

HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. **1270**

- 02/20/2025 Authored by Gillman, Huot, Her, Pérez-Vega, Hemmingsen-Jaeger and others  
The bill was read for the first time and referred to the Committee on Health Finance and Policy
- 03/05/2026 Adoption of Report: Placed on the General Register as Amended  
Read for the Second Time
- 05/04/2026 Calendar for the Day, Amended  
Read Third Time as Amended  
Passed by the House as Amended and transmitted to the Senate to include Floor Amendments

1.1 A bill for an act

1.2 relating to health-related occupations; modifying licensing for practice of

1.3 acupuncture and herbal medicine; changing terminology; amending Minnesota

1.4 Statutes 2024, sections 146A.01, subdivision 4; 147B.01, subdivisions 3, 4, 5, 9,

1.5 12, 14, 16, 16a, by adding subdivisions; 147B.02, subdivisions 4, 12; 147B.03,

1.6 subdivisions 1, 2, 3, 4; 147B.05, subdivisions 1, 3; 147B.06, subdivisions 1, 5, by

1.7 adding a subdivision; Minnesota Statutes 2025 Supplement, sections 147B.02,

1.8 subdivisions 7, 9; 147B.06, subdivision 4; repealing Minnesota Statutes 2024,

1.9 section 147B.01, subdivision 18.

1.10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.11 Section 1. Minnesota Statutes 2024, section 146A.01, subdivision 4, is amended to read:

1.12 Subd. 4. **Complementary and alternative health care practices.** (a) "Complementary

1.13 and alternative health care practices" means the broad domain of complementary and

1.14 alternative healing methods and treatments, including but not limited to: (1) acupressure;

1.15 (2) anthroposophy; (3) aroma therapy; (4) ayurveda; (5) cranial sacral therapy; (6) culturally

1.16 traditional healing practices; (7) detoxification practices and therapies; (8) energetic healing;

1.17 (9) polarity therapy; (10) folk practices; (11) healing practices utilizing food, food

1.18 supplements, nutrients, and the physical forces of heat, cold, water, touch, and light; (12)

1.19 Gerson therapy and colostrum therapy; (13) healing touch; (14) herbology or herbalism;

1.20 (15) homeopathy; (16) nondiagnostic iridology; (17) body work, massage, and massage

1.21 therapy; (18) meditation; (19) mind-body healing practices; (20) naturopathy; (21)

1.22 noninvasive instrumentalities; and (22) traditional ~~Oriental~~ practices, such as Qi Gong

1.23 energy healing.

1.24 (b) Complementary and alternative health care practices do not include surgery, x-ray

1.25 radiation, administering or dispensing legend drugs and controlled substances, practices

2.1 that invade the human body by puncture of the skin, setting fractures, the use of medical  
2.2 devices as defined in section 147A.01, any practice included in the practice of dentistry as  
2.3 defined in section 150A.05, subdivision 1, or the manipulation or adjustment of articulations  
2.4 of joints or the spine as described in section 146.23 or 148.01.

2.5 (c) Complementary and alternative health care practices do not include practices that  
2.6 are permitted under section 147.09, clause (11), or 148.271, clause (5).

2.7 (d) This chapter does not apply to, control, prevent, or restrict the practice, service, or  
2.8 activity of lawfully marketing or distributing food products, including dietary supplements  
2.9 as defined in the federal Dietary Supplement Health and Education Act, educating customers  
2.10 about such products, or explaining the uses of such products. Under Minnesota law, an  
2.11 unlicensed complementary and alternative health care practitioner may not provide a medical  
2.12 diagnosis or recommend discontinuance of medically prescribed treatments.

2.13 Sec. 2. Minnesota Statutes 2024, section 147B.01, is amended by adding a subdivision to  
2.14 read:

2.15 Subd. 2a. **Acupuncture.** "Acupuncture" means a unique treatment technique that uses  
2.16 modern and traditional medical methods of diagnosis and treatment. It includes the insertion  
2.17 of filiform or acupuncture needles through the skin and may include the use of other  
2.18 biophysical methods of acupuncture point stimulation, including the use of heat, massage,  
2.19 or manual therapy techniques or electrical stimulation. Acupuncture includes but is not  
2.20 limited to therapies termed "dry needling," "trigger point therapy," "intramuscular therapy,"  
2.21 "auricular detox treatment," and similar terms referring to the insertion of needles past the  
2.22 skin for pain management, disease or symptom modification, or other related treatments.

2.23 Sec. 3. Minnesota Statutes 2024, section 147B.01, subdivision 3, is amended to read:

2.24 Subd. 3. **Acupuncture and herbal medicine practice.** "Acupuncture and herbal medicine  
2.25 practice" means a unique and comprehensive system of health care using Oriental medical  
2.26 theory and its unique methods of diagnosis and treatment. Its treatment techniques include  
2.27 the insertion of acupuncture needles through the skin and the use of other biophysical  
2.28 methods of acupuncture point stimulation, including the use of heat, Oriental massage  
2.29 techniques, electrical stimulation, herbal supplemental therapies, dietary guidelines, breathing  
2.30 techniques, and exercise based on Oriental medical principles that uses traditional and  
2.31 modern diagnosis, methodology, and treatment techniques based on acupuncture and herbal  
2.32 medicine theory, principles, and methods. Treatment techniques include but are not limited

3.1 to acupuncture, cupping, dermal friction, therapeutic massage, herbal therapies, dietary  
3.2 guidelines, mind-body exercises, and other appropriate techniques.

3.3 Sec. 4. Minnesota Statutes 2024, section 147B.01, subdivision 4, is amended to read:

3.4 Subd. 4. **Acupuncture needle.** "Acupuncture needle" means a needle designed  
3.5 exclusively for ~~acupuncture~~ the purposes of insertion past the skin to alleviate pain, provide  
3.6 symptom relief, or modulate disease processes. It has a solid core, with a tapered point, and  
3.7 is 0.12 mm to 0.45 mm in thickness. It is constructed of stainless steel, gold, silver, or other  
3.8 board-approved materials as long as the materials can be sterilized according to  
3.9 recommendations of the National Centers for Disease Control and Prevention.

3.10 Sec. 5. Minnesota Statutes 2024, section 147B.01, subdivision 5, is amended to read:

3.11 Subd. 5. **Acupuncture points.** "Acupuncture points" means specific anatomically  
3.12 described locations as defined by the recognized acupuncture reference texts. These texts  
3.13 are listed in the study guide to the examination for the ~~NCCAOM~~ NCBAHM certification  
3.14 exam.

3.15 Sec. 6. Minnesota Statutes 2024, section 147B.01, subdivision 9, is amended to read:

3.16 Subd. 9. **Breathing techniques.** "Breathing techniques" means ~~Oriental~~ breathing  
3.17 exercises taught to a patient as part of a treatment plan.

3.18 Sec. 7. Minnesota Statutes 2024, section 147B.01, subdivision 12, is amended to read:

3.19 Subd. 12. **Diplomate in acupuncture.** "Diplomate in acupuncture" means a person who  
3.20 is certified by the ~~NCCAOM~~ NCBAHM as having met the standards of competence  
3.21 established by the ~~NCCAOM~~ NCBAHM, who subscribes to the ~~NCCAOM~~ NCBAHM  
3.22 code of ethics, and who has a current and active ~~NCCAOM~~ NCBAHM certificate. Current  
3.23 and active ~~NCCAOM~~ NCBAHM certification indicates successful completion of continued  
3.24 professional development and previous satisfaction of ~~NCCAOM~~ NCBAHM requirements.

3.25 Sec. 8. Minnesota Statutes 2024, section 147B.01, subdivision 14, is amended to read:

3.26 Subd. 14. **Herbal therapies or herbal medicine.** "Herbal therapies" ~~are~~ "herbal  
3.27 medicine" means the use of herbs and patent herbal remedies as supplements as part of the  
3.28 treatment plan of the patient.

4.1 Sec. 9. Minnesota Statutes 2024, section 147B.01, is amended by adding a subdivision to  
4.2 read:

4.3 Subd. 14a. **Low-level or cold laser.** "Low-level or cold laser" means a nonsurgical laser  
4.4 classified as Class III by the federal Food and Drug Administration.

4.5 Sec. 10. Minnesota Statutes 2024, section 147B.01, subdivision 16, is amended to read:

4.6 Subd. 16. ~~NCCAOM NCBAHM~~. "~~NCCAOM NCBAHM~~" means the National  
4.7 Certification ~~Commission for Acupuncture and Oriental Medicine~~ Board for Acupuncture  
4.8 and Herbal Medicine, a not-for-profit corporation organized under section ~~501(e)(4)~~ 501(c)(6)  
4.9 of the Internal Revenue Code.

4.10 Sec. 11. Minnesota Statutes 2024, section 147B.01, subdivision 16a, is amended to read:

4.11 Subd. 16a. ~~NCCAOM NCBAHM certification~~. "~~NCCAOM NCBAHM certification~~"  
4.12 means a certification granted by the ~~NCCAOM NCBAHM~~ to a person who has met the  
4.13 standards of competence established for either ~~NCCAOM NCBAHM~~ certification in  
4.14 acupuncture or ~~NCCAOM NCBAHM~~ certification in ~~Oriental~~ herbal medicine.

4.15 Sec. 12. Minnesota Statutes 2024, section 147B.02, subdivision 4, is amended to read:

4.16 Subd. 4. **Exceptions.** (a) The following persons may practice acupuncture within the  
4.17 scope of their practice without an acupuncture license:

4.18 (1) a physician licensed under chapter 147;

4.19 (2) an osteopathic physician licensed under chapter 147;

4.20 (3) a chiropractor licensed under chapter 148;

4.21 (4) a person who is studying in a formal course of study so long as the person's  
4.22 acupuncture and herbal medicine practice is supervised by a licensed acupuncturist or a  
4.23 person who is exempt under clause (5);

4.24 (5) a visiting acupuncturist practicing acupuncture within an instructional setting for the  
4.25 sole purpose of teaching at a school registered with the Minnesota Office of Higher  
4.26 Education, who may practice without a license for a period of one year, with two one-year  
4.27 extensions permitted; and

4.28 (6) a visiting acupuncturist who is in the state for the sole purpose of providing a tutorial  
4.29 or workshop not to exceed 30 days in one calendar year.

5.1 (b) This chapter does not prohibit a person who does not have an acupuncturist license  
5.2 from practicing specific noninvasive techniques, such as acupressure, that are within the  
5.3 scope of practice as set forth in section 147B.06, subdivision 4.

5.4 Sec. 13. Minnesota Statutes 2025 Supplement, section 147B.02, subdivision 7, is amended  
5.5 to read:

5.6 Subd. 7. **Licensure requirements.** (a) An applicant for licensure must:

5.7 (1) submit a completed application for licensure on forms provided by the board, which  
5.8 must include the applicant's name and address of record, which shall be public;

5.9 (2) unless licensed under subdivision 6, submit evidence satisfactory to the board of  
5.10 current ~~NCCAOM~~ NCBAHM certification;

5.11 (3) sign a statement that the information in the application is true and correct to the best  
5.12 of the applicant's knowledge and belief;

5.13 (4) submit with the application all fees required; and

5.14 (5) sign a waiver authorizing the board to obtain access to the applicant's records in this  
5.15 state or any state in which the applicant has engaged in the practice of acupuncture.

5.16 (b) The board may ask the applicant to provide any additional information necessary to  
5.17 ensure that the applicant is able to practice with reasonable skill and safety to the public.

5.18 (c) The board may investigate information provided by an applicant to determine whether  
5.19 the information is accurate and complete. The board shall notify an applicant of action taken  
5.20 on the application and the reasons for denying licensure if licensure is denied.

5.21 Sec. 14. Minnesota Statutes 2025 Supplement, section 147B.02, subdivision 9, is amended  
5.22 to read:

5.23 Subd. 9. **Renewal.** (a) To renew a license an applicant must:

5.24 (1) annually, or as determined by the board, complete a renewal application on a form  
5.25 provided by the board;

5.26 (2) submit the renewal fee;

5.27 (3) provide documentation of current and active ~~NCCAOM~~ NCBAHM certification; or

5.28 (4) if licensed under subdivision 6, meet the same ~~NCCAOM~~ NCBAHM professional  
5.29 development activity requirements as those licensed under subdivision 7.

6.1 (b) An applicant shall submit any additional information requested by the board to clarify  
6.2 information presented in the renewal application. The information must be submitted within  
6.3 30 days after the board's request, or the renewal request is nullified.

6.4 (c) An applicant must maintain a correct mailing address with the board for receiving  
6.5 board communications, notices, and license renewal documents. Placing the license renewal  
6.6 application in first-class United States mail, addressed to the applicant at the applicant's last  
6.7 known address with postage prepaid, constitutes valid service. Failure to receive the renewal  
6.8 documents does not relieve an applicant of the obligation to comply with this section.

6.9 (d) The name of an applicant who does not return a complete license renewal application,  
6.10 annual license fee, or late application fee, as applicable, within the time period required by  
6.11 this section shall be removed from the list of individuals authorized to practice during the  
6.12 current renewal period. If the applicant's license is reinstated, the applicant's name shall be  
6.13 placed on the list of individuals authorized to practice.

6.14 Sec. 15. Minnesota Statutes 2024, section 147B.02, subdivision 12, is amended to read:

6.15 Subd. 12. **Inactive status.** (a) A license may be placed in inactive status upon application  
6.16 to the board and upon payment of an inactive status fee. The board may not renew or restore  
6.17 a license that has lapsed and has not been renewed within two annual license renewal cycles.

6.18 (b) An inactive license may be reactivated by the license holder upon application to the  
6.19 board. A licensee whose license is canceled for nonrenewal must obtain a new license by  
6.20 applying for licensure and fulfilling all the requirements then in existence for the initial  
6.21 license to practice acupuncture in the state of Minnesota. The application must include:

6.22 (1) evidence of current and active ~~NCCAOM~~ NCBAHM certification;

6.23 (2) evidence of the certificate holder's payment of an inactive status fee;

6.24 (3) an annual fee; and

6.25 (4) all back fees since previous renewal.

6.26 (c) A person licensed under subdivision 5 who has allowed the license to reach inactive  
6.27 status must become ~~NCCAOM~~ NCBAHM certified.

6.28 Sec. 16. Minnesota Statutes 2024, section 147B.03, subdivision 1, is amended to read:

6.29 Subdivision 1. ~~NCCAOM~~ NCBAHM **requirements.** Unless a person is licensed under  
6.30 section 147B.02, subdivision 6, each licensee is required to meet the ~~NCCAOM~~ NCBAHM  
6.31 professional development activity requirements to maintain ~~NCCAOM~~ NCBAHM

7.1 certification. These requirements may be met through a board approved continuing education  
7.2 program.

7.3 Sec. 17. Minnesota Statutes 2024, section 147B.03, subdivision 2, is amended to read:

7.4 Subd. 2. **Board approval.** The board shall approve a continuing education program if  
7.5 the program meets the following requirements:

7.6 (1) it directly relates to the practice of acupuncture;

7.7 (2) each member of the faculty shows expertise in the subject matter by holding a degree  
7.8 or certificate from an educational institution, has verifiable experience in ~~traditional Oriental~~  
7.9 acupuncture and herbal medicine, or has special training in the subject area;

7.10 (3) the program lasts at least one contact hour;

7.11 (4) there are specific written objectives describing the goals of the program for the  
7.12 participants; and

7.13 (5) the program sponsor maintains attendance records for four years.

7.14 Sec. 18. Minnesota Statutes 2024, section 147B.03, subdivision 3, is amended to read:

7.15 Subd. 3. **Continuing education topics.** (a) Continuing education program topics may  
7.16 include; but are not limited to, ~~Oriental medical~~ acupuncture and herbal medicine theory  
7.17 and techniques including ~~Oriental~~ massage; ~~Oriental~~ nutrition; ~~Oriental~~ herbology and diet  
7.18 therapy; ~~Oriental~~ exercise; ~~western sciences such as~~ anatomy, physiology, biochemistry,  
7.19 microbiology, psychology, ~~nutrition~~, and history of medicine; and medical terminology or  
7.20 coding.

7.21 (b) Practice management courses are excluded under this section.

7.22 Sec. 19. Minnesota Statutes 2024, section 147B.03, subdivision 4, is amended to read:

7.23 Subd. 4. **Verification.** The board shall periodically select a random sample of  
7.24 acupuncturists and require the acupuncturist to show evidence of having completed the  
7.25 ~~NCCAOM~~ NCBAHM professional development activities requirements. Either the  
7.26 acupuncturist, the state, or the national organization that maintains continuing education  
7.27 records may provide the board documentation of the continuing education program.

8.1 Sec. 20. Minnesota Statutes 2024, section 147B.05, subdivision 1, is amended to read:

8.2 Subdivision 1. **Creation.** The advisory council to the Board of Medical Practice for  
8.3 acupuncture consists of seven members appointed by the board to three-year terms. Four  
8.4 members must be ~~licensed~~ acupuncture practitioners licensed in Minnesota, one member  
8.5 must be a licensed physician or osteopathic physician who also practices acupuncture, one  
8.6 member must be a licensed chiropractor who is ~~NCCAOM~~ NCBAHM certified, and one  
8.7 member must be a member of the public who has received acupuncture treatment as a  
8.8 primary therapy from a ~~NCCAOM~~ NCBAHM certified acupuncturist.

8.9 Sec. 21. Minnesota Statutes 2024, section 147B.05, subdivision 3, is amended to read:

8.10 Subd. 3. **Duties.** The advisory council shall:

8.11 (1) advise the board on issuance, denial, renewal, suspension, revocation, conditioning,  
8.12 or restricting of licenses to practice acupuncture;

8.13 (2) advise the board on issues related to receiving, investigating, conducting hearings,  
8.14 and imposing disciplinary action in relation to complaints against acupuncture practitioners;

8.15 (3) maintain a register of acupuncture practitioners licensed under section 147B.02;

8.16 (4) maintain a record of all advisory council actions;

8.17 (5) prescribe registration application forms, license forms, protocol forms, and other  
8.18 necessary forms;

8.19 (6) review the patient visit records submitted by applicants during the transition period;

8.20 (7) advise the board regarding standards for acupuncturists;

8.21 (8) distribute information regarding acupuncture and herbal medicine practice standards;

8.22 (9) review complaints;

8.23 (10) advise the board regarding continuing education programs;

8.24 (11) review the investigation of reports of complaints and recommend to the board  
8.25 whether disciplinary action should be taken; and

8.26 (12) perform other duties authorized by advisory councils under chapter 214, as directed  
8.27 by the board.

9.1 Sec. 22. Minnesota Statutes 2024, section 147B.06, subdivision 1, is amended to read:

9.2 Subdivision 1. **Practice standards.** (a) Before treatment of a patient, an acupuncture  
9.3 practitioner shall ask whether the patient has been examined by a licensed physician or other  
9.4 professional, as defined by section 145.61, subdivision 2, with regard to the patient's illness  
9.5 or injury, and shall review the diagnosis as reported.

9.6 (b) The practitioner shall obtain informed consent from the patient, after advising the  
9.7 patient of the following information which must be supplied to the patient ~~in writing~~ before  
9.8 or at the time of the initial visit:

9.9 (1) the practitioner's qualifications including:

9.10 (i) education;

9.11 (ii) license information; and

9.12 (iii) outline of the scope of practice of acupuncturists in Minnesota; and

9.13 (2) side effects which may include the following:

9.14 (i) some pain in the treatment area;

9.15 (ii) minor bruising;

9.16 (iii) infection;

9.17 (iv) needle sickness; or

9.18 (v) broken needles.

9.19 (c) The practitioner shall obtain acknowledgment by the patient in writing that the patient  
9.20 has been advised to consult with the patient's primary care physician about the acupuncture  
9.21 treatment if the patient circumstances warrant or the patient chooses to do so.

9.22 (d) The practitioner shall inquire whether the patient has a pacemaker or bleeding disorder.

9.23 Sec. 23. Minnesota Statutes 2025 Supplement, section 147B.06, subdivision 4, is amended  
9.24 to read:

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

9.27 (1) ~~using Oriental medical theory to assess and diagnose a patient; and~~ evaluation,  
9.28 management, and treatment services using methods and techniques described in section  
9.29 147B.01, subdivisions 2a, 3, and 14;

10.1 ~~(2) using Oriental medical theory to develop a plan to treat a patient. The treatment~~  
10.2 ~~techniques that may be chosen include: diagnostic examination, testing, and procedures,~~  
10.3 ~~including physical examination, basic diagnostic imaging, and basic laboratory or other~~  
10.4 ~~diagnostic tests for the purposes of guiding treatment within the scope of practice of~~  
10.5 ~~acupuncture, herbal medicine, and herbal therapies, as described in section 147B.01,~~  
10.6 ~~subdivisions 2a, 3, and 14. When results fall outside of the education, training, and expertise~~  
10.7 ~~of a licensed acupuncturist, or suggest serious or emergent conditions, the acupuncturist~~  
10.8 ~~must facilitate referrals to other appropriate health care providers;~~

10.9 ~~(i) insertion of sterile acupuncture needles through the skin;~~

10.10 ~~(ii) acupuncture stimulation including, but not limited to, electrical stimulation or the~~  
10.11 ~~application of heat;~~

10.12 ~~(iii) cupping;~~

10.13 ~~(iv) dermal friction;~~

10.14 ~~(v) acupressure;~~

10.15 ~~(vi) herbal therapies;~~

10.16 ~~(vii) dietary counseling based on traditional Chinese medical principles;~~

10.17 ~~(viii) breathing techniques;~~

10.18 ~~(ix) exercise according to Oriental medical principles; or~~

10.19 ~~(x) Oriental massage.~~

10.20 ~~(3) services included in acupuncture and herbal medicine practice;~~

10.21 ~~(4) stimulation of acupuncture points, areas of the body, or substances in the body using~~  
10.22 ~~acupuncture needles, heat, color, light, infrared and ultraviolet, low-level or cold lasers,~~  
10.23 ~~sound, vibration, pressure, magnetism, electricity, electromagnetic energy, suction, or other~~  
10.24 ~~devices in accordance with the training of an acupuncture practitioner;~~

10.25 ~~(5) use of physical medicine modalities, procedures, and devices, including but not~~  
10.26 ~~limited to cupping, dermal friction, acupressure, and massage, as described in section~~  
10.27 ~~147B.01, subdivisions 2a, 3, and 14;~~

10.28 ~~(6) use of therapeutic exercises, breathing techniques, meditation, and biofeedback~~  
10.29 ~~devices and other devices that utilize heat, color, light, infrared and ultraviolet, low-level~~  
10.30 ~~or cold lasers, sound, vibration, pressure, magnetism, electricity, and electromagnetic energy~~  
10.31 ~~for therapeutic purposes; and~~

11.1 (7) general dietary guidance that is provided for wellness and supportive purposes and  
11.2 that is consistent with the education and training of an acupuncture practitioner.

11.3 Sec. 24. Minnesota Statutes 2024, section 147B.06, subdivision 5, is amended to read:

11.4 Subd. 5. **Patient records.** An acupuncturist shall maintain a patient record for each  
11.5 patient treated, including:

11.6 (1) a copy of the informed consent;

11.7 (2) evidence of a patient interview concerning the patient's medical history and current  
11.8 physical condition;

11.9 (3) evidence of a ~~traditional acupuncture~~ examination and diagnosis;

11.10 (4) record of the treatment including points treated; and

11.11 (5) evidence of evaluation and instructions given to the patient.

11.12 Sec. 25. Minnesota Statutes 2024, section 147B.06, is amended by adding a subdivision  
11.13 to read:

11.14 Subd. 8. **Licensed health care professionals.** Nothing in section 147B.01, subdivision  
11.15 2a, shall be construed to expand or restrict the existing scope of practice of other licensed  
11.16 health care professionals.

11.17 Sec. 26. **REPEALER.**

11.18 Minnesota Statutes 2024, section 147B.01, subdivision 18, is repealed.

**147B.01 DEFINITIONS.**

Subd. 18. **Oriental medicine.** "Oriental medicine" means a system of healing arts that perceives the circulation and balance of energy in the body as being fundamental to the well-being of the individual. It implements the theory through specialized methods of analyzing the energy status of the body and treating the body with acupuncture and other related modalities for the purpose of strengthening the body, improving energy balance, maintaining or restoring health, improving physiological function, and reducing pain.