

February 24, 2026

Dear Health Policy and Finance Committee,

I am writing in support of hf1270 the acupuncture scope of practice. Acupuncture practice in Minnesota has not been modernized since its original licensure.

I am asking you also to consider an amendment to change the statute to reflect the name change to our national certifying board. It is mentioned throughout our scope but has recently gone through a name change to remove the word oriental as well. Its new name is the National Certification Commission for Acupuncture and Herbal Medicine. [NCBAHM Home | NCBAHM https://www.ncbahm.org/](https://www.ncbahm.org/)

Subd. 16.**NCCAOM**. "NCCAOM" means the National Certification Commission for Acupuncture and Oriental Medicine, a not-for-profit corporation organized under section 501(c)(4) of the Internal Revenue Code.

§

Subd. 16a.**NCCAOM certification**. "NCCAOM certification" means a certification granted by the NCCAOM to a person who has met the standards of competence established for either NCCAOM certification in acupuncture or NCCAOM certification in Oriental medicine.

Sincerely,

Bonnie Bolash, L.Ac.
Crystal, MN

Historical Facts on Acupuncture and Chinese Medicine in the United States

Bonnie Bolash, L.Ac.

Acupuncture has been documented in the United States since the 1700s. It is often stated that French physicians introduced acupuncture into American medicine. However, as historical documents continue to be digitized, emerging evidence suggests that Chinese physicians may also have been present in the United States in the late 1700s and may have practiced acupuncture during that time earlier than the 1800's.

In the 1800s and early 1900s, acupuncture was discussed within the broader practice of medicine. Medical schools, including Rush Medical College in Chicago,ⁱ offered coursework in which acupuncture was a subject of study. Throughout American history, acupuncture has appeared in newspaper articles, magazines, and medical journals both in the United States and internationally. Artifacts such as acupuncture needles and cupping equipment appear in Civil War–era medical texts and are displayed today at the Museum of Civil War Medicine, suggesting that needling therapies were known during that period.

Acupuncture has deep cultural and historical roots. Documentation shows that Japanese practitioners in Hawaiiⁱⁱ in the early 1900s sought formal recognition of acupuncture practice. Records also indicate that acupuncture was practiced in Japanese internment camps during World War II. By the 1960s, military medical journals acknowledged that acupuncture was being practiced in the United States.ⁱⁱⁱ In the 1970s, broader recognition grew as acupuncture was identified in Chinatowns and other immigrant communities as an established medical tradition.

The 1970s marked a renewed national awareness of acupuncture following President Nixon's visit to China. Early U.S. studies^{iv} began to demonstrate clinical benefits, particularly for pain management. During this period, the Internal Revenue Service^v recognized acupuncture as a deductible medical expense. Insurance coverage began to expand,^{vi} including Medicaid^{vii} coverage in Minnesota in the 80's and inclusion within Minnesota's workers' compensation system.^{viii}

In 1996,^{ix} acupuncture needles were formally classified as medical devices for use by licensed practitioners, providing clearer regulatory oversight. Prior to that regulatory clarification, especially from the 1970s through the early 1990s, importation barriers created significant challenges for practitioners, and access to sterile, approved needles was inconsistent. As a result, there ended up being a black market^x for acupuncture needles.

Minnesota's legislation formally recognizing the practice of acupuncture was enacted in the 1990s, following efforts that had been underway since the 1970s. This progress was made possible through the pioneering work of Edith R. Davis, whose leadership helped establish acupuncture as a regulated healthcare profession in the state.

Acupuncturists today complete advanced graduate-level education, earning either master's or doctoral degrees. Our training includes extensive classroom instruction and supervised clinical experience to ensure safe, effective patient care.

Modern acupuncture practice incorporates a range of therapeutic modalities, which may include acupuncture needle insertion, manual therapies, tool-assisted techniques, moxibustion, lifestyle and dietary counseling, herbal medicine, nutritional supplementation, and breathing and exercise therapies.

Across cultures, distinct needling traditions have developed—including American, French, Chinese, Japanese, Korean, and broader European style. Acupuncture needles themselves have undergone minimal structural change over time (noncutting needle and handle). They are produced in different lengths and gauges to serve various treatment strategies. Some techniques involve shallow insertion, while others reach muscle tissue, joint spaces, or the periosteal level.

Thank you for reading about these historical facts. For more references please ask.

ⁱ [... Annual announcement and catalogue of the Rush Medical College, Chicago, Ill. Session of ... : Free Download, Borrow, and Streaming : Internet Archive](https://archive.org/details/annualannounceme57unse/page/n17/mode/2up?q=acupuncture+)
<https://archive.org/details/annualannounceme57unse/page/n17/mode/2up?q=acupuncture+>

ⁱⁱ Opinions of the Attorney General of Hawaii. (1917). United States: New Freedom Press. Opinion 531.
https://www.google.com/books/edition/Opinions_of_the_Attorney_General_of_Hawa/q0wwAQAAAJ?ggbpv=1&bsq=acupuncture#f=false

ⁱⁱⁱ 1967 Norman M. Rich, MC, USA, Francis C. Dimond, Jr., MC, USA, Results of Vietnamese Acupuncture Seen at the Second Surgical Hospital, Military Medicine, Volume 132, Issue 10, October 1967, Pages 791–795,
<https://doi.org/10.1093/milmed/132.10.791>
<https://academic.oup.com/milmed/article/132/10/791/4918127?searchresult=1>

^{iv} Proceedings: NIH Acupuncture Research Conference: February 28 and March 1, 1973, Bethesda, Maryland. (1973). United States: National Institutes of Health, National Institute of General Medical Sciences.
https://www.google.com/books/edition/Proceedings_NIH_Acupuncture_Research_Con/JJpp7ciKjaoC?hl=en&gbpv=0

^v IRS Rule 72-593 <https://babel.hathitrust.org/cgi/pt?id=uc1.b3296944&seq=194>

^{vi} Get Punctured. You Get Paid. The El Dorado Times. (January 31, 1973). . Newspapers.com. Retrieved February 24, 2026, from <https://www.newspapers.com/article/the-el-dorado-times/107016121/>

^{vii} State Register 10 October 1988 Volume 13, Number 15
revisor.mn.gov/state_register/13/15/?search=Acupuncture

^{viii} State Register Monday 22 September 1986 VOLUME 11, NUMBER 12
revisor.mn.gov/state_register/11/12/?search=Acupuncture

^{ix} [FDA REMOVES BAR TO COVERAGE OF ACUPUNCTURE BY INSURANCE - The Washington Post](https://www.washingtonpost.com/archive/politics/1996/03/30/fda-removes-bar-to-coverage-of-acupuncture-by-insurance/5cbfaed1-074b-4ffd-9fc3-91bdd8f93e17/)
<https://www.washingtonpost.com/archive/politics/1996/03/30/fda-removes-bar-to-coverage-of-acupuncture-by-insurance/5cbfaed1-074b-4ffd-9fc3-91bdd8f93e17/>

^x A Black Market in Needles. The San Francisco Examiner, October 7, 1979, Page 9. via Newspapers.com (<https://www.newspapers.com/article/the-san-francisco-examiner-acupuncture/121501324/> : accessed February 24, 2026)



@mand@eatrightmn.org

✉ P.O. Box 19160 | Minneapolis, MN 55419

February 24, 2026

Chair Jeff Backer
2nd Floor Centennial Office Building
St. Paul, MN 5515

Chair Robert Bierman
5th Floor Centennial Office Building
St. Paul, MN 55155

Dear Chairs Backer and Bierman,

The Minnesota Academy of Nutrition and Dietetics (MAND) is an affiliate of the Academy of Nutrition and Dietetics (AND). With approximately 1,000 members, it is the largest professional organization for nutrition health professionals in Minnesota.

We are writing to you to express our strong opposition to language in HF1270, specifically the changes to Sec. 10. Minnesota Statutes 2024, section 147B.06, subdivision 4, (7) and (8) relating to expanding the scope of practice for acupuncture and herbal medicine:

Subd. 4. **Scope of practice.** The scope of practice of acupuncture and herbal medicine includes; but is not limited to; the following:

(7) dietary counseling using methods and techniques of acupuncture and herbal medicine and (8) counseling and education regarding physical, emotional, and spiritual balance in lifestyle using methods and techniques described in section 147B.01, subdivision 3.

While we appreciate the inclusion of the language in Subd 4. (2): "When results fall outside of the education, training, and expertise of the licensed acupuncturists, or suggest serious or emergent conditions, the acupuncturist must facilitate referrals to other appropriate health care providers," we are concerned that the proposed legislation lacks clear, objective criteria for determining when a referral to other appropriate health care providers is required. Additionally, it is unclear what "dietary counseling using methods of acupuncture and herbal medicine" means and what training and continued education is required to engage in this activity.

This proposed expansion of the scope of practice for acupuncture and herbal medicine appears to circumvent the extensive education and pre-professional work that dietitians and nutritionists licensed in Minnesota are required to have in order to practice and is in direct conflict with current Minnesota legislation. According to statute 148.624 Licensure; Renewal, having the title of licensed nutritionist and licensed and/or registered dietitians **is required** to provide nutritional care in these specific areas –

Subd. 10. Nutrition care services.

"Nutrition care services" means:

- (1) assessment of the nutritional needs of individuals or groups;
- (2) establishment of priorities, goals, and objectives to meet nutritional needs;
- (3) provision of nutrition counseling for both normal and therapeutic needs;
- (4) development, implementation, and management of nutrition care services; or
- (5) evaluation, adjustment, and maintenance of appropriate standards of quality in nutrition care.

Subd. 11.Nutritional assessment.

"Nutritional assessment" means the evaluation of the nutritional needs of individuals or groups based on appropriate biochemical, anthropometric, physical, and dietary data to determine nutrient needs and recommend appropriate nutritional intake.

Subd. 12.Nutrition counseling.

"Nutrition counseling" means advising and assisting individuals or groups on appropriate nutritional intake by integrating information from the nutritional assessment with information on food and other sources of nutrients and meal preparation consistent with cultural background and socioeconomic status.

Individuals seeking nutrition advice deserve the assurance that the individual treating them has the requisite education and experience. Licensure laws protect the public from unscrupulous and unqualified individuals who would portray themselves as nutrition experts and assure the public that individuals disseminating nutrition advice have the appropriate education and experience.

Again, we oppose this proposed expansion of the scope of practice for acupuncture and herbal medicine and we respectfully request that this portion of HF1270 be removed.

We would be more than happy to discuss this with you or a representative from your office.

Sincerely,

Stacey Hoffman, RD, LD

Stacey Hoffman, RD, LD
MAND President
mand@eatrightmn.org

CC: Members of the House Health Finance and Policy Committee



February 25, 2026

Dear Members of the Health Finance and Policy Committee,

On behalf of the Minnesota Medical Association (MMA), the largest organization representing physicians in the state, I am writing to raise concerns with the following changes in HF 1270:

1. Changes to 147B.06, Sec. 9, Subd. 1

Acupuncturists should continue to be required to provide and receive a patient's informed consent prior to providing services in writing. The MMA believes that providing and recording a patient's informed consent in writing is a way to ensure that a patient fully understands what they are consenting to.

2. Changes to 147B.06, Sec. 10, Subd. 4

The addition of testing, and procedures including physical examination, basic diagnostic imaging, and basic laboratory or other diagnostic tests for the purposes of guiding treatment within the scope of practice of acupuncture, herbal medicine, and herbal therapies to the scope of an acupuncturist, is too vague. It is unclear what is included or excluded in basic diagnostic imaging and basic laboratory or other diagnostic tests.

The MMA also has concerns with expanded services to include "low-level or cold lasers" and "bleeding." For this bill to move forward without physician opposition, there would need to be more information on the need to provide these expanded services.

Thank you for the opportunity to share concerns with HF 1270.

Sincerely,

Lisa Mattson, MD
President, Minnesota Medical Association