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March 19, 2024

Dear Chair Liebling and members of the committee,

I support the HF4247 Health Scope and Licensure Policy Bill when the practice act takes into consideration other cultures.

I had hoped to have an amendment to our acupuncture practice act to stop the rebranding of acupuncture and herbal medicine. Attached are some of the provisions of what I had hoped to have included as well as an article from 1947.

Currently there is a trend in most states to rebrand acupuncture and the whole of this traditional medicine by using cultural bias. There has been for thousands of years the use of the acupuncture needles in the treatment of pain in the muscles and local area of pain as the founding treatment of this medicine. There are cultures that still continue to use these treatments and speak different languages for example but not inclusive China, Hmong, Japan, Korea, and Vietnam. Traditional medicines deserve respect and dignity and to be developed in understanding of the scientific mechanisms of action and the creative and intellectual property to be recognized for the work.

I had the opportunity to connect with one of the professional organizations that is benefiting from the rebranding efforts in 2014. I thought they were using hypodermic needles from the work of physician Dr Janet Travell. When I met with them, they said they were not using hypodermic needles but would not admit to what needles they were using. It was only after I wanted an amendment to add the FDA regulation of acupuncture needles into our scope of practice did they admit to using an acupuncture needle. Their feeling is if they don't call it an acupuncture needle and they say they are not doing acupuncture then they are not doing acupuncture. They feel that no profession is entitled to own anything, especially an acupuncture needle. I asked if they were planning to expand their scope of practice through rule writing or statute. They replied that no they were not because they have a "deeper" understanding of their scope of practice.

In an attempt to rebrand this medicine, it seems they may have been misled by their cultural bias and misinformation. This has led to them misinforming the public about what acupuncture and herbal medicine is.

- Acupuncture and herbal medicine have been in this country since the 1700's. It was often underground in communities represented above as their traditional medicine. It was during the 1970's where the rediscovery of acupuncture and herbal medicine that we see this shift.

- We see the establishment declare it the practice of medicine and anyone doing it is practicing medicine.
- We see the restriction of acupuncture needles as experimental even though they have been in commercial use since the 1700's by the Food and Drug Administration and US Customs.
- We started to see licensing laws to establish the practice of this traditional medicine in the 1970's with Nevada being the first state to recognize this cultural medicine, Minnesota 1995. Still today 3 states will not allow the licensing of this practice.
- We see the FDA in 1993 creating a document on the history and use of the acupuncture needle. Then in 1996 there was a change in response to a challenge of the restricted use of the acupuncture needle as experimental to restricted use in the practice of acupuncture to the states. The FDA was requiring a higher standard for the acupuncture needle than for a scalpel and because of the "experimental" status, many insurance companies, including Medicare and Medicaid had refused to cover acupuncture.
- In response to the challenge in 1996 Bruce Burlington, director of the FDA's center for devices and radiological health was quoted as saying. "But we did conclude that a substantial number of states regulate acupuncture as a healing art, and within the context of acupuncture as a healing art we can ask, do these needles break, do they cause infections, and do they work as a tool for the art of acupuncture?"
- In the end, Burlington said, the agency decided that acupuncturists themselves -- not the needles they use -- should be the main focus of regulatory efforts. "We don't ask, does gall bladder surgery work?' " he said. "We ask, Can a knife make an incision?' So, it didn't require us to establish that acupuncture works, but that needles work in acupuncture."[1]

So where is the cultural bias? These professionals do not know that Dr. Janet Travell's work on dry needling was based on acupuncture. Her historical file on the use of the dry needle (hypodermic) is acupuncture using two medical sources from acupuncture. One is French and the other is from a historian who learned about acupuncture from Dr Sydney Ringer who had family in the Far East and learned about acupuncture and enthusiastically practiced in Europe.[2] In her 1947 presentation she brought up that the Chinese acupuncture probably knew something, that the Chinese have been dry needling for a long time. She was continually quoted about her studying acupuncture and Chinese medicine throughout her career in United States newspapers.

The acupuncture needle is probably one of the oldest medical devices for the treatment of pain. There have been many different needling styles developed over the thousands of years of use by many cultures.

Some of the misinformation being told is that acupuncturists **only** needle shallowly and they do not needle muscles. While acupuncture needles have been used through the last thousands of years those needles have been used in the treatment of pain shallowly, in muscles and deep where some techniques are used to touch the bone or go into joints. There are many techniques of stimulation as well as needle insertion, including how long the needles are in place from seconds to tens of minutes with each needle insertion time being used for a

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[1] Weiss, Rick. "FDA Removes Bar to Coverage of Acupuncture by Insurance. Needles are classified as Medical devices." The Washington Post. March 30, 1996.https://www.washingtonpost.com/archive/politics/1996/03/30/fda-removes-bar-to-coverage-of-acupuncture-by-insurance/5cbfaed1-074b-4ffd-9fc3-91bdd8f93e17/

[2] Biswas, Saptarshi. McNereny, Patrick. "Sydney Ringer: The pipe water of New River Water Company and the discovery of the elixir of life." Poster Competition. the American College of Surgeons. 1996. Page 42. https://www.facs.org/media/xrmb5ntd/08_ringer.pdf

specific purpose. Much of this information can be translated by the cultures and people that have been using the acupuncture needle.

Another misinformation that is quoted is implying that acupuncturists do not know anatomy and physiology. While acupuncture and herbal medicine as a traditional medicine have been in this country since the 1700's knowledge of anatomy and physiology have been part of the medical training of acupuncturists. By implying this it creates a false stereotype about cultures' lack of knowledge. An article from the American Society of Anesthesiology has the first historical use of anesthesia by the Chinese in a heart transplant, Pien Ch'iao in 225 BC. Clearly if the Chinese are transplanting hearts in 225 BC, they know anatomy and physiology.

We all have been learning about cultural bias. That we have systems in place that don't recognize the voice and intellectual property of other cultures. I believe this was used to "research" the rebranding of the practice. Prior to 2008 only certain medical journals were allowed to be deposited in Pub Central; there were articles that talk about acupuncture and the types of needling but were not searchable for keywords. I reached out to Pub Central because an article in Minnesota Medicine had these keywords and this is what they said. "The journal *Minnesota medicine* is not a participant in PubMed Central (PMC) so articles published in the journal are not included in PubMed Central. It appears that your article isn't eligible for inclusion in PMC because it isn't in a journal that deposits into PMC, and it was not funded by NIH funding provided after 2008, when the Public Access policy begins." Articles written in Chinese, French, Hmong, Japanese and Vietnamese were excluded as part of the research and keyword search by this profession. So, if those voices are not represented by translated work how would you search keywords? Whose voices and intellectual works are recorded prior to 2008 in medical journals?

I could continue on this historical journey with you but please don't let acupuncture and herbal medicine be rebranded in a culturally inaccurate way. Traditional medicine deserves respect and dignity and the intellectual property not inferiorized as we discover the scientific mechanisms of action.

Sincerely,

Bonnie M. Abel Bolash

Bonnie Bolash, LAc

CC: Rep. Frazier

Elizabeth Huntley, Board of Medical Practice

New Subdivision: Acupuncture point stimulation.
International languages that use acupuncture includes but is not limited to British, Chinese, French, Hmong, Japanese, Korean and Vietnamese to English translation of acupuncture point stimulation includes but is not limited to "dry needling", "trigger point therapy", "intramuscular therapy", "auricular detox" and similar terms referring to the insertion of needles past the skin for pain management, provide symptom relief, maintaining or restoring health, or improving physiological function. References available for translation. WHO international standard terminologies on traditional Chinese medicine. Geneva: World Health Organization; 2022. License: CC BY-NC-SA 3.0 IGO. https://iris.who.int/bitstream/handle/10665/352306/9789240042322-eng.pdf?sequence=1

New Subdivision: Cultural Rebranding.
Acupuncture and Chinese medicine have been in practice in the United States since President George Washington established trade with China from the 1700's. While the Food and Drug administration's report on acupuncture from 1993 identifies that French physicians were the ones bringing in this traditional medicine as more newspapers become digitalized and searchable the presence of Chinese doctors practicing are showing up in United States newspapers as early as the 1700's. Historically acupuncture and the treatments and tools have been in practice as part of traditional medicine in many cultures including British, Chinese, French, Hmong, Japanese, Korean and Vietnamese. Historically in our country acupuncture, cupping and the use of moxa were used during the civil war and were part of medical training in United States medical schools into the early 1900's as well as underground practitioners of traditional medicine. During the 1940's as the development of pain management was being explored, we were seeing the use of injections of medications for pain management. One researcher named Dr. Janet Travell, who later became president John Kennedy's physician experimented with injecting painful spots on the body known in traditional medicine as "ashi" points. She discovered that when injecting saline into these points that this reduced the pain. She then experimented without pain medication or saline and what she discovered was the dry needle would reduce the pain. She reported her results in 1947 and this was reported in United States newspapers across the country. "Ancient Chinese doctors gave their patients the needle, and two American scientists admitted today they probably had something there." Her work was originally from acupuncture documented in her files at Washington University and in subsequent newspapers admitted to studying acupuncture and Chinese medicine. The presence of this traditional medicine was often underground in our country and did not cause a problem until the rediscovery of acupuncture in the 1970's. Then we see the declaring of acupuncture as the practice of medicine across the United States and the world. We see many states and the federal government working together to stop the practice of acupuncture as part of a traditional medicine. We see the FDA declare the acupuncture needle investigational even though it had been in use as a medical device since the 1700's. We see the blocking of acupuncture needles through the United States customs that there became a black market for acupuncture needles. The regulation and practice of this traditional medicine took many years since the 1970's, some states still fail to regulate this traditional medicine, with many practitioners practicing underground until the establishment of licensure laws, in Minnesota it was 1995. Acupuncture and the tools of this traditional medicine have been used in Minnesota for many years. During the 1972 National Institute of Health conference on acupuncture the discussion of acupuncture point stimulation into what are known as trigger points was discussed and was a confirmed use as part of this traditional medicine. During the 1970's the use of acupuncture needles in trigger points and muscles were known and reported in medical journals. The acupuncture needle has been regulated since 1996 as a medical device for acupuncture. There are many cultures Chinese, Japanese, Hmong, and Vietnamese that have been using this tool and other tools of the traditional

medicine for many years and have probably invented every possible use for this cultural intellectual property. The acupuncture needle through the FDA, during the re-regulation, was requiring every known use possible and every medical condition possible which was a different standard for most regulated medical devices in the 1990's. Today there is a push to rebrand the acupuncture needle and practice methods of this traditional medicine along with the other tools. The recognition that this is a rebranding of a traditional medicine is important. Rebranding causes harm to society because it requires deception that there is a new use of the acupuncture needle, other tools and techniques of practice and that by simply renaming them makes it different. That the creating of cultural stereotypes implying that these cultures did not understand that there are muscles in the body or that practitioners do not understand anatomy and physiology is wrong. That because you do not understand Chinese, Japanese, Hmong, Korean and Vietnamese language and don't understand the historical basis or the practice of this traditional medicine that you are not practicing it by rebranding. It also causes harm to society because the intellectual property of traditional medicine is inferiorized and not given proper credit for the discovery while we continue to gain scientific knowledge of the mechanisms of action. In Minnesota we recognize traditional medicine has played a role for many cultures and that the rebranding of the medicine is harmful.

New subdivision Traditional medicine:

The World Health Organization recognizes the role that traditional medicine plays in healthcare. In accordance with national capacities, priorities, relevant legislation and circumstances, hereby make the following

Declaration: I. The knowledge of traditional medicine, treatments and practices should be respected, preserved, promoted and communicated widely and appropriately based on the circumstances in each country.

II. Governments have a responsibility for the health of their people and should formulate national policies, regulations and standards, as part of comprehensive national health systems to ensure appropriate, safe and effective use of traditional medicine.

III. Recognizing the progress of many governments to date in integrating traditional medicine into their national health systems, we call on those who have not yet done so to take action.

IV. Traditional medicine should be further developed based on research and innovation in line with the "Global strategy and plan of action on public health, innovation and intellectual property" adopted at the Sixty-first World Health Assembly in resolution WHA61.21 in 2008. Governments, international organizations and other stakeholders should collaborate in implementing the global strategy and plan of action.

V. Governments should establish systems for the qualification, accreditation or licensing of traditional medicine practitioners. Traditional medicine practitioners should upgrade their knowledge and skills based on national requirements.

VI. The communication between conventional and traditional medicine providers should be strengthened and appropriate training programmes be established for health professionals, medical students and relevant researchers.

Documenting Traditional Medical Knowledge (wipo.int)
https://www.wipo.int/export/sites/www/tk/en/resources/pdf/medical_tk.pdf
The Beijing Declaration, Adopted by the WHO Congress on Traditional Medicine
Traditional knowledge – an answer to the most pressing global problems? | UN DESA | United Nations Department of Economic and Social Affairs
https://www.un.org/development/desa/en/news/social/permanent-forum-on-indigenous-issues-2019.html

3100

Chinese Have Long Used "Dry Needle" To Treat Sprains

BY HARMAN W. NICHOLS
United Press Staff Correspondent

Chicago, May 20.—(UP)—Ancient Chinese doctors gave their patients the needle, and two American scientists admitted today they probably had something there.

Particularly when it comes to treating simple sprains, like puffed up ankles.

Janet Travell and Audrie L. Bobb of the Cornell university medical college presented their views on the subject before the 34th annual meeting of the Federation of American Societies for Experimental Biology.

"Acupuncture"

The medical way of saying it is "acupuncture." In our language that means sticking a needle into somebody.

And, according to the scientists, it works fine.

Chinese doctors have been doing it for two thousand years, apparently with good results. And all of this time—or since the early days of American medicine, anyhow—our physicians have been experimenting with this drug and that in order to get a man up and about after he falls and sprains an ankle.

Sometimes that took quite a little spell.

But now comes the needle, and the American scientists, in that one respect, turned way back to the period B. C. for help.

Scientists Travell and Bobb were pretty technical in their paper.

Pain Spreads and Disappears

But the sum substance was this: If a needle is insorted (by a skilled practictioner, of course) into a sprained area of the body, the pain is spread to a point where it more or less disappears in a hurry. The swelling is still there, but the pain—no.

They call it "dry needling," and it must have come about by accident. In inserting drugs to pained areas with a needle, the scientists finally came to the conclusion that it was the needle and not the drug which scattered the hurt.

They don't know why—but there it was.

A spokesman for the Chinese News Service here, who knows all about the needlework in his homeland, said HE thinks he knows why.

"It's always been that way," he said.

Chinese Have Long Use Dry Needle To Treat Sprains Illinois

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The Minnesota Northland Association for Behavior Analysis
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March 19, 2024

Representative Tina Liebling
Chair, Health Finance and Policy Committee
Minnesota House of Representatives
477 State Office Building
St. Paul, MN 55155

Letter of support for SF HF 3741/HF 4247

Dear Senator Liebling,

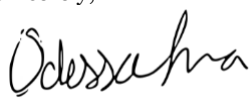
I am the President of the Minnesota Northland Association for Behavior Analysis (MNABA), which is a professional organization of over 300 members who are psychologists, teachers, professors, and other human service professionals across Minnesota. Our members provide behavior analysis services to children and adults with behavioral health disorders in their homes, schools, and communities.

Thank you so much for recognizing that Behavior Analysts should have the same level of support and regulation as Minnesota's other helping professions. As you know, applied behavior analysis services are a vital resource for individuals with behavioral health disorders and special needs, providing them with the direct support they need to reach their full potential. Licensure of Behavior Anaylsts will ensure that the State can protect and deliver the best possible services to vulnerable children and adults with behavioral disorders.

This bill creates a local process for Minnesota consumers of behavior analysis to report complaints of potential unethical or incompetent treatment practices. It also ensures a career pathway to help recruit and retain sufficient practitioners to meet the needs of consumers. MNABA members appreciate your leadership in making sure that Minnesota joins the 37 other States that already license behavior analysts.

Thank you again for your ongoing commitment to making sure Minnesotans receive the highest quality services when they need those services most.

Sincerely,



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ATAM – The Autism Treatment Association of Minnesota

March 19, 2024

RE: Support HF 3741 / SF 3523

Representative Tina Liebling
Chair, Health Finance and Policy Committee
Minnesota House of Representatives
477 State Office Building
St. Paul, MN 55155

Dear Representative Liebling:

I am Dr. Eric Larsson, a Licensed Psychologist, a Board Certified Behavior Analyst, and the President of the Autism Treatment Association of Minnesota, a trade group that is composed of 13 in-home and center-based provider agencies. These agencies serve over 6,000 children and adults in their homes, schools, community, and service centers through a variety of professions, including behavior analysis.

Thank you so much for including Behavior Analyst licensure (HF 3741 Edelson) in the House Omnibus health licensing bill (HF 4247). Behavior Analyst licensure protects the vulnerable populations that we serve and the public by creating a local process to investigate complaints and discipline behavior analysts where allegations are proven. It does so without impacting the existing licensed professions who provide needed behavioral health and special needs services. It also creates a Behavior Analyst Advisory Council that will collaborate with the Board of Psychology to educate the public and implement the Minnesota License.

Passing this bill will protect the public by discouraging unlicensed or sanctioned behavior analysts from moving into Minnesota from neighboring licensed states. It will keep competent behavior analysts from moving out of the State for better career prospects. Consumers will have the assurance that comes with knowing a behavior analyst has a license as well as the benefit of a local process to file a complaint. This licensure bill will provide for the same regulation and protections that exist for the other Minnesota health professions.

We are grateful to join the thirty-seven other States that already have licensure laws to behavior analysts.

Thank you for your leadership on this important legislation.

Yours,

Eric V. Larsson, PhD, LP, BCBA-D
President,
Autism Treatment Association of Minnesota

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MINNESOTA DENTAL ASSOCIATION

March 18, 2024

Representative Tina Liebling
Chair, House Health Finance and Policy Committee
477 State Office Building
St. Paul, MN 55155

Dear Chair Liebling and Committee Members,

On behalf of the Minnesota Dental Association (MDA), I express our organization's support for the House Scope of Practice and Licensing Policy Omnibus, HF4247 as amended. In particular, the MDA appreciates the inclusion of Article 4, Sections 1 and 2, as it pertains to specialty dentist licensure and dental assistant licensure by credentials.

Specialty Dentist Licensure Modifications

Article 4, Section 1, removes paragraph (e) from Minnesota Statute 150A.06, subdivision 1c., which states that a specialty dentist holding a general dental license is limited to practicing in their designated specialty area if they announced a limitation of practice. Removing this restriction would allow a specialty dentist to provide general dentist services outside their specialty area, providing the ability for the dentist to treat a greater number of patients and increasing access to care.

Dental Assistant Licensure by Credentials

Article 4, Section 2, addresses the growing workforce shortage of dental assistants. Current law allows for out of state dental assistants to apply for licensure based on their credentials in lieu of completing a board-approved dental assisting program if the applicant meets certain criteria. One criterion is that the applicant must have graduated from a dental assisting program accredited by the Commission on Dental Accreditation (CODA) and be certified by the Dental Assisting National Board (DANB).

This provision allows dental assistants to apply for licensure by credentials regardless of whether they graduated from a CODA accredited program, so long as they are certified by the Dental Assisting National Board (DANB). Applicants of CODA accredited programs who are not certified by DANB would also be eligible to apply for licensure. Applicants would still be required to demonstrate that the non-CODA program is comparable to instate CODA programs and meets all other Board of Dentistry requirements.

Article 4, Section 2, simply expands the applicant pool to provide Minnesota with more candidates that may be qualified for licensure. It also more clearly articulates the Board of

Dentistry's authority to recognize out of state non-CODA accredited dental assisting programs for those seeking licensure by credentials.

The MDA appreciates the inclusion of both provisions in HF4247, as amended, and asks for your support. Should you have any questions, do not hesitate to reach out.

Sincerely,

Dan Murphy, MPP
Director of Government Affairs
dmurphy@mndental.org
612-767-4255

About the Minnesota Dental Association

The Minnesota Dental Association is the voice of dentistry in Minnesota, representing practicing dentists. It is committed to the highest standards of oral health and access to care for all Minnesotans. Learn more at: www.mndental.org.

Representative Tina Liebling, Chair
Health Finance and Policy Committee
March 20, 2024

Chair Liebling and Health Finance and Policy Committee Members,

On behalf of the National Association of Social Workers, MN Chapter (NASW-MN) and the MN Coalition of Licensed Social Workers (Coalition), we are writing to support HF4247 and specifically Article 6, expanding the provisional licensing pathway for social workers.

NASW-MN is the largest membership organization of professional social workers in our state and the Coalition includes the MN Association of Black Social Workers, the MN Hmong Social Workers' Coalition, the MN Nursing Home Social Workers Association, the MN School Social Workers Association, and the MN Society for Clinical Social Work. Collectively we represent over 3,000 social workers.

Our members believe that social workers make important contributions to the workforce in many different settings, and we need more of them. Right now, the only licensure path open to most graduates includes passing an exam.

It's been shown that this exam is not fair for everyone. In 2022 Association of Social Work Boards, or the entity that develops the national exam, released data confirming disparate pass rates based on race and age. Other barriers include offering the test in English only, and a difficult approval process for the sorts of testing accommodations that are common in other test settings.There are also limited testing sites, making access in greater MN more difficult.

In MN there is another pathway to become licensed through additional supervision instead of passing the exam, but that is currently only open to a small group of people. We want to expand eligibility for this provisional pathway to all social work graduates.

Because there are MN social workers who already entered the profession through provisional licensing, we know this is effective in developing competent social workers. Social workers have a robust training and licensing process in MN that is separate from an exam. Article 6 in HF4247 allows new social work graduates some flexibility to choose a licensing path that best matches their professional needs and goals so they can join the workforce.

Sincerely, Coalition of Licensed Social Workers Representatives:

Karen Goodenough, PhD, LGSW, National Association of Social Workers, MN Chapter
Renita Wilson, MSW, LICSW, MN Association of Black Social Workers
Kao Nou Moua, PhD, MSW, LGSW, MN Hmong Social Workers' Coalition,
Joanna Genovese-Cairns, MSW, LISW, MN Nursing Home Social Workers Association
Julie Campanelli, LICSW, Ed.S, MN School Social Workers Association
James Stoltz, LICSW, LADC, MN Society for Clinical Social Work