



NOTICE OF PROPOSED RULEMAKING INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 847 OREGON MEDICAL BOARD

FILED

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ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Implementing SB 874(2025) and updating the National Certification Board for Acupuncture and Herbal Medicine

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 11/24/2025 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

A public rulemaking hearing may be requested in writing by 10 or more people, or by a group with 10 or more members, within 21 days following the publication of the Notice of Proposed Rulemaking in the Oregon Bulletin or 28 days from the date the Notice was sent to people on the agency mailing list, whichever is later. If sufficient hearing requests are received, the notice of the date and time of the rulemaking hearing must be published in the Oregon Bulletin at least 14 days before the hearing.

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NEED FOR THE RULE(S)

The proposed rulemaking is needed to implement SB 874 (2025) adding a definition for "Traditional Eastern medicine" to provide cohesion and clarify the OMB's authority to regulate acupuncturists. The bill also replaced the term "Oriental medicine" with "Traditional Eastern medicine" throughout ORS chapter 677, clarified the definition of "acupuncture," and updated the Oregon Association of Acupuncturists name. Additionally, the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) is changing their name to the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) in January 2026. The proposed rulemaking is needed to align with SB 874 and update the NCCAOM name to NCBAHM.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

ORS 677, https://www.oregonlegislature.gov/bills_laws/ors/ors677.html
SB 874 (2025), <https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/SB874>
NCCAOM Name Change to NCBAHM, https://www.nccaom.org/wp-content/uploads/pdf/NCCAOM_Name_Change_FAQs_Final.pdf

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

The proposed rule adds a definition for "Traditional Eastern medicine" to provide cohesion and clarify the OMB's authority to regulate acupuncturists, replaces the term "Oriental medicine" with "Traditional Eastern medicine", and updates the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) name to the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM). The proposed rule amendment may positively impact racial equity by utilizing titles that more accurately represent the acupuncture practice, while embracing inclusive, modern, and culturally respectful language.

FISCAL AND ECONOMIC IMPACT:

There is no additional impact to fiscal and economic impact to the Oregon Medical Board beyond that estimate for SB 874 (2025). Minimal time and resources are needed to make these updates to names and terms and align with SB 874.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) The rule amendment will have no economic impact on state agencies, units of local government, or the public. (2) The rule amendment applies to individual acupuncture licensees of the Oregon Medical Board; small businesses are not eligible for a Board license. (b) The rulemaking imposes no additional mandatory reporting, recordkeeping or other administrative requirements on small businesses. (c) The rulemaking imposes no additional requirements regarding equipment, supplies, labor or administration.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Members of the Board and Acupuncture Advisory Committee who were consulted in the development of the rule represent small businesses. The rule was reviewed at the Acupuncture Advisory Committee meeting on September 12, and at the full Board meeting on October 2, 2025.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

The rule was reviewed by the Acupuncture Advisory Committee and Oregon Medical Board members who represent the interests of persons and communities likely to be affected by a proposed rule. Overall, Board and Committee are licensees of the Oregon Medical Board or members of the public.

RULES PROPOSED:

847-008-0070, 847-010-0073, 847-070-0005, 847-070-0016, 847-070-0017, 847-070-0019, 847-070-0022, 847-070-0033, 847-070-0037, 847-070-0045, 847-070-0060

AMEND: 847-008-0070

RULE SUMMARY: The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) is changing their name to the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) in January 2026. The proposed rule makes this update.

CHANGES TO RULE:

847-008-0070

Continuing Medical Competency (Education) ¶¶

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

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

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

Commission Board for Acupuncture and Oriental Herbal Medicine (NCCAQBAMH); or

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

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

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

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

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

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

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

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

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

(A) AMA Category 1 or 2;

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

(C) APMA-approved continuing education; or

(D) AAPA Category 1 or 2; or

(c) 8 hours of NCCAQBAMH-approved courses.

(3) Licensees who have lifetime certification without participation in a program of recertification or maintenance of certification with the ABMS, AOA-BOS, ABPM, ABFAS, or NCCPA must submit the required CME in section (1)

(b) of this rule or section (2) (b) of this rule if renewing with Emeritus status.

(4) Licensees who have lifetime certification without participation in a program of recertification or maintenance of certification with the NCCAQBAMH must submit the required CME in section (1) (c) of this rule or section (2)

(c) of this rule if renewing with Emeritus status.

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

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

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

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

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

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

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

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

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

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

(a) Licensees in residency training; and

(b) Volunteer Camp licensees.

Statutory/Other Authority: ORS 677.265, ORS 676.850, ORS 676.860

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

AMEND: 847-010-0073

RULE SUMMARY: The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) is changing their name to the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) in January 2026. The proposed rule makes this update.

CHANGES TO RULE:

847-010-0073

Reporting Requirements ¶

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

include a violation of patient boundaries, or¶¶

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

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

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

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

(ii) Administration of unnecessary treatment; or ¶¶

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

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

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

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

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

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

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

(I) Sexual intercourse;¶¶

(II) Genital to genital contact;¶¶

(III) Oral to genital contact;¶¶

(IV) Oral to anal contact;¶¶

(V) Genital to anal contact;¶¶

(VI) Kissing in a romantic or sexual manner;¶¶

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

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

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

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

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

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

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

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

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

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

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

(I) In which the licensee is certified, and¶¶

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

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

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

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

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

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

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

(vii) Any provision of the Oregon Association of Acupuncture and Oriental Medicine's 2008 Code of Ethics.¶¶

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

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

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

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

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

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

(B) Mental or emotional illness.¶¶

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Statutory/Other Authority: ORS 677.265, 677.417

Statutes/Other Implemented: ORS 676.150, 677.092, 677.190, 677.205, 677.265, 677.415

RULE SUMMARY: The proposed rulemaking implements SB 874 (2025) adding a definition for "Traditional Eastern medicine" to provide cohesion and clarify the OMB's authority to regulate acupuncturists. The bill replaced the term "Oriental medicine" with "Traditional Eastern medicine" throughout ORS chapter 677 and clarifies the definition of "acupuncture." SB 874 did not change the scope of practice for acupuncturists in Oregon. The proposed rule amendments align with SB 874.

CHANGES TO RULE:

847-070-0005

Definitions ¶

As used in the rules regulating the practice of acupuncture:¶

- (1)(a) ~~"Acupuncture" means an Oriental health care practice~~ has the meaning given in ORS 677.757:¶
(a) Traditional Eastern medicine used to promote health and ~~to~~ treat neurological, organic or functional disorders ~~by the stimulation of specific points on the surface of the body by the insertion of needles.~~ "Acupuncture" includes ~~through the insertion of needles into specific points on the body at varying depths, including insertion into the skin, subcutaneous tissue, muscle layers and fascia, and into or near joint spaces based on anatomical location and the practitioner's clinical assessment. The type of needle inserted, and the depth, angle and technique of insertion, are informed by specialized training in acupuncture theory, biomedical anatomy and diagnostic evaluation to safely stimulate biological and physiological responses and support the body's healing process. ¶~~
(b) The treatment method of moxibustion, ~~as well as~~ and the use of electrical, thermal, mechanical or magnetic devices, with or without needles, to stimulate acupuncture points and acupuncture meridians and to induce acupuncture anesthesia or analgesia.¶
(b) ~~The practice of acupuncture also includes the following modalities, as authorized by the Oregon Medical Board:¶~~
(A) ~~Traditional and modern Oriental Medicine~~ Traditional Eastern medicine and acupuncture techniques of diagnosis and evaluation;¶
(B) ~~Oriental Traditional massage~~ Traditional Eastern medicine manual therapy, exercise and related therapeutic methods; and¶
(C) The use of ~~Oriental Traditional Eastern medicine~~ pharmacopoeia, vitamins, minerals and dietary advice.¶
(2) "Board" means the Oregon Medical Board for the State of Oregon.¶
(3) "Clinical training" means supervised clinical training which consists of diagnosis and actual patient treatment which includes insertion of acupuncture needles.¶
(4) "Committee" means the Acupuncture Advisory Committee.¶
(5) "Licensed Acupuncturist" means an individual authorized by the Board to practice acupuncture pursuant to ORS Chapter 677.¶
(6)(a) ~~Oriental Traditional massage~~ Traditional Eastern medicine manual therapy means methods of manual therapy, including manual mobilization, manual traction, compression, rubbing, kneading and percussion, with or without manual implements, for indications including limited range of motion, muscle spasm, pain, scar tissue, contracted tissue and soft tissue swelling, edema and inflammation, as described in instructional programs and materials of ~~Oriental Traditional Eastern medicine~~ or Asian health care.¶
(b)(A) ~~Oriental Traditional massage~~ Traditional Eastern medicine manual therapy as practiced in Oregon does not include high-velocity, short-amplitude, manipulative thrusting procedures to the articulations of the spine or extremities.¶
(B) ~~Oriental massage~~ Traditional Eastern medicine manual therapy as practiced in Oregon does not include internal pelvic massage (intravaginal, intra-anal, or intra-rectal) or genital massage.¶
(7) "Physician" means an individual licensed to practice medicine as a medical doctor or doctor of osteopathic medicine pursuant to ORS Chapter 677.¶
(8) "Traditional Eastern medicine" has the meaning given in ORS 677.010, as acupuncture and traditional Chinese medicine, regulated by ORS chapter 677 if the medicine is practiced within the context of a person's license to practice acupuncture issued under ORS 677.757 to 677.770.

Statutory/Other Authority: ORS 677.265, 677.759

Statutes/Other Implemented: ORS 677.265, 677.757, 677.759, 677.780

RULE SUMMARY: The proposed rulemaking implements SB 874 (2025) replacing the term “Oriental medicine” with “Traditional Eastern medicine” throughout ORS chapter 677. Additionally, the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) is changing their name to the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) in January 2026. The proposed rule also makes this update. Their exam titles, including Foundations of Oriental Medicine, will remain the same.

CHANGES TO RULE:

847-070-0016

Qualifications ¶

(1) An applicant for licensure as an acupuncturist must have:¶

(a) Graduated from an acupuncture program that satisfies the standards of the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM), or its successor organization, or an equivalent accreditation body that are in effect at the time of the applicant's graduation. An acupuncture program may be established as having satisfied those standards by demonstration of one of the following:¶

(A) Accreditation, or candidacy for accreditation by ACAHM at the time of graduation from the acupuncture program; or¶

(B) Approval by a foreign government's Ministry of Education, or Ministry of Health, or equivalent foreign government agency at the time of graduation from the acupuncture program. Each applicant must submit their documents to a foreign credential equivalency service, which is approved by the National Certification ~~Commission~~Board for Acupuncture and ~~Oriental~~Herbal Medicine (NCCA~~OM~~BAHM) for the purpose of establishing equivalency to the ACAHM accreditation standard. Acupuncture programs that wish to be considered equivalent to an ACAHM accredited program must also meet the curricular requirements of ACAHM in effect at the time of graduation.¶

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

(A) The applicant must pass three (3) NCCA~~OM~~BAHM Certification exam components: Biomedicine, Foundations of Oriental Medicine, and Acupuncture with Point Location.¶

(B) The applicant has no more than four attempts to pass each component of the NCCA~~OM~~BAHM Certification Exam listed in subsection (A) of this section. If the applicant does not pass each component of the NCCA~~OM~~BAHM Certification Exam within four attempts, the applicant is not eligible for licensure.¶

(C) An applicant who has passed each component of the NCCA~~OM~~BAHM Certification Exam but not within the four attempts required by this rule may request a waiver of this requirement if the applicant passed each component of the exam within five attempts and:¶

(i) Has obtained a Doctor of Acupuncture and Oriental Medicine degree; or¶

(ii) Experienced extenuating circumstances that do not indicate an inability to safely practice acupuncture as determined by the Board.¶

(2) An applicant who does not meet the criteria in OAR 847-070-0016(1) must have the following qualifications:¶

(a) Five years of licensed clinical acupuncture practice in the United States. This practice must include a minimum of 500 acupuncture patient visits per year. Documentation must include:¶

(A) Two affidavits from office partners, clinic supervisors, accountants, or others approved by the Board, who have personal knowledge of the years of practice and number of patient visits per year; and¶

(B) Notarized copies of samples of appointment books, patient charts and financial records, or other documentation as required by the Board; and¶

(b) Practice as a licensed acupuncturist in the U.S. during five of the last seven years prior to application for Oregon licensure. Licensed practice includes clinical practice, clinical supervision, teaching, research, and other work as approved by the Board within the field of acupuncture and ~~oriental~~Traditional Eastern medicine. Documentation of this practice will be required and is subject to Board approval; and¶

(c) Successful completion of the ACAHM western medicine requirements in effect at the time of graduation from the acupuncture program, unless the applicant graduated from a non-accredited acupuncture program prior to 1989; and¶

(d) Current certification in acupuncture by the NCCA~~OM~~BAHM. An applicant will be deemed certified in Acupuncture by the NCCA~~OM~~BAHM if the applicant has passed the NCCA~~OM~~BAHM Acupuncture Certification Examinations or has been certified through the NCCA~~OM~~BAHM Credentials Documentation Examination.¶

(A) The applicant must pass three (3) NCCA~~OM~~BAHM Certification exam components: Biomedicine, Foundations of

Oriental Medicine, and Acupuncture with Point Location.¶

(B) The applicant has no more than four attempts to pass each component of the NCCAQBAHM Certification Exam listed in subsection (A) of this section. If the applicant does not pass each component of the NCCAQBAHM Certification Exam within four attempts, the applicant is not eligible for licensure.¶

(C) An applicant who has passed each component of the NCCAQBAHM Certification Exam but not within the four attempts required by this rule may request a waiver of this requirement if the applicant passed each component of the exam within five attempts and:¶

(i) Has obtained a Doctor of Acupuncture and Oriental Medicine degree; or¶

(ii) Experienced extenuating circumstances that do not indicate an inability to safely practice acupuncture as determined by the Board.¶

(3) An individual whose acupuncture training and diploma were obtained in a foreign country and who cannot document the requirements of subsections (1) or (2) of this rule because the required documentation is now unobtainable, may be considered eligible for licensure if it is established to the satisfaction of the Board that the applicant has equivalent skills and training and can document one year of training or supervised practice under a licensed acupuncturist in the United States.¶

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

(a) Licensure in good standing from the state or states of all prior and current health related licensure; and¶

(b) Have good moral character as those traits would relate to the applicant's ability properly engage in the practice of acupuncture; and¶

(c) Have the ability to communicate in the English language well enough to be understood by patients and physicians. This requirement is met if the applicant passes the NCCAQBAHM written acupuncture examination in English, or if in a foreign language, must also have passed an English language proficiency examination:¶

(A) A Test of English as a Foreign Language (TOEFL) score of 500 or more for the written TOEFL exam, 173 or more for the computer based TOEFL exam, or 65 or more for the internet based TOEFL exam; ¶

(B) A Test of Spoken English (TSE) score of 200 or more prior to July 1995, and a score of 50 or more after July 1995; or¶

(C) A Occupational English Test score of at least 350 for speaking and at least 300 for reading, writing, and listening on any OET health-related profession.¶

(d) An applicant who is certified through the NCCAQBAHM Credentials Documentation Examination must also have passed an English proficiency examination described in subsection (c).

Statutory/Other Authority: ORS 677.265, ORS 677.759

Statutes/Other Implemented: ORS 677.265, ORS 677.759, ORS 677.780

AMEND: 847-070-0017

RULE SUMMARY: The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) is changing their name to the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) in January 2026. The proposed rule makes this update.

CHANGES TO RULE:

847-070-0017

Clinical Training ¶

(1) A clinical supervisor must meet the following requirements:¶

(a) Be an actively licensed Oregon acupuncturist who has practiced as an acupuncturist for a period of at least five years, and is in good standing with the Board; or¶

(b) Be an actively licensed Oregon physician who is in good standing with the Board, who has been practicing acupuncture for a period of at least five years, and has passed the examination for acupuncture; or¶

(c) Be an acupuncturist or physician licensed, registered, or certified by another jurisdiction, who is in good standing with such jurisdiction, who has been practicing acupuncture for a period of at least five years and has passed a qualifying examination for acupuncture, or been certified in acupuncture by the National Certification ~~Commission~~Board for Acupuncture and ~~Orient~~Herbal Medicine (NCCA~~O~~BAHM) through its Credentials Documentation Examination. If a portion of those five or more years was prior to licensing, registration, or certification, then prior practice must be documented to the Board's satisfaction. The NCCA~~O~~BAHM Certification Standards for Documentation will be used. All clinical supervisors under this section are subject to Board approval.¶

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

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

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

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

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

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

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.060(3)

AMEND: 847-070-0019

RULE SUMMARY: The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) is changing their name to the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) in January 2026. The proposed rule makes this update.

CHANGES TO RULE:

847-070-0019

Interview and Examination ¶¶

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

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

(a) Obtain certification or re-certification in Acupuncture or Oriental Medicine by the National Certification ~~Commission~~Board for Acupuncture and ~~Orient~~Herbal Medicine (NCCAOBAHM);¶¶

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

(c) Provide documentation of current NCCAOBAHM Acupuncture certification;¶¶

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

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

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

Statutory/Other Authority: ORS 677.265, 677.759

Statutes/Other Implemented: ORS 677.759

AMEND: 847-070-0022

RULE SUMMARY: The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) is changing their name to the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) in January 2026. The proposed rule makes this update.

CHANGES TO RULE:

847-070-0022

Documents to be Submitted for Licensure ¶

The documents submitted must be legible and no larger than 8 1/2" x 11". All documents and photographs will be retained by the Board as a permanent part of the application file. If original documents are larger than 8 1/2" x 11", the copies must be reduced to the correct size with all wording and signatures clearly shown. Official translations are required for documents issued in a foreign language. The following documents are required:¶

- (1) Application: Completed formal application provided by the Board. Required dates must include month, day and year.¶
- (2) Birth Certificate: A copy of birth certificate and a copy of Change of Name documentation, Marriage Certificate, or Divorce Decree if the applicant's name has been changed by court order, adoption, marriage, divorce, etc.¶
- (3) Acupuncture School Diploma: A copy of a diploma showing graduation from an approved school of acupuncture for those applicants who qualify under OAR 847-070-0016(1).¶
- (4) Photograph: A close-up, passport-quality photograph, front view, head and shoulders (not profile), with features distinct, taken within 90 days preceding the filing of the application.¶
- (5) A letter from the Dean of the applicant's program of acupuncture for those applicants who qualify under OAR 847-070-0016(1).¶
- (6) A letter from the National Certification ~~Commission~~Board for Acupuncture and ~~Oriental~~Herbal Medicine (~~NCCAOM~~NCBAHM) verifying current certification in acupuncture by the ~~NCCAOM~~NCBAHM for those applicants who qualify under OAR 847-070-0016(1) or (2).¶
- (7) If requested by the Board, a letter verifying licensure in good standing from the state or states of all prior and current health-related licensure.¶
- (8)(a) A letter from the Director or other official for practice and employment to include a statement regarding eligibility for rehire and specific beginning and ending dates of practice and employment, for the past five (5) years only. ¶
- (b) If the applicant has ceased practice for more than two (2) years, employment verifications will be required for the past ten (10) years or redacted patient logs from the past five (5) years.¶
- (c) If such verification is unavailable or incomplete, and for acupuncturists who have been or are in solo practice, three reference letters from acupuncturists in the local treatment community who are familiar with the applicant's practice and who have known the applicant for more than six months.

Statutory/Other Authority: ORS 677.265, 677.759

Statutes/Other Implemented: ORS 677.275, 677.759

AMEND: 847-070-0033

RULE SUMMARY: he proposed rulemaking implements SB 874 (2025) replacing the term “Oriental medicine” with “Traditional Eastern medicine” throughout ORS chapter 677. Additionally, the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) is changing their name to the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) in January 2026. The proposed rule also makes this update.

CHANGES TO RULE:

847-070-0033

Visiting Acupuncturist Requirements ¶¶

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

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

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

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

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

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

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

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

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

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.265(1), (2)

AMEND: 847-070-0037

RULE SUMMARY: The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) is changing their name to the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) in January 2026. The proposed rule makes this update.

CHANGES TO RULE:

847-070-0037

Limited License, Pending Examination ¶

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

(a) The application file is complete to the satisfaction of the Board with the exception of pending certification by the NCCA~~O~~BAHM;¶

(b) The applicant has not previously failed the NCCA~~O~~BAHM examination;¶

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

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

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

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

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

(5) The Limited License, Pending Examination will automatically expire if the applicant fails the acupuncture certification examination given by the NCCA~~O~~BAHM.

Statutory/Other Authority: ORS 677.265

Statutes/Other Implemented: ORS 677.759

AMEND: 847-070-0045

RULE SUMMARY: The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) is changing their name to the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) in January 2026. The proposed rule makes this update.

CHANGES TO RULE:

847-070-0045

Inactive Registration and Re-Entry to Practice ¶¶

- (1) Any acupuncturist licensed in this state who changes location to some other state or country shall be listed by the Board as inactive.¶¶
- (2) If the acupuncturist wishes to resume active status, the acupuncturist must file an Affidavit of Reactivation and pay a processing fee, satisfactorily complete the reactivation process and be approved by the Board before beginning active practice in Oregon.¶¶
- (3) The Board may deny active registration if it judges the conduct of the acupuncturist during the period of inactive registration to be such that the acupuncturist would have been denied a license if applying for an initial license.¶¶
- (4) If an acupuncturist applicant has ceased practice for a period of 12 or more consecutive months immediately preceding the application for licensure or reactivation, the applicant may be required to do one or more of the following:¶¶
 - (a) Obtain certification or re-certification in Acupuncture or Oriental Medicine by the National Certification ~~Commission~~Board for Acupuncture and ~~Orient~~Herbal Medicine (NCCA~~O~~BAHM);¶¶
 - (b) Provide documentation of current NCCA~~O~~BAHM Acupuncture or Oriental Medicine certification;¶¶
 - (c) Complete 15 hours of continuing education acceptable to the Board for every year the applicant has ceased practice;¶¶
 - (d) Complete a Board-approved mentorship tailored to the applicant's time out of practice under a Board-approved mentor who must individually supervise the licensee. The mentor must report the successful completion of the mentorship to the Board; and¶¶
 - (e) Additional requirements as determined appropriate by the Board.¶¶
- (5) The acupuncturist applicant who has ceased practice for a period of 24 or more consecutive months may be required to complete a re-entry plan to the satisfaction of the Board. The re-entry plan must be reviewed and approved through a Consent Agreement for Re-entry to Practice prior to the applicant beginning the re-entry plan. Depending on the amount of time out of practice, the re-entry plan may contain one or more of the requirements listed in section (4) of this rule and such additional requirements as determined appropriate by the Board.

Statutory/Other Authority: ORS 677.265, ORS 677.759

Statutes/Other Implemented: ORS 677.759, ORS 677.175

AMEND: 847-070-0060

RULE SUMMARY: The National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) is changing their name to the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) in January 2026. The proposed rule makes this update.

CHANGES TO RULE:

847-070-0060

License Application Withdrawals and Denials

- (1) An applicant may withdraw an application for licensure prior to review by the Board's Administrative Affairs Committee or Acupuncture Advisory Committee. The Board will not report the withdrawal to the National Certification ~~Commission~~Board for Acupuncture and ~~Oriental~~Herbal Medicine (NCCA~~OM~~BAHM). The applicant may submit a new application for licensure at any time.¶
- (2) An applicant may withdraw an application for licensure up to 30 days after the Board has voted to deny the application on the basis that the applicant is not eligible for licensure for reason(s) other than the applicant's failure to demonstrate good moral character. The Board will not report the withdrawal to the NCCA~~OM~~BAHM. The applicant may submit a new application for licensure at any time.¶
- (3) An applicant may request to withdraw an application for licensure after review by the Administrative Affairs Committee. If the Board grants the request, the withdrawal will be reported to the NCCA~~OM~~BAHM. The applicant may submit a new application for licensure no sooner than two years after the date of withdrawal.¶
- (4) An applicant may request to withdraw an application for licensure after review by the Board's Investigative Committee. If the Board grants the request, the applicant may withdraw their application only through issuance of a Stipulated Order of suspended judgment of license denial. The suspension of judgment is based on the applicant's withdrawal of their application and agreement not to reapply for licensure for at least two years after issuance of the Stipulated Order. The order will be reported to the NCCA~~OM~~BAHM and the National Practitioner Databank.¶
- (5) An applicant whose application has been denied may submit a new application for licensure as stated in the Board's Order, but no sooner than two years after the date of denial.

Statutory/Other Authority: ORS 677.265

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