



HB 2143 Workgroup Five-Needle (5NP) Protocol

September 3, 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

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. Overview & Updates

OMB staff will review updates made since the last meeting.



3. Review of Draft Rules

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 Supporting Materials

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

- **Review of Informed Consent Form.** OMB plans to recommend use of the OMB Informed Consent Form:
 - 5NP technicians may use the OMB form or create their own form, including electronically generated forms, containing the same information.
 - A separate consent form must be completed for each individual before every 5NP treatment.
 - Simply signing a name on a clipboard would not meet Oregon's consent documentation requirements for 5NP treatments.
- **Review of Frequently Asked Questions**

5. Public Comment

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

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

- Written comments may be submitted to elizabeth.ross@omb.oregon.gov.
- Updates will be posted on the [HB 2143 website](#).



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

Additional Resources:

- HB 2143 (2025)
- POCA Auricular Acu-Technician (AAT) Ethics Pledge
- OAR 855-125-0010, Licensure: Qualifications – Certified Oregon Pharmacy Technician
- OAR 950-060-0080, Standards of Professional Conduct (Traditional Health Workers)
- OAR 950-060-0060, Application and Renewal Process for Traditional Health Worker (THW) Certification and Registry Enrollment

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

For questions regarding 5NP implementation, email Elizabeth Ross, Legislative & Policy Analyst, elizabeth.ross@omb.oregon.gov.

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



Approved by the Board on October XXX, 2025. **DRAFT**

OREGON MEDICAL BOARD

Meeting of the HB 2143 Five-Needle (5NP) Protocol Workgroup

August 27, 2025 • Held via Video Conference

PUBLIC SESSION

Welcome

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

The following Workgroup Members were present:

Sara Biegelsen, LAc

Letty Dogheart

Maddie Foley, DACM, LAc

Whitsitt Goodson, LAc

Jen Kearns, DAOM, LAc

Eve Klein, MD

Adrianna Locke, MAc, LAc

Nicole Noceto, LAc

Jill Shaw, DO

Dilip Babu, MD, Chair

Moss Roberts was absent by prior notice.

Oregon Medical Board (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 commented that the workgroup is formed to serve and lift up our community, and he read "Recovery" by Maya Angelou:

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

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

HB 2143 Overview & Rule Development Process

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

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

In developing the rules, the requirements in HB 2143 are also aligned with the Board's mission to protect the health, safety, and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.

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

The Workgroup offered no comments.

Review of Draft Rules

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

Rule 00 Purpose Statement

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

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

Rule 05 Definitions

The Workgroup discussed the definitions but had no suggested changes.

Rule 07 Five-Needle Protocol Treatment

The discussion focused on who can provide 5NP treatment without additional registration. Currently, acupuncturists and physicians can provide 5NP based on existing training, while physician associates cannot

practice acupuncture without separate certification. Members discussed whether all providers should be required to take specific 5NP training for cultural context reasons. Several members noted they did not want to increase barriers for providers already able to practice 5NP.

Rule 20 Qualifications

Discussion centered on criminal history provisions, age requirements, and practice location restrictions.

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

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

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

Rule 25 Five-Needle Protocol Training

Training requirements sparked discussion on whether the proposed 70 hours of training was adequate for safe practice. A member expressed concerns that these requirements were insufficient without medical supervision or licensed acupuncturist oversight while providing treatments. Other members noted that the 70-hour requirement aligned with established NADA and POCA training programs that had demonstrated good safety records for years. Some members characterized additional supervision requirements as burdensome regulations that would increase barriers for providers. This discussion also covered the importance of balancing flexibility with appropriate safety boundaries for different practice contexts.

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

Rule 30 Application

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

Public Meetings Law Overview

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

Rule 50 Disciplinary Proceedings

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

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

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

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

Several Workgroup members highlighted that 5NP is inherently community-based, emphasizing that the community-based nature provides inherent safeguards, as communities self-regulate against unsafe practitioners. Members expressed appreciation that the disciplinary process would be grounded in community standards of care and involve people experienced with the 5NP practice. One member noted concern about potential bad faith complaints from those opposed to 5NP practice but felt reassured that the investigation centered on continuing education requirements for 5NP technicians. Staff reported that the Oregon Health Authority had confirmed 5NP technicians could participate in the existing pain management education course that acupuncturists and physicians currently take. Participants noted that pain is not listed as something 5NP treats but acknowledged that pain is interconnected with the conditions it does address (substance use disorder, mental health conditions, trauma). The pain management course was considered because it is free, accessible, and includes relevant content about acupuncture, cultural competency, and trauma-informed care. Other members emphasized that the pain education would be valuable for technicians working with populations heavily impacted by the opioid epidemic, many of whom ended up in that situation due to limited or outdated pain management options. Workgroup members discussed how 5NP technicians understanding pain treatment could help refer people to licensed acupuncturists. Some participants expressed preference for eliminating continuing education requirements entirely in favor of simply requiring continued practice, which would align with POCA's maintenance requirements.

Rule 40 Five-Needle Protocol Regulations

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

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

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

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

Review of Informed Consent Form

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

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

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

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

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

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

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

Public Comment

Karina (Natalie) Arndt, a licensed acupuncturist, expressed frustration about not being aware of the earlier legislative process and discussions with the Oregon Acupuncture Association, explaining the questions and concerns are not because they are opposed to the idea of the program, but because this was new to them. Karina stated this is a confusing situation where people are performing acupuncture without being held to all the liability

and requirements of an acupuncturist. She also shared that she doesn't want the acupuncture community divided over this issue.

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

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

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

Christopher Beardall, a chiropractic doctor and licensed acupuncturist, supports 5NP for behavioral problems and drug abuse, having practiced it on Portland streets and at a detox center. However, he expressed significant concerns about the proposed regulations. Christopher advocated for supervision requirements, especially for beginning practitioners, worrying about practitioners working alone without oversight. Christopher called for stronger background checks and vetting, arguing for a minimum age of 21 rather than 18, believing practitioners need more professional and mental maturity when treating disadvantaged populations. Christopher suggested increased training requirements of at least 80 hours didactic plus 40 hours practical experience with supervision and emphasized the need for a formal adverse events reporting system. Christopher expressed concern that this would become "the largest unlicensed medical practice institution in Oregon" and stressed the need to avoid isolation of technicians, find regulatory blind spots, and provide legal and ethical processes to avoid vulnerabilities like HIPAA breaches.

Closing Remarks

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

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

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

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

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

Dr. Babu adjourned the meeting at 6:42pm

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, 5NP is a standardized, supportive treatment for individuals experiencing substance use disorders, mental health conditions, and trauma. The five points are the shen men, sympathetic, liver, kidney and lung points.

The Oregon Medical Board is responsible for establishing training and registration requirements and regulating the practice of 5NP technicians in order to expand access to safe, standardized, low-barrier treatment in a manner that protects individuals in Oregon accessing 5NP treatments.

847-071-0005

Definitions

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

- (1) “Acupuncture” has the meaning given in ORS 677.757.
- (2) “Board” means the Oregon Medical Board.
- (3) “Five-needle protocol” or “5NP” has the meaning given in Oregon Laws 2025, chapter 296, section 2, the standardized five-needle treatment protocol in which five points on the human outer ear are stimulated with sterile, single-use disposable needles, ear seeds or ear beads for the purpose of achieving temporary relief from the symptoms of substance use disorder, mental health conditions or trauma. The five points are the shen men, sympathetic, liver, kidney and lung points.
- (4) “5NP technician” means an individual registered by the Oregon Medical Board to provide five-needle protocol treatments in Oregon.

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

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

847-071-0007

Five-Needle Protocol 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. Substance use disorder in remission, mental health conditions, or other lived experiences alone are not a reflection of current moral character.

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

(3) No applicant is entitled to registration who:

- (a) Has had a registration, license, or certificate in a health-related field revoked or suspended unless the registration, license, or certificate has been restored or reinstated and the applicant is in good standing in the state which previously revoked the registration, license, or certificate;
- (b) Has been refused a registration, license, or certificate in a health-related field on any grounds other than failure of a licensure examination; or
- (c) Has been guilty of conduct similar to that which would be prohibited by or to which ORS 677.190 would apply.

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

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

847-071-0025

Five-Needle Protocol Training

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

- (a) Request board approval by providing required documentation demonstrating qualifications under this section, and
- (b) Meet one of the following requirements:
 - (A) Be an actively licensed Oregon acupuncturist or a physician licensed under ORS 677.100 to 677.133 who is in good standing with the Oregon Medical Board and has been practicing auricular acupuncture for a period of at least two years; or
 - (B) Hold active 5NP technician registration issued by the Oregon Medical Board for a minimum of two years and co-teach a minimum of two 5NP training programs described in section (2) of the rule. The 5NP trainer that co-taught must provide the Oregon Medical Board a letter of recommendation and evaluation of the individual seeking approval as a 5NP trainer; or

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

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

- (a) Sanitation and hygiene techniques,
- (b) Infection control precaution procedures,
- (c) Consent documentation and the individual's rights,
- (d) Ear needling and point location,
- (e) Plans to address potential risks, side effects, and complications,
- (f) Collaboration with other 5NP technicians, health care providers, and community resources,
- (g) Trauma informed care and origins of 5NP,
- (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.

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

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

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

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

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

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

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

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

847-071-0035

Registration

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

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

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

(a) Submitting a Board-required renewal application;

- (b) Paying the registration fee outlined in OAR 847-005-0005;
 - (c) Completing at least one hour of courses related to 5NP treatment or pain management; and
 - (d) Completing at least one hour per year of cultural competency courses or experiences that apply linguistic skills, use cultural information for therapeutic relationships, or elicit understanding and apply cultural and ethnic data in the process of clinical care, as provided in OAR 950-040-0020 or approved by the Oregon Health Authority under ORS 413.450.
- (4) Upon failure to renew under section (3) of this rule, the registration will lapse.
- (a) A 5NP technician may not provide treatments under a lapsed registration.
 - (b) Lapse of a registration is not discipline.
 - (c) A lapsed registration must be renewed within 90 days, or the registration will expire.
- (5) A 5NP technician must keep a current mailing address on file with the Board.
- (6) A 5NP technician who voluntarily chooses to not provide 5NP treatments in Oregon must be listed as expired.
- (7) A 5NP technician with an expired registration must reapply by submitting a new application, documentation, and fees as outlined in OAR 847-005-0005.
- (8) Failure to comply with laws and rules related to 5NP technicians may result in loss of registration.

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

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

847-071-0040

Five-Needle Protocol Regulations

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

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

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

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

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

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

(b) Discussing potential risks and realistic treatment outcomes;

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

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

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

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

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

(b) Adhere to sanitation and hygiene protocols;

(c) Meet community standards of care; and

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

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

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

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

847-071-0050

Disciplinary Proceedings

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

(a) Represented 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.~~
1. **5NP Technician Preparation:** verifying an individual's consent form, washing or sanitizing hands.
2. **Your Preparation:** sit comfortably in a quiet area, no extensive intake or discussion, ear(s) ~~are may be~~ prepared by wiping with alcohol wipe.
3. **Needles/Beads/Seeds:** thin single-use disposable needles, ear seeds, or ear beads are placed on the five ear points: shen men, sympathetic, liver, kidney, and lung points. You may feel a mild pinch or tingling when the needles are inserted or beads and seeds placed, which usually fades quickly. Ear seeds and ear beads should not be used for individuals with diabetes.
4. **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.
5. **Treatment Conclusion:** the 5NP technician or you may remove the needles as directed by the 5NP. Removed needles must be placed in a sharps container. If you remove your own needles, wash or sanitize your hands. ~~For e~~ Ear beads or ear seeds are not worn more than 3 days, and you will be given instructions on their care and duration of wear. If they cause discomfort, remove them immediately.
6. **Post-Treatment:** 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 but not limited to local bruising, slight bleeding, fainting, temporary pain and discomfort, nausea or vomiting, and temporary aggravation of symptoms existing prior to treatment. Conventional medicine therapy also may be indicated, either in response to an emergency or as deemed necessary at the discretion of a licensed health care practitioner.

Infectious Disease/Clean Needle Procedures

I understand that there are infectious diseases which have the potential to be carried through the air, through physical contact, and through body fluids. 5NP technicians follow standard precautions to guard against the spread of infection and use only sterilized, prepackaged, single-use, disposable needles. The ~~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 from a 5NP technician. A 5NP technician is not a licensed acupuncturist. 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:



HB 2143: Five-Needle Protocol (5NP)

Frequently Asked Questions



Responses are based on [HB 2143 \(2025\)](#) and OMB draft rules that are still being developed. FAQs will be revised and added to align with rules adopted by the Oregon Medical Board in early 2026. Additional questions may be submitted to elizabeth.ross@omb.oregon.gov for consideration.

Questions are organized in the following groups:

- 5NP Overview & Background
- Regulation & Rulemaking Process
- 5NP Technicians
- 5NP Treatments
- Informed Consent Form
- 5NP Continuing Education
- 5NP Training & Trainers

5NP Overview & Background

1. Why is the Oregon Medical Board (OMB) creating Five-needle protocol (5NP) regulations?

In June 2025, the Oregon Legislature passed House Bill 2143 (2025) and Governor Kotek signed the bill into law. This legislation allows individuals with specific training and OMB registration to provide 5NP treatments without an acupuncture license beginning March 1, 2026. The law also directs the Oregon Medical Board to establish comprehensive rules for training qualifications and safety standards, see full text of legislation [here](#). The OMB's role is to implement the law that has already been enacted.

2. What is Five-needle protocol (5NP)?

Under the new law in Oregon (HB 2143), 5NP is a standardized treatment protocol in which five points on the human outer ear are stimulated with sterile, single-use disposable needles, ear seeds, or ear beads for the purpose of achieving temporary relief from the symptoms of substance use disorder, mental health conditions or trauma. The five points are the shen men, sympathetic, liver, kidney and lung points.

3. Where did 5NP originate from?

5NP emerged from an intersection of grassroots activism and community-driven healthcare innovation. In the 1970s, advocacy efforts demanded accessible drug detoxification services at Lincoln Hospital in South Bronx, NY. The protocol represents a unique fusion of ancient Eastern healing practices with modern social justice movements. These activists, recognizing the failure of traditional medical systems to adequately serve marginalized populations struggling with addiction, collaborated with healthcare providers to develop what became known as acudetox which transformed a hospital detox program into a community-centered healing practice. This grassroots origin reflects the protocol's core values of accessibility, community empowerment,



and culturally responsive care, establishing it as more than just a medical intervention but as a tool for social healing that emerged from communities most affected by addiction and trauma. The protocol's evolution from this activist foundation to its current global application maintains its commitment to serving underserved populations and providing trauma-informed care that honors both individual healing and collective community wellness.

Regulation & Rulemaking Process

4. Who regulates 5NP in Oregon?

The Oregon Medical Board (OMB). Currently, Oregon licensed acupuncturists and MD/DO physicians with appropriate training may provide 5NP treatments, and the OMB regulates both professions. HB 2143 will allow an individual with specific training and OMB registration to provide 5NP treatments without a license to practice acupuncture beginning March 1, 2026. OMB will also regulate these 5NP technicians by establishing and enforcing rules, including qualifications, registration, standards, and disciplinary actions.

5. What process is the OMB using to create the 5NP rules and regulations?

In August and September 2025, the OMB formed a Workgroup of acupuncturists and community members to gather input on draft rules and related materials. The Workgroup's input will be reviewed by the OMB's Acupuncture Advisory Committee on September 12, 2025, and the Oregon Medical Board on October 2, 2025.

5NP Rulemaking Timeline (tentative):

August-September 2025 – HB 2143 Workgroup meets

September 12, 2025 – Acupuncture Advisory Committee reviews the Workgroup's recommendations and makes recommendations to the Oregon Medical Board

October 2, 2025 – Oregon Medical Board reviews all recommendations

After October meeting – OMB files notice and public comment opens

November 24, 2025, 5PM – Public comment period ends

December 5, 2025 – Final review by the Acupuncture Advisory Committee

January 8, 2026 – Final review and possible adoption by the Board

January-March 2026 – OMB staff develop systems for program

March 1, 2026 – Rules become effective

March 2, 2026 (Monday) – OMB starts accepting 5NP technician applications

6. How can I stay updated on 5NP implementation in Oregon?

Sign up for the OMB's acupuncture interested parties email list through [Subscriber Lists](#) to receive updates about the 5NP program development.

7. Can I participate in the rulemaking process?

Yes. All meetings listed above are open to the public and may have designated comment periods as noted on the agenda, see [OMB's Public Meeting Notices](#). Written comments may be



emailed to Elizabeth Ross at elizabeth.ross@omb.oregon.gov. All public comments, drafts, or meeting materials will be posted on the OMB's [Public Meeting website](#) and/or [5NP website](#).

8. Who can I contact for more information?

For questions about 5NP implementation in Oregon, contact Elizabeth Ross at elizabeth.ross@omb.oregon.gov or visit the OMB's [5NP webpage](#).

5NP Technicians

9. Can anyone in Oregon provide a 5NP treatment?

Beginning March 1, 2026, individuals who complete required training and meet the qualifications to register with the Oregon Medical Board (OMB) may apply to become registered to provide 5NP treatments. Oregon licensed acupuncturists and MD/DO physicians with appropriate training may already provide 5NP treatments and will not need to obtain a 5NP registration to continue providing this care within their practice.

10. What are the qualifications for a 5NP technician?

A 5NP technician must:

- Be at least 18 years of age,
- Successfully complete a 5NP training program as described in OMB rule, and
- Have good moral character as those traits would relate to the applicant's ability to provide 5NP treatments.

11. How does the OMB review good moral character to qualify as a 5NP technician?

All 5NP technician applicants must complete a national fingerprint-based background check. Criminal history is not an automatic disqualification for 5NP registration. The Board evaluates each applicant's background and experience and will consider additional information provided by the applicant. To be evidence of a lack of good moral character, the acts or conduct in question must be rationally connected to the applicant's ability to safely provide 5NP treatments. Substance use disorder in remission, mental health conditions, or other lived experiences alone are not a reflection of current moral character.

12. What training is required to become a 5NP technician?

5NP technicians will be required to successfully complete a 5NP training program consisting of at least 30 didactic hours and 40 ears needled under supervision. The OMB is still developing the rules for this program and this may be updated. In general, 5NP training offered by the National Acupuncture Detoxification Association (NADA) or People's Organization of Community Acupuncture (POCA) will meet the requirement.

13. Do I need to be a licensed healthcare provider to apply for 5NP registration?

No. HB 2143 does not require a 5NP technician applicant to hold a related healthcare license.



14. Does a nurse or other licensed healthcare provider need to qualify and register as a 5NP technician to provide 5NP treatments?

Yes. Anyone who wants to provide 5NP treatments must meet the qualifications and be registered by the OMB to provide 5NP treatments. Oregon licensed acupuncturists and MD/DO physicians with appropriate training may already provide 5NP treatments and do not need to obtain a 5NP registration.

15. Can a 5NP technician diagnose?

No. 5NP technicians will not diagnose. The individual receiving a 5NP treatment will self-identify whether they are seeking treatment for temporary relief from the symptoms of substance use disorder, mental health conditions, or trauma.

16. What standards must 5NP technicians follow?

The OMB is developing rules for sanitation standards and professionalism requirements. These will include safety protocols, hygiene requirements, and ethical standards.

17. Is there a registry of qualified 5NP technicians?

Yes. The OMB will maintain a public registry of qualified 5NP technicians starting in March 2026 that will be available online.

18. Do 5NP technicians have any reporting requirements?

As a person registered with the Oregon Medical Board, 5NP technicians will be responsible for reporting requirements in [ORS 676.150](#).

19. Can a 5NP technician use the title or term acupuncture?

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

20. Where could I report a 5NP technician for unprofessional or other conduct?

Complaints about treatment provided by 5NP technicians should be reported to the OMB. Information about filing a complaint is [available online](#).

5NP Treatments

21. What is a 5NP treatment?

The protocol works by stimulating five specific acupoints in the ear that are believed to help restore balance and calm the nervous system. It provides yin nourishment and addresses what traditional Chinese medicine calls “yin deficiency” or “empty fire,” helping to reduce cravings, anxiety, and withdrawal symptoms while promoting relaxation and mental clarity.



22. What is the 5NP protocol designed for?

Based on HB 2143 in Oregon, a 5NP technician may provide 5NP treatments for the purpose of achieving temporary relief from the symptoms of substance use disorder, mental health conditions or trauma.

23. What points can a 5NP technician needle or apply ear beads or ear seeds?

The five points are the shen men, sympathetic, liver, kidney and lung points. A 5NP technician cannot use any other points.

24. What are the minimum safety elements of a 5NP treatment?

A 5NP technician must:

- Use only sterile, single-use disposable needles, ear seeds, or ear beads;
- Adhere to sanitation and hygiene protocols;
- Meet community standards of care;
- Establish clear procedures for handling complications or adverse reactions; and
- Set and maintain professional boundaries with all individuals receiving 5NP treatments and protect the individual's privacy and dignity.

25. Does HIPAA apply?

HIPAA (Health Insurance Portability and Accountability Act) may apply to 5NP treatments, but the specific application depends. In general, HIPAA applies to covered entities and business associates who conduct certain healthcare transactions electronically. It may not apply if treatment is provided in certain community or volunteer settings that don't meet covered entity criteria or if no protected health information is created, transmitted, or stored electronically. The Oregon Medical Board cannot provide legal advice, and one may need to seek legal advice regarding application of HIPAA and other federal or state laws. Information is available on the [U.S. Department of Health and Human Services webpage](#).

26. Where should I report adverse events?

Complaints about treatment provided by a 5NP technician should be reported to the OMB. Information about filing a complaint is [available online](#). Adverse events that occur through no wrongdoing by the 5NP technician may be reported to People's Organization of Community Acupuncture (need to add link).

Informed Consent Form

27. Does a 5NP technician need to obtain an Informed Consent form every time?

Yes. A 5NP technician must obtain a signed and dated informed consent form prior to each treatment. Simply signing a name on a clipboard would not meet Oregon's consent documentation requirements for 5NP treatments.



28. Is the OMB's Informed Consent form required?

No. OMB recommends use of its "5NP Informed Consent Form." However, 5NP technicians may create their own form, including electronically generated forms, containing the same information contained on the OMB Informed Consent form.

29. Why does a 5NP technician need to obtain written Informed Consent prior to every treatment?

Informed consent is a fundamental requirement in healthcare to ensure a person understands what they're agreeing to receive. It respects a person's right to make informed decisions about care they receive, even for standardized treatments. Informed consent must be in writing as it will be the only documentation of the 5NP treatment and may be used to resolve any concerns raised to the Oregon Medical Board.

30. How long does a 5NP technician need to retain Informed Consent forms?

A minimum of 3 years.

31. May an individual get a copy of their Informed Consent form?

Yes. A 5NP technician must provide a copy of an informed consent form to the individual who received treatment if requested.

5NP Continuing Education

32. Why do 5NP technicians need to take continuing education to renew?

Continuing education provides an opportunity for 5NP technicians to refresh and strengthen their knowledge and competency, remain engaged with the educational standards, and promote a culture of continuous learning.

33. Why is the Oregon Health Authority pain education class relevant to 5NP technicians?

Pain is interconnected with the conditions 5NP treatment in Oregon may address (substance use disorder, mental health conditions, trauma). [OHA's pain education course](#) is free, accessible, and includes relevant content about acupuncture, cultural competency, and trauma-informed care.

5NP Training & Trainers

34. How do I know if a 5NP training program meets OMB requirements?

5NP training programs completed prior to 2026 may be substantially similar to meet the requirements described in the rule for a training program. In general, 5NP trainings completed with National Acupuncture Detoxification Association (NADA) or People's Organization of Community Acupuncture (POCA) will meet the OMB's requirement. In 2026 after rules are adopted, a person may contact the OMB's licensing staff by email at licensing@omb.oregon.gov to inquire if a 5NP training program meets the OMB's rules.



35. Are there requirements to be a 5NP trainer?

Yes. A 5NP trainer will need to meet the requirements in OMB rule:

- Be an actively licensed Oregon acupuncturist or a physician licensed under ORS 677.100 to 677.133 who is in good standing with the Oregon Medical Board and has been practicing auricular acupuncture for a period of at least two years, or
- Be an active National Acupuncture Detoxification Association (NADA) Registered Trainer or People's Organization of Community Acupuncture (POCA) Auricular Acu-Technician (AAT) Trainer.

After the 5NP program has been established in Oregon, there may be an additional pathway for 5NP technicians to become a 5NP trainer.

DRAFT

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.

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

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

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

By signing below I agree to uphold the foregoing pledge:

Signature: _____

Printed Name _____

Today's Date: _____

Date training was completed: _____

Board of Pharmacy

Chapter 855

Division 125

CERTIFIED OREGON PHARMACY TECHNICIANS AND PHARMACY TECHNICIANS

855-125-0010

Licensure: Qualifications – Certified Oregon Pharmacy Technician or Pharmacy Technician

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

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

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

(b) National Healthcareer Association (NHA).

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.225 & ORS 689.486

History:

[BP 18-2023](#), adopt filed 08/16/2023, effective 03/01/2024

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Oregon Health Authority

Equity and Inclusion Division - Chapter 950

Division 60

TRADITIONAL HEALTH WORKERS

950-060-0080

Standards of Professional Conduct

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

(2) THWs shall:

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

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

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

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

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

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

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

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

(i) Maintain individual confidentiality;

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

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

(3) Individuals have the right to:

(a) Dignity and respect;

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

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

(d) Freedom from financial exploitation;

(e) Freedom from physical restraints;

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

(g) Confidentiality of their information and records; and

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

Statutory/Other Authority: ORS 413.042, 414.665 & ORS 414.635

Statutes/Other Implemented: 181.537, 414.665 & ORS 414.635

History:

[DMP 40-2023, renumbered from 410-180-0340, filed 05/04/2023, effective 05/04/2023](#)

[DMP 49-2022, amend filed 04/22/2022, effective 04/22/2022](#)

[DMP 80-2018, amend filed 07/06/2018, effective 07/06/2018](#)

DMP 56-2016, f. 9-30-16, cert. ef. 10-1-16

DMP 66-2013, f. & cert. ef. 12-3-13

DMP 42-2013(Temp), f. & cert. ef. 8-2-13 thru 1-29-14

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Oregon Health Authority

Equity and Inclusion Division - Chapter 950

Division 60

TRADITIONAL HEALTH WORKERS

950-060-0060

Application and Renewal Process for Traditional Health Worker (THW) Certification and Registry Enrollment

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

(a) Be at least 18 years of age;

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

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

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

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

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

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

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

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

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

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

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

(a) Be at least 18 years of age;

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

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

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

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

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

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

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- (D) Verifiable evidence of attending 10 births and providing 500 hours of community work supporting birthing persons and families in the capacity of a birth doula within the last five years.
- (E) Individuals applying for multiple certifications using the Legacy Clause will need to provide to the Authority all the supporting documents/evidence for each worker type or sub worker type requested.
- (F) Submit a completed renewal application on an Authority prescribed form no later than six months after the expiration of the current certification period.
- (4) An individual may withdraw from the application process for certification and enrollment or from the registry by submitting written notification to the Authority unless a complaint investigation or revocation proceeding is underway.
- (5) Applicants shall apply for certification within three years of completing a training program to be eligible for certification and registry enrollment.
- (6) Applicants denied certification because they completed a training program more than three years prior to application may file an appeal with the Authority for an exemption.
- (7) If the Authority determines that an applicant meets the requirements of this section, the Authority shall notify the applicant in writing granting the individual certification as a THW and adding the individual to the registry.
- (8) Certification is valid for 36 months from the date of certification.
- (9) A THW seeking certification renewal shall:
- (a) Submit a completed renewal application on an Authority prescribed form no less than 30 days before the expiration of the current certification period;
 - (b) Pass a background check as described in OAR 950-060-0070;
 - (c) Provide written verification indicating that the certificate holder meets the applicable requirements for continuing education set forth in OAR 950-060-0050; and
 - (d) Submit verifiable evidence of completion of an oral health training;
 - (e) Completion of an Authority approved oral health training shall need to occur only one time;
 - (f) An individual applying for renewal as a THW, whose certification lapsed for more than 6 months will be required to take a competency skills test administered by the Authority or third party organizations who are approved by the Authority , in addition to providing proof of completion of the number of CEUs required for their worker type.
- (10) The Authority shall remove a THW from the registry if the THW fails to renew certification within the three-year renewal period.
- (11) THWs removed from the registry following certification expiration shall be denied renewal unless they file an appeal with the Authority within 60 calendar days of certification expiration and are granted an exemption.

Statutory/Other Authority: ORS 413.042, 414.665 & ORS 414.635

Statutes/Other Implemented: 181.537, 414.665 & ORS 414.635

History:

[EID 1-2025, temporary amend filed 07/03/2025, effective 07/07/2025 through 12/26/2025](#)

[OEI 14-2023, minor correction filed 05/12/2023, effective 05/12/2023](#)

[DMAP 40-2023, renumbered from 410-180-0325, filed 05/04/2023, effective 05/04/2023](#)

[DMAP 49-2022, amend filed 04/22/2022, effective 04/22/2022](#)

[DMAP 80-2018, amend filed 07/06/2018, effective 07/06/2018](#)

[DMAP 56-2016, f. 9-30-16, cert. ef. 10-1-16](#)

[DMAP 3-2014, f. & cert. ef. 1-15-14](#)

[DMAP 42-2013\(Temp\), f. & cert. ef. 8-2-13 thru 1-29-14](#)

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From: Nancy Whitson
Sent: Friday, August 29, 2025 10:06 PM
To: ROSS Elizabeth * OMB
Subject: 5NP Workgroup

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

Dear Ms. Ross, and members of the OMB and Workgroup,

I am a retired RN, NP and CNM, who has worked in public health settings throughout my career, out of a strong desire to increase access to people who have all kinds of barriers to health and care.

I have worked with community health workers here in the US and internationally, as well as in their training programs, and have seen first-hand the power of health care designed for broad outreach and low-barrier access. So I'm enthusiastic about the 5NP bill, and so grateful for all your hard work and commitment to the best possible roll-out for implementing this important resource to our communities.

In attending the workgroup sessions and reading the draft, I'm wondering about a couple points.

First, under Qualifications, item 1(c), the requirement that the applicant have "good moral character," I'm wondering if this wording is something that always is added to any registration language.

As a regulatory requirement for licensure, this language is problematic, as it is entirely subjective and vague, requiring an applicant to fit whatever the current values of the OMB members hold as their personal standards of "good" and "moral".

This is particularly inappropriate in our current moment, as these terms are increasingly being politicized and weaponized to exclude various groups of people, and to serve particular ideologies.

Setting this possibility into regulatory law opens the door to this use by any future board members.

This is not a hypothetical risk, as we are seeing every day concrete examples of government agencies, policies, and officeholders being eliminated or coerced into positions that compromise the health and well-being of the population; in many arenas, but especially in the arena of health policy, what was previously considered "good" can now be deemed "immoral."

(Some examples: supporting or facilitating a woman's right to choice over her own pregnancy, or even providing her information; providing life-saving intervention to save a woman's life during some obstetrical emergencies; providing information, support or medical care for nonbinary people. Or just being a nonbinary person, or anyone other than heterosexual. There are people now in government advocating even broader interpretations of "bad moral character", such as: supporting stem-cell research, support for women in domestic violence situations. Supporting freedom of speech is being labelled as terrorism, in other words, immoral.)

A requirement for registration to practice a health protocol, if worded as a completely subjective sentiment, in these times only invites being wielded as a tool of exclusion, or an ideological control method.

If this requirement is meant to in some way overlap with the criminal background check requirement, then maybe they could the same requirement; if so, it should clearly specify the intention of the criminal background check: what specifically it is meant to protect against, ie, what kind of findings may arise from a background check that would be considered relevant to the practice of this protocol.

The concern has been voiced by the workgroup that the criminal check would intimidate from applying, some of the very people who would be ideal to provide 5NP. I believe the statement that was added is not sufficient: saying what the criminal check does not intend will not prevent the intimidation, unless the regulation is explicit about what it does intend (for example, "To further the assurance of safety within the community of recipients, providers, and the public, the Board will use a criminal background check so that applicants with histories of violent crime, or sexual predators, or _____, will have the opportunity to present further information to the Board to be considered for registration.").

These are the two areas of concern I felt the need to voice.

Thank you again for your consideration, and all your hard work on this bill,
Nancy Whitson

From: Sara <[REDACTED]>
Sent: Saturday, August 30, 2025 1:10 PM
To: ROSS Elizabeth * OMB
Subject: Re: B 2143/5NP Workgroup Meeting 9/3

Hope your long weekend was restful.

Here is some pre-edits, though i will mention in workgroup as well.

Suggested edits to the BEAUTIFUL FAQ page. (I really love it, it makes me feel like the workgroup discussions found a home to expand into beyond the edits to rules and regs section).

Regarding FAQ 21
5NP Treatments

possible edit, having TCM theory is not ideal maybe.....

21. What is a 5NP treatment?

The protocol works by stimulating five specific acupoints in the ear that are believed to help restore balance and calm the nervous system. It provides balance to emotional and adrenal flow which helps to reduce cravings, anxiety, and withdrawal symptoms while promoting relaxation and mental clarity.

Below is TMI, but i tried to summarize above while removing acu-lingo

Three major theories:

1)Ear/vagus nerve innervation

2)The ear is a microsystem for the body. the points used as Master Points, many correspond with organs of detoxification.

3)Ear and body acupuncture releases endorphins, balances serotonin and decreases cortisol – decreasing pain and improving mood.

Sympathetic - Helps shift the nervous system from a sympathetic (fight or flight) dominant state to a parasympathetic (rest or digest) state

Shen Men - Stress relief, relaxation, calms the brain, supports emotional processing, helps with anxiety, depression, insomnia

Kidney - Related to fear - this point supports the adrenal glands which are often over stimulated by chronic stress

Lung - Related to grief - this point regulates the skin which is also another primary organ of detox

Liver - Related to anger - this point supports emotional flow and helps relax muscle tension

On Sat, Aug 30, 2025 at 12:46 PM Sara <[REDACTED]> wrote:
Greeting Elizabeth

This is so exciting to see take shape!

A suggested edit of not too late:

3. Needles/Beads/Seeds: thin single-use disposable needles, ear seeds, or ear beads are placed on the five ear points: shen men, sympathetic, liver, kidney, and lung points. You may feel a mild pinch or tingling when the needles are inserted or beads and seeds placed, which usually fades quickly. **Ear seeds and ear beads should not be used for individuals with diabetes.**

**As this is not a true contraindication or precaution, can it be edited to:
Ear seeds and ear beads are recommended to not be retained beyond the day of treatment for individuals with diabetes.**

I believe some voiced concern about the seed retention was settled at 3 days and then removed to avoid negative side effects for diabetics.

But if people are more comfortable having the recommendation be retention no longer than day of, that seems fine. The exclusion of diabetics is inaccurate and therefore I believe this draft edit to have over compensated for the concern raised.

Thank you!!!!

Doing my homework on reading through the rest of the packet for Wednesday

Just saw this jump out instantly as a miscommunication point.
Pun intended

Thank you for all you are doing!
-sara-

From: Shannon Conrad <[REDACTED]>
Sent: Monday, September 1, 2025 7:26 PM
To: ROSS Elizabeth * OMB
Subject: Concerns Regarding the Recently Passed OMB Law Allowing subpar 5np training

Hi Elizabeth and OMB board,

I understand that this unfortunate law has already passed, and it may be too late to reverse it. However, I strongly urge you to uphold your duty to protect the public and place safety first. Please do not allow unqualified, undertrained individuals to practice medicine under the guise of acupuncture.

Even if limited to the 5NP ear protocol, acupuncture is still a medical procedure requiring skill, clinical judgment, and a foundation in the theory of Chinese Medicine. Without rigorous training, Clean Needle Technique, and clinical supervision, this becomes a dangerous, diluted form of medicine that jeopardizes patient safety.

I must ask: is this legislation truly about patient care, or is it simply a money grab by organizations looking to profit from training programs for minimally qualified practitioners? Here in Portland, we are fortunate to have a highly respected acupuncture school with teachers who possess advanced training and decades of experience. Why are we undermining their expertise and the profession's integrity by lowering the bar and handing medicine over to those with insufficient preparation?

If this law is to remain in place, at minimum it must be implemented with safeguards equivalent to those for licensed acupuncturists, including:

- 150 supervised clinical hours and 60 didactic hours.
- Treatments to take place in a clinical setting, with proper sanitation and EHR charting ability
- A college degree and a minimum age of 21 for maturity and professionalism.
- Certification in Clean Needle Technique.
- Ongoing supervision by a licensed acupuncturist.
- Equal licensing fees, malpractice insurance, and continuing education requirements.

To allow anything less is to weaken medical standards and risk public harm. I am disappointed this law was passed without adequate representation of our profession, but I urge you now to exercise your authority to enforce the highest medical standards. The public deserves nothing less.

Sincerely,
Shannon Conrad, LAc

--

Shannon Conrad
503-453-3577

Dear Workgroup Members,

I come with years of experience in both western/conventional medicine and in acupuncture.

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

Below I suggest 3 models for the rules for the 5NP technicians, depending on how much regulation is desired.

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

Sincerely,

Karina (Natalie) Arndt: LAC since 1987, Emeritus LAC since 2020; Retired RN with 38 years in western medicine

THE CURRENT REGULATORY STRUCTURE involves either:

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

Note: The lowest requirements for an individual to practice independently of extensively-trained practitioners, or outside of a standard institution in Oregon, are for LMTs who obtain 625 hours of training. It appears that lowest requirements in order for an independent practitioner in Oregon to perform an invasive treatment like insertion of needles are Licensed Acupuncturists.

The OMB has been regulating MDs for 136 years, Licensed Acupuncturists for 52 years, and Podiatrists & Pas for years. One would expect that suggestions for options B & C below would continue to be the standard for new practitioners like the 5NP technicians. It appears that only a minority of other states allowing 5NP allow it without supervision.

THREE POSSIBLE MODELS for RULES for 5NP Technicians

Model A- Techs are independent practitioners with minimal schooling

This is a huge departure from the current regulatory structure as above.

Note: Model A aligns with the position taken by many Republican and Libertarian lawmakers in Oregon.

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

Model C- Techs are independent practitioners with substantial training but do not require clinical supervision

Note: Models B & C align the training and oversight of the current regulatory structure in Oregon, providing standard safety, quality of care and patients' rights to all populations of patients.

Note: HB 21243 does not define if 5NP Techs as independent practitioners, but left the regulation up to the OMB.

General Rules Suggestions for all 3 models:

Rule 00 Purpose Statement (847-071-0000)

Replace "low-barrier treatment" with "easily accessible treatment", which is clearer terminology for the general population.

Rule 05 Definitions (847-071-0005)

(3) "Five-Needle Protocol" or "5NP" means the insertion of sterile, solid core, single-use needles ear seeds or ear beads at exactly five acupuncture points of the human auricle. The solid core needles are no to exceed 0.5" in length.

The five points are shen men, sympathetic, liver, kidney and lung.

The location of the five points is as defined in common acupuncture texts.

Note: One LAC stated that people had agreed, during the drafting of HB2143, that the needles were to be 0.5 inches or less. I endorse such limitation since it wards off applying needles to body points where organ damage can occur.

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

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

Same word switch suggestion for (3)

Rules Suggestions According to the 3 models above:

Rule 20 Qualifications 847-071-0020

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

(a) Be at least: **Option A: 18 years of age; Option B & C: 21 years**

Options B & C: Add: "Successful passage of written and practical competency exams."

No other changes for Rule 20 to the 8-20-25 draft.

Rule 25 Training Requirements (847-071-0025) (Trainer requirements same)

5NP Tech Requirements:

Option A- Same as 8-29 Draft

Option B- Same as 8-29 Draft plus:

50 hours didactic training, 40 5NP treatments of single ears under supervision

Training to include same as 8-20 Draft plus:

NCCAOM Clean Needle Technique course (8 hrs)

OSHA Blood Bloodborne Pathogens training course & HIPPA protocols- if needed above CNT course.

Option C- Same as Option B plus: 500 hours didactic training

Rules 25, 35, 40, 42, 45, 47-

Option A: same as 8-29 Draft

Option B & Option C, Add the following to the 8-29-25 draft:

Remove the word "individual, and replace with the word "patient" in all rules.

Rule 25 Training Requirements:

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

Rule 35 Discipline:

Biennial random audits ($\geq 2\%$)

Rule 40 Five-Needle Protocol Regulations:

Add the item of **retained needles**, since such needles are commonly used.

Ear Needles, Seeds and Beads:

To be retained for a maximum of 3 days

Clear instructions provided to patient to remove ear needles, seeds or beads if any irritation or discomfort occurs, and seek medical treatment if signs of infection appearing.

Add to the consent form that the patient is consenting to retained objects, and is responsible for removal within 3 days.

No electrical or laser stimulation, or other non-needling stimulation to the ear needles or to any location on the ear.

Rule 42 Billing & Marketing:

5NP Technicians may not bill Medicare/Medicaid.

All marketing must disclose non-coverage and technician status.

Rule 45 Infection Control:

Require 5NP technicians to complete the NCCAOM Clean Needle Technique.

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

Patients only remove their own needles if they are trained in exposure control & blood borne pathogens.

Note: a patient can easily contaminate their hand w/their own blood, use the door knob, another person uses the door knob and contacts the blood material.

Rule 47 Adverse Events:

Mandatory reporting within 10 days.

Require 5NP Techs to carry malpractice insurance unless covered under the facility where practicing.

Establish a grace period for this requirement until such insurance is available from insurance companies.

Rule 47 Facility Standards

Treatment areas must be cleanable, adequately spaced, and equipped with handwashing or sanitizer facility.

Where should these items go in the Rules?

5NP tech wears a nametag, identifying the practitioner as a 5NP technician, for clarity for the public.

LAcS were initially required to wear a nametag anywhere, now it only when in a multi-disciplinary clinic.

A patient who is inebriated or under influence of drugs will not be given the 5NP treatment.

Consent form: add that the patient is consenting to retained objects, and is responsible for removal within 3 days.

Clinical Supervision: Refer to standards in the medical field.

I suggest these items:

-onsite supervision is not needed at all times.

-supervisors to be LAcS (active licensees or Emeritus), MDs/DOs qualified to practice acupuncture,

RNs, PAs, Podiatrists, NDs, with 5NP technician training. Begin with these, broaden after 4-6 years as see fit.

Misc Notes

Age Requirement:

Because of the education requirements to become **any type of independent practitioner in Oregon**, all such individuals are at least 21 years old. Requiring 5NP techs to be 21 seems reasonable, and defensible legally.

In Oregon, one must be 21 to:

drink alcohol, be employed at premises dispensing psilocybin or cannabis, or to play a Video Lottery game.

In most states, one must be 21 to:

obtain a credit card without a co-signer, adopt a pet, reserve travel accommodations, fly a plane, obtain a concealed weapons license, and gamble in casinos.

Standard education & training for professionals inserting needles

Body piercing: 750 hours of theory and practical education.

Tattoo artists: 360 hours of training.

Phlebotomists: 60-120 hours of classroom training & clinical experience, not independent practitioners.

NCCAOM "Clean Needle Technique"

This 8-hour course is tailored for the insertion of acupuncture needles. CNT is required for Oregon LAc's for 30 years. It's administered by the NCCAOM, including a practical exam. NCCAOM has been the accrediting institution for acupuncture for 43 years & used in Oregon for over 35 years.

Ear Seeds or Beads:

The ear is mainly cartilage, plus it gets poor circulation because of its location. If the ear becomes infected, then it does not heal quickly compared to other tissues, and can more easily result in the loss of part or all of the external ear.

OMB may decide to initially forbid the retention of ear seeds & beads and reevaluate in 4-6 years.

Then OMB could require training, as in a continuing education class to update, techs.

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

- not used for patients with diabetes mellitus
- retention time not to exceed 3 days
- instruct patient to keep the ear dry when needles, seeds or beads are in place
- patient instructed to remove needles, seeds or beads if any irritation, swelling or redness appears on the ear.
- seek medical advice if signs of infection appear.
- only to be used in established medical clinics such that the patient can be monitored as needed
- 5NP tech carries liability insurance to compensate patient in case of infection & loss of ear cartilage

Location & Safety

Emergency Responders practice their medicine in compromised locations. They are trained extensively to accomplish this & practice in coordination with medical personnel off site. The tech may be in an entirely different situation- one may begin practicing medicine alone, in locations like a shopping mall, bus, etc., & after 30 hrs of education & 40 ears.

Adding in that the tech may be 18 years old with no previous job experience, no medical experience other than this small training, and not necessarily a high school graduate. Drastically different than an EMT, emergency responder.

Continuing Education

Require 2 hours every 2 years with renewal. Include a broad option of topics: community health issues, etc.

"It only takes a few hours to learn to do the 5NP treatment"

Yes, it's easy. However, the 5NP Tech needs many additional hours to practice this medical treatment safely.

"5NP is not the practice of medicine"

Actually, it likely is. A legal decision may be required to confirm this. See notes below.

"There is no liability insurance for 5NP Techs"

I would predict that insurance companies would devise this if requested.

THE PRACTICE OF MEDICINE

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

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

The Practice of Medicine: ORS 677.085

“What constitutes practice of medicine...”

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

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

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

847-071-0000 Purpose Statement:

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

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

“Patient” or “Individual” & other terms

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

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

Qualifying Diagnosis

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

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

Note: LAc's 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. LAc's are authorized to diagnose the patient according to TCM system.

Recommendation:

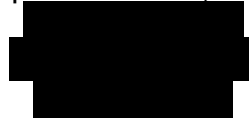
OMB either requires a diagnosis from a qualified practitioner, or investigates a solution for this conundrum.

From the Oregon Medical Board Report, Summer 2025:

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



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



September 1, 2025

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

Re: Public Comment on Division 71 Draft Rules Implementing HB 2143 (Five-Needle Protocol Technicians)

Dear Members of the Oregon Medical Board,

I am writing to express professional concern regarding the Division 71 draft rules implementing House Bill 2143, which would establish a new category of “Five-Needle Protocol (5NP) Technicians.” In my professional medical opinion, these rules raise important considerations regarding patient safety, professional standards, and the Oregon Medical Board’s responsibility to uphold public trust. Accordingly, I offer the following recommendations for your review and consideration.

Major Concerns

1. Inadequate Training Requirements

The proposed 70-hour training requirement is profoundly insufficient. Licensed acupuncturists undergo thousands of hours of graduate-level education, including anatomy, physiology, pathology, differential diagnosis, and supervised clinical practice (Council of Colleges of Acupuncture and Herbal Medicine, 2023). In contrast, the draft rules authorize independent 5NP practice after 30 didactic and 40 clinical hours—less than the >700 hours currently required for cosmetic body piercing in Oregon (Oregon Health Licensing Office).

2. Absence of Professional Supervision

Oregon’s proposal eliminates any requirement for professional supervision, diverging sharply from other states. New Mexico (NMAC 16.2.14), New Hampshire (RSA 328-G:11), and Michigan mandate licensed professional oversight. Even Texas and Colorado, with more flexible models, restrict practice to already-licensed professionals (e.g., nurses, counselors, physicians).

Oregon’s approach—no prior licensure, no supervision, no documentation, no insurance—is unprecedented and unsafe.

3. Infection Control and Sharps Safety

Permitting practice without running water, relying solely on hand sanitizer, and allowing patients to remove their own needles violates CDC infection-control guidelines (CDC, 2019) and OSHA’s Bloodborne Pathogens Standard (29 CFR 1910.1030). These provisions expose patients and communities to avoidable risks of infection, bloodborne pathogen transmission, and unsafe sharps disposal.

4. Lack of Accountability Mechanisms

Without malpractice insurance, medical documentation, or mandatory adverse-event reporting, patient harm will go unreported and uncompensated. The Federation of State Medical Boards (FSMB, 2021) identifies accountability and transparency as core responsibilities of licensure. Oregon’s draft rules abandon these principles.

5. Misclassification of Acupuncture

The rules redefine auricular acupuncture as “not acupuncture” to bypass Oregon’s Acupuncture Practice Act, despite explicitly permitting needle insertion at recognized acupuncture points (e.g., Shenmen, Sympathetic, Kidney, Liver, Lung). This legal fiction erodes statutory protections and sets a dangerous precedent for deregulation through reclassification.

Public Health Risks

- Increased risk of infection, vasovagal reactions, or psychological distress without trained oversight.
- Unsafe sharps handling and disposal in community settings.
- Absence of documentation and oversight eliminates investigation and patient recourse in cases of negligence.
- Devaluation of Oregon’s licensed acupuncturists, physicians, and allied professionals who undergo rigorous training and accountability.

Comparative State Models

- **New Mexico:** Requires NADA-equivalent training plus supervision by a Doctor of Oriental Medicine.
- **Texas:** Requires NADA training plus pre-existing licensure (RN, LCSW, MD, PA).
- **New Hampshire:** Requires supervision by a licensed acupuncturist with site visits.
- **New York:** Current proposals still require general supervision.

No state combines Oregon’s deficiencies—minimal training, no supervision, and no licensure requirement. Oregon would become a national outlier in regulatory permissiveness.

My Professional Recommendations

Terminology

- Replace “individual” with “patient” throughout the rules, consistent with ORS 677.085.

Rule 25 – Training Requirements

- OMB must evaluate, approve, and monitor training institutions.
- Require completion of the NCCAOM Clean Needle Technique (CNT) course.
- Minimum age: 21 years.

Rule 35 – Discipline

- Implement biennial random audits of at least 2% of registrants.

Rule 40 – Five-Needle Protocol Regulations

- Retained objects (needles, seeds, beads) limited to 3 days, with written removal instructions.
- Prohibit electrical, laser, or non-needle stimulation.
- Exclude patients under the influence of alcohol or drugs.

Rule 42 – Billing & Marketing

- Prohibit billing of Medicare/Medicaid.
- Require clear public disclosure of technician status and non-coverage.

Rule 45 – Infection Control

- Require OSHA-compliant exposure control plans.
- Prohibit patients from removing their own needles without documented training.
- Facilities must meet sanitation and safety standards.

Rule 47 – Adverse Events & Facility Standards

- Mandate adverse event reporting within 10 days.
- Require malpractice insurance.
- Enforce facility standards for sanitation and emergency preparedness.

Professional Identification

- Require nametags identifying practitioners as “5NP Technicians with a QR code for reporting incidents.”

Supervision

- Require supervision by a licensed healthcare professional—such as Acupuncturists, MDs/DOs, Registered Nurses (RNs), Physician Assistants (PAs), or Naturopathic Physicians (NDs) who have completed appropriate 5NP training and/or already meet State of Oregon Acupuncture Licensure Act.
- Consider scope expansion only after safety data are available.

Continuing Education

- Require 6 hours every 2 years, including infection control and trauma-informed care.

The Practice of Medicine

Division 71 explicitly describes 5NP as treatment for substance use disorders, trauma, and mental health conditions. Under ORS 677.085, such activity constitutes the practice of medicine. Regardless of legislative framing as “supportive care,” these interventions remain medical treatments and must be regulated accordingly.

Conclusion and Recommendation

The Oregon Medical Board’s mission is to safeguard the health and safety of the public. As currently drafted, Division 71 rules expose vulnerable populations—those with addiction, trauma, and psychiatric illness—to foreseeable harm, while undermining professional licensure integrity.

I strongly urge the Board to:

1. Revise the draft rules to require ≥ 150 hours of training plus CNT certification.
2. Mandate malpractice insurance and adverse event reporting.
3. Align infection control standards with CDC and OSHA requirements.
4. Require licensed professional supervision.
5. Use accurate medical terminology to reflect the seriousness of this intervention.

Oregon has a unique opportunity to expand access to care while preserving safety and accountability. That goal requires rigorous regulation, not deregulation through expediency.

Respectfully submitted,

Christopher Beardall, DC, L.Ac.

References

- CDC. *Guidelines for Infection Control in Healthcare Personnel*. 2019.
- Council of Colleges of Acupuncture and Herbal Medicine. *Educational Standards for Acupuncture Programs*. 2023.
- FSMB. *Essentials of a State Medical and Osteopathic Practice Act*. 2021.
- New Mexico Administrative Code (NMAC 16.2.14).
- New Hampshire Revised Statutes (RSA 328-G:11).
- Oregon Health Licensing Office. *Body Piercing Training Requirements*.
- OSHA. *Bloodborne Pathogens Standard* (29 CFR 1910.1030).

Dear Members of the Oregon Medical Board,

I am writing as an acupuncturist with 20 years of experience practicing in various clinical settings, ranging from pop up trauma and pain treatment events for veterans, hospitals, private clinics and even Lincoln Recovery Center, where NADA treatment was first popularized. I request that the Oregon Medical Board consider specific regulatory measures regarding the training, supervision, and scope of practice for 5NP (Five Needle Protocol) technicians. Based on my understanding and concern for the safety and efficacy of this practice, I would like to propose that 5NP technicians undergo clinical supervision, comparable to most other states allowing this practice and greater than has been suggested thus far, as per the document provided by the OMB reading materials for this work group that describes the requirements for each state. I also request that technicians receive greater designated training hours and practice exclusively within medical clinic settings.

At this time, the required age of the technician is only 18 years. This 18 year old is not required to have any other job or education experience and is being given unrestricted access to independently provide this medical care to vulnerable populations. Coupled with the limited training recommended in this bill, this seems contrary to all other medical technicians, most of which require 9 months + of training, and thus seems unsafe and unethical.

Acupuncture, including the 5NP protocol, involves the insertion of needles into the skin and cartilage, which carries an inherent risk of infection. Performing these treatments in a medical clinic environment ideally ensures a calm and sterile setting, mitigating risks associated with infection and would allow for easy clean up. It is better to be provided while seated, in a clean clinic than on a city bus, better provided in a clinic where people wear shoes than in a yoga studio where people are barefoot, and better in a clinic than in a park where needles could get lost in the grass where children play. Medical clinics are subject to stringent health regulations, ensuring standards of care, sanitation, and safety measures for both patients and practitioners. Requiring 5NP technicians to practice in these regulated environments guarantees that the necessary protocols for patient confidentiality, infection control, and basic record keeping are adhered to. Whereas pop ups occur in times of traumatic events and disasters, they are generally run by licensed health care workers, not any 18 year old with a day certificate. A licensed health care worker is more inclined to follow protocols and ensure safety due to greater training and because they have a license at stake. There are several adverse event reports that suggest that most AEs are due to a poor sense of responsibility of the providers. Requiring clinical supervision and a clinical environment helps to mitigate risk. In addition, patients are protected because the provider has malpractice insurance. To have a bill allowing the insertion of needles intended for medical treatment with no boundaries around practice space, no protections for the patient in the event of an injury and such minimal provider training creates unnecessary risk, even for a safe procedure.

Emergency Preparedness and Immediate Response: Although rare, adverse effects can occur from acupuncture treatments. Bruising and bleeding are not the only AEs but also syncope, injuries secondary to syncope such as concussion, and mental health crises. A medical clinic setting ensures that appropriate emergency response personnel and measures are available to navigate all of these complexities, including access to life-saving equipment and BLS/first aid

trained personnel. The training suggested for this 5NP provider can cover the mechanics of 5 needles in the ear but not all of the potential clinical dynamics that warrant more experienced supervision.

Practicing acupuncture within a medical clinic allows for better integration with other treatments and healthcare providers, which is what this bill seeks to accomplish. This collaborative environment ensures that acupuncture is part of a comprehensive treatment plan, including mental health care and pain management. It also ensures that the treatment is appropriately based on the patient's needs and offers a comprehensive approach to patient care. If this medicine is meant to serve as many patients as possible, and one of the goals is to restore patient agency, then it seems imperative that the patient have more thorough health care be a choice. 5NP is acupuncture after all, it is just an acupuncture point combination. There are many others that could offer better assistance. Requiring that this 5NP treatment is offered in a clinical setting with some acupuncture supervision ensures that the patient has the opportunity for more thorough treatment, otherwise it is placing band-aids on bullet holes and patting oneself on the back in the name of access to care and the opioid crisis. It is a short cut.

Please remember that acupuncture availability has grown substantially since the 1970's. This progress has been achieved through years of advocacy, rigorous training, and legal efforts to ensure that acupuncture is practiced safely and effectively by licensed professionals. Many individuals and organizations have worked tirelessly to bring acupuncture to the forefront of modern healthcare, have it covered by most health insurance and ensure its accessibility to all populations. Medicaid and Medicare cover acupuncture now. Many, many LAc's offer additional low cost, sliding scale and community style treatments. Deregulating the practice undermines the quality of care and the integrity of the acupuncture profession, is unsafe to patients and potentially decreases access to care. Offering treatments in non-medical settings to individuals without appropriate clinical supervision and training is not equitable care but quite the opposite.

From the NADA website: "In the U.S.A. and Canada, many localities encourage the implementation of a NADA program through regulations that allow non-acupuncturist health providers to be trained in the NADA protocol, often under the supervision of a licensed acupuncturist or medical doctor." Most others that don't require supervision require that the provider have another working medical licensure. These statements were disputed in the previous workshop meeting but the information is written on a document provided by the OMB for our reading.

I propose the following measures for the 5NP technician role:

1. Supervision Requirements:

5NP technicians should practice under the clinical supervision of a licensed acupuncturist or MD/DO qualified to perform acupuncture. Supervision should not necessarily be required at all times, but a supervisor should be readily available in the event of complications or adverse reactions.

2. Training and Certification:

Technicians should complete a standardized training program that includes at least:

- 50 hours of didactic training
- 40 supervised clinical treatment hours
- Certification in the NCCAOM Clean Needle Technique (CNT) course (8 hours)
- OSHA-compliant Bloodborne Pathogens training, as well as HIPAA protocols, as required

3. Liability Insurance

- Some aspect of liability insurance is required for patient safety

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

Whereas I commend this group for wanting to help as many people as possible, I would also like to offer another viewpoint from a recent patient of mine who was treated with 5NP in a detox/trauma facility. He reported feeling like a factory farmed animal. He reported being rounded into a room like a sheep, where seemingly untrained people stabbed him repeatedly in the ears and then acted as if he was supposed to be better. He said it was incredibly painful, whereas regular acupuncture treatment, even in the ears, is not. He had to keep asking, “when are we actually going to talk about or work on the cause because the drinking is just the symptom?” Of course, different things work for different people and I think that NADA is a wonderful offering, when done well, but I also see that this reduction in regulation as being similar to the supersize me fast food culture.

Thank you for your consideration.