose and cannot treat health issues, and is not a substitute for medical care, or acupuncture. Also, I want to make sure that there is clear messaging around ethics, and that people adhere to clean needle technique protocols. I also want to make sure that 5NP practitioners do not call themselves acupuncturists. I tried to get this in earlier, but got a call from work, so I will cut this short to make sure I get this to you by 5PM. But please let me know if you would like more input or clarification, and I will try to make some of the meetings.

Thanks,

Dainelle Reghi LAc

--

Dr. Danielle Reghi
she / her
DACM, LAC.

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



August 25, 2025

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

Subject: Testimony and Recommendations Regarding HB 2143 and Division 71 Draft Rules

Dear Members of the Oregon Medical Board,

Executive Summary: Safeguarding Public Safety in the Five-Needle Protocol

With the passage of HB 2143 (2025), Oregon has authorized a new practitioner category—the Five-Needle Protocol (5NP) Technician. While this legislation is intended to increase access to supportive care, it also places a clear obligation on the Oregon Medical Board (OMB) to implement rules that protect the public from potential harm. Unfortunately, the draft rules under OAR Chapter 847, Division 71, fall short of this duty. As currently written, the proposed training, vetting, and oversight requirements are inadequate for a practice that involves the invasive use of needles.

This testimony presents an integrated reform framework to strengthen Division 71, ensuring 5NP Technicians are held to a professional and safety standard commensurate with their responsibilities.

The Problem: Inadequate Safeguards in the Current Draft Rules

By carving out an exception to Oregon’s established licensing requirements for acupuncturists under ORS 677.759, HB 2143 demands the creation of a rigorous alternative system. The current draft rules, however, fail to provide sufficient safeguards.

- **Inadequate Training:** The proposed 70-hour minimum is dangerously low for an invasive procedure. This pales in comparison to training hours required for other health

professions—such as EMTs (OAR 333-264-0014) and Oregon phlebotomy programs, which often require 190 hours.

- **Insufficient Background Checks:** Although HB 2143 grants the OMB authority to conduct background checks under ORS 181A.195, the draft rules do not require FBI fingerprint-based national checks. This omission creates a dangerous inconsistency, as EMTs undergo this higher level of scrutiny.
 - **Minimal Professional Standards:** Allowing registration at age 18 is insufficient for a role that requires maturity, clinical judgment, and patient interaction skills. Additionally, the absence of standardized identification and a transparent disciplinary framework undermines accountability.
-

An Integrated Framework for Reform

To ensure patient safety, the following reforms must be adopted in full within OAR 847-071:

1. **Increase Training to 150 Hours, Competency-Based.**
Expand training requirements from 70 to 150 hours, covering infection control, sterile technique, adverse event management, HIPAA compliance, and mandatory abuse reporting.
 2. **Set a Minimum Registration Age of 21.**
Requiring registrants to be at least 21 provides an important safeguard for clinical maturity and professional accountability.
 3. **Mandate FBI Fingerprint-Based National Background Checks.**
This must be a baseline requirement to ensure individuals with disqualifying histories in other states cannot register in Oregon.
 4. **Require Standardized Identity Badges.**
Each technician should wear a verifiable badge including name, photo, title (“Registered 5NP Technician”), and a QR code linking to the OMB public registry.
-

Strengthening Oversight and Accountability

Even with stronger entry standards, effective regulation demands ongoing oversight.

- **Apply the OMB’s Full Disciplinary Authority.**
5NP Technicians must be subject to ORS 677.190, 677.205, and 677.320, with clear grounds for discipline, mandatory self-reporting, and transparent investigations.
- **Create a Public Registry.**
A searchable online database should display each technician’s registration status and disciplinary history, mirroring systems for other licensed providers.
- **Require Professional Liability Insurance.**
Mandatory liability coverage protects both patients and providers, aligning with best practices in other healthcare professions.

Recommended Revisions to Division 71 Rules

847-071-0000 Purpose Statement

The Five-Needle Protocol (5NP) is a standardized, supportive treatment for patients experiencing substance use disorders.

847-071-0005 Definitions

“Five-Needle Protocol (5NP)” means insertion of sterile, single-use needles at exactly five auricular points (including Sympathetic). “5NP Technician” means an individual registered by the Oregon Medical Board to provide 5NP treatments.

847-071-0007 Treatment Authorization

Only licensed acupuncturists, physicians, or registered 5NP Technicians may perform 5NP. Technicians may not use acupuncture outside of 5NP.

847-071-0020 Qualifications

Applicants must:

- Be at least 21 years old.
- Complete approved training.
- Pass written and practical competency exams.
- Be disqualified for specified criminal convictions.

847-071-0025 Training Requirements

Minimum 150 hours: 50 didactic (anatomy, OSHA, ethics, privacy) + 100 clinical (supervised insertions). Annual CE: 6 hours.

847-071-0030 Registration

Requires FBI fingerprint-based background check, training certificate, and OSHA/HIPAA compliance attestation.

847-071-0035 Discipline

OMB may impose warnings, fines, suspension, or revocation. Random audits (5% annually) will be conducted.

847-071-0042 Billing & Marketing

Technicians may not bill Medicare/Medicaid. All marketing must disclose non-coverage and technician status.

847-071-0045 Infection Control

Facilities must maintain OSHA-compliant Exposure Control Plans, sharps disposal, HBV vaccination, PPE, and post-exposure protocols.

847-071-0046 Adverse Events

Reportable within 10 days: prolonged bleeding, infection, syncope, or ED transfer.

847-071-0047 Facility Standards

Treatment areas must be cleanable, properly spaced, and free of food/beverages. Handwashing stations required.

847-071-0048 Privacy & Records

Covered entities must comply with HIPAA; others must implement written privacy safeguards and obtain informed consent.

Thank you for your consideration of these recommendations. Adopting these measures will ensure HB 2143 fulfills its intent to expand access while upholding the highest standards of patient safety.

Respectfully submitted,

Christopher Beardall, DC, L.Ac.

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



August 25, 2025

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

Policy Brief

Ensuring Public Safety in the Regulation of the Five-Needle Protocol (5NP) under HB 2143 (2025)

Testimony Submitted by:

Christopher Beardall, DC, L.Ac.
Beardall Acupuncture and Chiropractic Clinic, PC
725 SE 1st Ave, Canby, OR 97013
503-266-9300

Date: August 25, 2025

Submitted to: Oregon Medical Board

1. Background

The passage of **HB 2143 (2025)** authorized the creation of a new practitioner category, the **Five-Needle Protocol (5NP) Technician**, intended to expand access to supportive treatment for individuals experiencing substance use disorders.

Unlike licensed acupuncturists (regulated under ORS 677.759), this new category creates a carve-out with substantially reduced entry requirements. As a result, the **Oregon Medical Board (OMB)** has been tasked with drafting rules under OAR Chapter 847, Division 71, to govern this emerging profession.

Because the 5NP involves invasive procedures (needle insertion into auricular points), strong regulatory standards are necessary to safeguard public health. The **current draft rules**, however,

propose training, vetting, and oversight that fall significantly below established safety norms in Oregon healthcare regulation.

2. Problem Statement

The draft rules for Division 71 fail to establish adequate safeguards, creating substantial risks for patient safety.

- **Inadequate Training**
 - Draft requires only **70 hours** of training.
 - By contrast: EMTs (OAR 333-264-0014) undergo significantly more instruction; Oregon phlebotomy programs often exceed **190 hours**.
 - A 70-hour minimum is insufficient for competencies in infection control, sterile technique, and emergency response.
- **Weak Background Checks**
 - Draft allows state-level checks only.
 - No requirement for **FBI fingerprint-based national checks**, which EMTs must complete.
 - This creates a **dangerous double standard**, allowing individuals with out-of-state offenses to gain registration.
- **Minimal Professional Standards**
 - Minimum age of **18** is too low for a clinical role requiring mature judgment.
 - Lack of standardized identity verification and a **public disciplinary system** undermines accountability.

3. Policy Recommendations

To correct these deficiencies, an **integrated reform package** should be adopted in the Division 71 rules.

A. Training Standards

- **150 hours minimum** (replacing proposed 70 hours).
 - **50 hours didactic** (anatomy, OSHA, ethics, HIPAA, privacy).
 - **100 hours clinical** (supervised insertions, adverse event management).
- **Annual continuing education**: at least **6 hours**.

B. Registration Standards

- **Minimum age: 21 years**.
- **FBI fingerprint-based national background check** for all applicants, under ORS 181A.195.

- **Standardized identity badge:** must display photo, name, title (“Registered 5NP Technician”), and QR code linking to public OMB registry.

C. Oversight and Enforcement

- Apply the **full disciplinary authority of the OMB** under ORS 677.190, 677.205, and 677.320.
- Create a **public, searchable registry** displaying registration status and disciplinary history.
- Require **professional liability insurance** for all registered 5NP Technicians.
- Conduct **annual random audits** (minimum 5%).

D. Facility and Clinical Standards

- OSHA-compliant infection control: sharps disposal, HBV vaccine availability, PPE, and exposure protocols.
- Facilities must have **handwashing stations**, cleanable treatment spaces, and separation from food/beverages.
- **Adverse events** (infection, bleeding, syncope, ER transfer) must be reported within **10 days**.
- Records and privacy: HIPAA compliance or equivalent written safeguards; informed consent required.

4. Draft Rule Language (Proposed Revisions to OAR 847-071)

847-071-0000 Purpose Statement

The Five-Needle Protocol (5NP) is a standardized supportive treatment for patients experiencing substance use disorders.

847-071-0005 Definitions

“Five-Needle Protocol (5NP)” means insertion of sterile, single-use needles at exactly five auricular points. “5NP Technician” means an individual registered by the OMB to provide 5NP treatments.

847-071-0020 Qualifications

- Minimum age: 21.
- Completion of approved training (150 hours).
- Successful passage of written and practical competency exams.
- Disqualification for specified criminal convictions.

847-071-0025 Training Requirements

- 150 hours minimum (50 didactic, 100 clinical).
- 6 hours continuing education annually.

847-071-0030 Registration

- FBI fingerprint-based national background check.
- Training certificate and OSHA/HIPAA compliance attestation required.

847-071-0035 Discipline

- OMB may issue warnings, fines, suspensions, or revocations.
- Annual random audits ($\geq 5\%$).

847-071-0042 Billing & Marketing

- 5NP Technicians may not bill Medicare/Medicaid.
- All marketing must disclose non-coverage and technician status.

847-071-0045 Infection Control

- OSHA-compliant exposure control plan.
- Sharps disposal, HBV vaccination, PPE, and post-exposure protocols required.

847-071-0046 Adverse Events

- Mandatory reporting within 10 days.

847-071-0047 Facility Standards

- Treatment areas must be cleanable, adequately spaced, and equipped with handwashing stations.

847-071-0048 Privacy & Records

- HIPAA compliance where applicable.
- Written privacy safeguards and informed consent otherwise required.

5. Conclusion

The creation of the 5NP Technician category under HB 2143 introduces an important new avenue of care but also significant risks if not carefully regulated. The current draft rules under Division 71 are **insufficient to ensure public safety**.

Adopting the recommended reforms will:

- Align training and oversight with comparable invasive healthcare professions.
- Strengthen background checks and accountability systems.
- Protect patients through enforced facility standards and mandatory insurance.

In doing so, Oregon can expand access to supportive care while **preserving public trust and safety in healthcare regulation.**

Submitted respectfully,

Christopher Beardall, DC, L.Ac.

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Dear Workgroup Members,

Below are my points for the Rules for the 5NP Technician. They focus on patient safety and precedents set by regulation of other professions, especially by the OMB.

My points may be called “narrow”, or conservative:

Firstly, I suggest that the OMB try certain items for 4-6 years, and reevaluate the Rules then. The OMB can then widen the application as decided. This is how LAcS evolved. In 1973 we could only practice in a MD/DOs office. Then we needed the patient’s history or a referral. In 1991 we gained independent practitioner status. In 1993 we defined our scope of practice more clearly, and broadened it.

The OMB has been regulating MDs for 136 years, Licensed Acupuncturists for 52 years, and Podiatrists, Physician Assistants & Emergency Medical Technicians for years. One would expect that suggestions below, like quality of the education and training with examination standards, standards of care, etc., will be included for these practitioners as well.

Note: Recommendations are in blue.

Sincerely,

Karina (Natalie) Arndt

Emeritus LAc, Retired RN

Qs for OMB

Q1- So we all know what is generally required for the tech’s, what are the OMB’s “best practice standards” and where are standards defined? (“best practice standards” are in HB 2143)

Q2- Will 5NP Techs be required to follow the “OMB’s Licensee Handbook, following items like the “reporting requirements” & “professional boundaries”?

Q3- How does the OMB define: “trauma informed care”;

Q4- What is the minimum age requirement for LAcS and other healthcare practitioners in Oregon?

QUALIFICATIONS

Age

Recommendation:

Individuals must be at least 21 years of age. Oregon doesn’t allow individuals under age 21 to: drink alcohol, be employed at premises dispensing psilocybin or cannabis, or to play a Video Lottery game.

In most states one must be 21 to: obtain a credit card without a co-signer, adopt a pet, reserve travel accommodations, fly a plane, obtain a concealed weapons license, and gamble in casinos.

5NP Technician Training Requirements

Recommendation:

35 hours of didactic training, including items already mentioned and:

5 hours of training of “best practice of care” standards

If the Rules authorize utilization of embedded beads/seeds, 1 hour of education on safety & application of such.

Written examination demonstrating understanding of the information presented.

Clinical Training: performance of administering the 5NP treatment to 40 ears, including:

final clinical exam of administration of a treatment, to be done by an LAc.

Completion of the NCCAOM “Clean Needle Technique”

This is an 8-hour course that has been required for LAcS for about 30 years. Why should a tech learn anything less?

It is done remotely with a practical exam.

Training Quality:

OMB to evaluate and monitor any institutions providing education, training and certification for NP Techs.

Technician Trainer Requirements

Recommendation:

OMB to evaluate and monitor any institutions providing education, training and certification for NP Tech Trainers.

SAFETY: THE TREATMENT, LOCATION, ETC

Ear Seeds or Beads:

HB 2143: “(a) Use only sterile, single-use disposable needles, ear seeds, or ear beads;”

Recommendation:

NO retention, or “embedded” application of the seeds or beads.

Reevaluate this after 4-6 years. Require training, as in a continuing education class to update techs.

IF retention or embedded application is used, these safety parameters come to mind, and this topic to be included in the didactic hours and examination portion of the training.

- not used for patients with diabetes mellitus
- retention time not to exceed 3 days
- instruct patient to keep the ear dry when seeds or beads are in place
- patient to report any irritation, swelling or redness at the site of the retained seed/s or bead/s
- only to be used in established medical clinics such that the patient can be monitored as needed
- 5NP tech carries liability insurance to compensate patient in case of infection & loss of ear cartilage

Note: 1- The ear is mainly cartilage, which has poor circulation. 2- the ear itself has poorer circulation compared to the rest of the body. Given these 2 factors, the ear is especially prone to the tissue not heal properly from infections, and result in the loss of part or all of the external ear.

Treatment Locations

Will this be available in public places like shopping malls, public parks, public buses, private lounges, fitness clubs?

Recommendation:

Restrict the practice of 5NP to established medical clinics, or only to detox and rehab clinics.

The OMB can take the authority to decide on an individual basis, whether other locations are approved or not.

Modification of this recommendation:

The OMB will review this restriction after 4-6 years of enactment.

Recommendation:

Restrict the practice of 5NP to established medical clinics, detox and rehab clinics, or as OMB decides.

The OMB can take the authority to decide on an individual basis, whether a location is appropriate or not.

Treatments are be supervised (on-site or remotely) by LAc's, physicians authorized to perform acupuncture, RNs, or other healthcare providers as approved by the OMB.

Recommendation:

OMB to decide if the tech needs to wear a nametag, and how it should identify the practitioner.

NO Treatment Performed if Patient is Under the Influence

I'm told that in Hooper clinic in Portland, 5NP acupuncture was never administered to patients who were inebriated or under the influence of drugs. Also, it's a general rule to not give acupuncture to a patient who in such a state. Lastly, the rules for body piercing in Oregon forbid this procedure if one is inebriated or under the influence of drugs.

Recommendation:

5NP treatment is not administered to a patient who is inebriated or under the influence of drugs.

Electrical and Other Types of Stimulation

Will electrical stimulation be added to the treatment? This is common for reducing cravings.

Recommendation:

Specifically forbid the application of electrical stimulation, laser treatment or other non-needling stimulation to the ear needles or the 5 authorized points on the ear.

Liability & Malpractice Insurance

Will techs maintain this insurance? Is it available?

THE PRACTICE OF MEDICINE

Is an individual providing 5NP treatments “practicing medicine”?

Compare the definition of the practice of medicine with the wording implemented from HB 2143:

The Practice of Medicine: ORS 677.085

“What constitutes practice of medicine...”

“(4) Offer or undertake to diagnose, cure or **treat in any manner**, or by any means, methods, devices or instrumentalities, any disease, illness, pain, wound, fracture, infirmity, deformity, defect or (any) **abnormal physical or mental condition of any person.**”

Division 71: Five-Needle Protocol 847-071-0000:

The five-needle protocol (5NP) is a standardized, supportive **treatment** for **patients** experiencing substance use **disorders, mental health conditions, and trauma.**”

847-071-0000 Purpose Statement:

The five-needle protocol (5NP) is a standardized, supportive **treatment** for **patients** experiencing substance use disorders, mental health conditions, and trauma. The Oregon Medical Board is responsible for establishing training and registration requirements and regulating **the practice** of 5NP technicians in order to expand access to safe, standardized, low-barrier **treatment.**

It was said that this is intended to be in a “community-based” setting. However, it is still a medical treatment, and individuals are still patients. It has also been said that “5NP involves minimal record-keeping since it’s a non-verbal intervention using standardized points without making a diagnosis”. 5NP techs will still be practicing medicine, and it’ll be based on the diagnosis in the law.

“Patient” or “Individual” & other terms

Recommend: use the standard medical words: patient, treatment, practitioner, provider, etc, since a medical treatment is being performed for relief of symptoms.

Clarify to techs that they are responsible for all aspects of healthcare: professional boundaries, informed consent, medical documentation, reporting requirements, proper identification of the patient etc.

Qualifying Diagnosis

The language in this law is difficult to apply. The tech has no medical training, yet is authorized to administer a medical treatment, and for 3 medical conditions. It can only be accomplished by a diagnosing practitioner providing the diagnosis of the 3 conditions which qualify for the 5NP treatment.

What is the practice of patients reporting their own diagnosis, ie, “self-identifying”?

Note: LAcS are not authorized to diagnose their patients conditions, but they allow patients to identify or report their western medicine diagnosis. This “self-identified” diagnosis is utilized for medical documentation of what the patient is reporting, and for the purposes of billing. LAcS are authorized to diagnose the patient according to TCM system.

Recommendation:

OMB either requires a diagnosis from a qualified practitioner, or investigates a solution for this conundrum.

From the Oregon Medical Board Report, Summer 2025:

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