

CHAPTER 147B

ACUPUNCTURE PRACTITIONERS

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147B.01 DEFINITIONS.

Subdivision 1. **Applicability.** The definitions in this section apply to this chapter.

Subd. 2. **Acupressure.** "Acupressure" means the application of pressure to acupuncture points.

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

Subd. 3. **Acupuncture and herbal medicine practice.** "Acupuncture and herbal medicine practice" means a unique and comprehensive system of health care that uses traditional and modern diagnosis, methodology, and treatment techniques based on acupuncture and herbal medicine theory, principles, and methods. Treatment techniques include but are not limited to acupuncture, cupping, dermal friction, therapeutic massage, herbal therapies, dietary guidelines, mind-body exercises, and other appropriate techniques.

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

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

Subd. 6. **Acupuncture practitioner.** "Acupuncture practitioner" means a person licensed to practice acupuncture under this chapter.

Subd. 7. **Board.** "Board" means the Board of Medical Practice or its designee.

Subd. 8. MS 2000 [Repealed, 2002 c 375 art 3 s 11]

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

Subd. 10. **Cupping.** "Cupping" means a therapy in which a jar-shaped instrument is attached to the skin and negative pressure is created by using suction.

Subd. 11. **Dermal friction.** "Dermal friction" means rubbing on the surface of the skin, using topical ointments with a smooth-surfaced instrument without a cutting edge that can be sterilized or, if disposable, a onetime only use product.

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

Subd. 13. **Electrical stimulation.** "Electrical stimulation" means a method of stimulating acupuncture points by an electrical current of .001 to 100 milliamps, or other current as approved by the board. Electrical stimulation may be used by attachment of a device to an acupuncture needle or may be used transcutaneously without penetrating the skin.

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

Subd. 14a. **Low-level or cold laser.** "Low-level or cold laser" means a laser classified as a Class IIIa laser used for stimulation of acupuncture points or channels.

Subd. 14b. **Low-level or cold laser acupuncture.** "Low-level or cold laser acupuncture" means acupuncture performed by using a low-level or cold laser to stimulate acupuncture points or channels.

Subd. 15. MS 2000 [Repealed, 2002 c 375 art 3 s 11]

Subd. 16. **NCBAHM.** "NCBAHM" means the National Certification Board for Acupuncture and Herbal Medicine, a not-for-profit corporation organized under section 501(c)(6) of the Internal Revenue Code.

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

Subd. 17. **Needle sickness.** "Needle sickness" is a temporary state of nausea and dizziness that is a potential side effect to needle insertion and from which full recovery occurs when the needles are removed.

Subd. 18. MS 2024 [Repealed, 2026 c 115 art 1 s 27]

History: 1995 c 177 s 2; 1998 c 254 art 1 s 38-40; 2004 c 279 art 3 s 1; 2026 c 115 art 1 s 2-12

147B.02 LICENSURE.

Subdivision 1. **Licensure required.** Except as provided under subdivision 4, it is unlawful for any person to engage in the practice of acupuncture without a valid license. Each licensed acupuncture practitioner shall conspicuously display the license in the place of practice.

Subd. 2. **Designation.** A person licensed under this chapter shall use the title of licensed acupuncturist or L.Ac. following the person's name in all forms of advertising, professional literature, and billings. A person may not, in the conduct of an occupation or profession pertaining to the practice of acupuncture or in connection with the person's name, use the words or letters licensed acupuncturist, Minnesota licensed acupuncturist, or any other words, letters, abbreviations, or insignia indicating or implying that a person is an acupuncturist without a license issued under this section. A student attending an acupuncture training program must be identified as a student acupuncturist.

Subd. 3. **Penalty.** A person who violates this section is guilty of a misdemeanor and subject to discipline under section 147.091.

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

(1) a physician licensed under chapter 147;

(2) an osteopathic physician licensed under chapter 147;

(3) a chiropractor licensed under chapter 148;

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

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

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

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

Subd. 5. MS 2002 [Repealed, 2004 c 279 art 3 s 3]

Subd. 6. **License by reciprocity.** The board shall issue an acupuncture license to a person who holds a current license or certificate as an acupuncturist from another jurisdiction if the board determines that the standards for certification or licensure in the other jurisdiction meet or exceed the requirements for licensure in Minnesota and a letter is received from that jurisdiction that the acupuncturist is in good standing in that jurisdiction.

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

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

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

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

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

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

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

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

Subd. 8. **Licensure expiration.** Licenses issued under this section expire annually.

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

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

(2) submit the renewal fee;

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

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

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

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

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

Subd. 10. **Licensure renewal notice.** At least 30 days before the license renewal date, the board shall send out a renewal notice to the last known address of the licensee. The notice must include a renewal application and a notice of fees required for renewal. If the licensee does not receive a renewal notice, the licensee must still meet the requirements for registration renewal under this section.

Subd. 11. **Renewal deadline.** The renewal application and fee must be postmarked on or before June 30 of the year of renewal or as determined by the board.

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

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

(1) evidence of current and active NCBAHM certification;

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

(3) an annual fee; and

(4) all back fees since previous renewal.

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

Subd. 12a. **Licensure following lapse of licensed status; transition.** (a) A licensee whose license has lapsed under subdivision 4 before January 1, 2020, and who seeks to regain licensed status after January 1, 2020, shall be treated as a first-time licensee only for purposes of establishing a license renewal schedule, and shall not be subject to the license cycle conversion provisions in section 147B.09.

(b) This subdivision expires July 1, 2022.

Subd. 13. **Temporary permit.** The board may issue a temporary permit to practice acupuncture to an applicant eligible for licensure under this section only if the application for licensure is complete, all applicable requirements in this section have been met, and a nonrefundable fee set by the board has been paid. The permit remains valid only until the meeting of the board at which a decision is made on the acupuncturist's application for licensure.

History: 1995 c 177 s 3; 1995 c 212 art 3 s 59; 1998 c 254 art 1 s 41-44; 1999 c 33 s 4,5; 2002 c 375 art 3 s 8; 2005 c 107 art 2 s 60; 2016 c 119 s 7; 2019 c 8 art 2 s 1,2; 2022 c 55 art 1 s 39; 2023 c 70 art 6 s 14,15; 2025 c 20 s 137-139; 2026 c 115 art 1 s 13-16

147B.03 NCCAOM PROFESSIONAL DEVELOPMENT ACTIVITY REQUIREMENTS.

Subdivision 1. **NCBAHM requirements.** Unless a person is licensed under section 147B.02, subdivision 6, each licensee is required to meet the NCBAHM professional development activity requirements to maintain NCBAHM certification. These requirements may be met through a board approved continuing education program.

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

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

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

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

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

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

Subd. 3. **Continuing education topics.** (a) Continuing education program topics may include but are not limited to acupuncture and herbal medicine theory and techniques including massage; nutrition; herbology and diet therapy; exercise; anatomy, physiology, biochemistry, microbiology, psychology, and history of medicine; and medical terminology or coding.

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

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

History: 1995 c 177 s 4; 1998 c 254 art 1 s 45,46; 2016 c 158 art 1 s 66; 2026 c 115 art 1 s 17-20

147B.04 BOARD ACTION ON APPLICATIONS.

Subdivision 1. **Verification of application information.** The board or Acupuncture Advisory Council established under section 147B.05, with the approval of the board, may verify information provided by an application for licensure under section 147B.02 to determine if the information is accurate and complete.

Subd. 2. **Notification of board action.** Within 120 days of receipt of the application, the board shall notify each applicant in writing of the action taken on the application.

Subd. 3. **Request for hearing by applicant denied.** An applicant denied licensure must be notified of the determination, and the grounds for it, and may request a hearing on the determination by filing a written statement of issues with the board within 20 days after receipt of the notice from the board. After the hearing, the board shall notify the applicant in writing of its decision.

History: 1995 c 177 s 5

147B.05 ACUPUNCTURE ADVISORY COUNCIL.

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

Subd. 2. **Administration; compensation; removal; quorum.** The advisory council is governed by section 15.059.

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

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

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

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

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

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

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

(7) advise the board regarding standards for acupuncturists;

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

(9) review complaints;

(10) advise the board regarding continuing education programs;

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

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

History: 1995 c 177 s 6; 1998 c 254 art 1 s 47; 1999 c 33 s 6; 2003 c 87 s 1; 2007 c 123 s 8; 2016 c 119 s 7; 2026 c 115 art 1 s 21,22

147B.06 PROFESSIONAL CONDUCT.

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

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

(1) the practitioner's qualifications including:

(i) education;

(ii) license information; and

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

(2) side effects which may include the following:

(i) some pain in the treatment area;

(ii) minor bruising;

(iii) infection;

(iv) needle sickness; or

(v) broken needles.

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

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

Subd. 2. **Sterilized equipment.** An acupuncture practitioner shall use sterilized equipment that has been sterilized under standards of the National Centers for Disease Control and Prevention.

Subd. 3. **State and municipal public health regulations.** An acupuncture practitioner shall comply with all applicable state and municipal requirements regarding public health.

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

(1) evaluation, management, and treatment services using methods and techniques described in section 147B.01, subdivisions 2a, 3, and 14;

(2) diagnostic examination, 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, as described in section 147B.01, subdivisions 2a, 3, and 14. When results fall outside of the education, training, and expertise of a licensed acupuncturist, or suggest serious or emergent conditions, the acupuncturist must facilitate referrals to other appropriate health care providers;

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

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

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

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

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

(b) Low-level or cold laser acupuncture must only be performed in accordance with all relevant acupuncture accreditation standards and federal laws, including Food and Drug Administration rules and regulations.

(c) Low-level or cold laser acupuncture performed on a patient's head must be outside the orbital rim.

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

(1) a copy of the informed consent;

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

(3) evidence of examination and diagnosis;

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

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

Subd. 6. Referral to other health care practitioners. Referral to other health care practitioners is required when an acupuncturist practitioner sees patients with potentially serious disorders including, but not limited to:

(1) cardiac conditions including uncontrolled hypertension;

(2) acute, severe abdominal pain;

(3) acute, undiagnosed neurological changes;

(4) unexplained weight loss or gain in excess of 15 percent of the body weight in less than a three-month period;

(5) suspected fracture or dislocation;

(6) suspected systemic infections;

(7) any serious undiagnosed hemorrhagic disorder; and

(8) acute respiratory distress without previous history.

The acupuncturist shall request a consultation or written diagnosis from a licensed physician for patients with potentially serious disorders.

Subd. 7. **Data practices.** Data maintained on an acupuncture patient by an acupuncture practitioner is subject to section 144.336.

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

History: 1995 c 177 s 7; 2004 c 279 art 3 s 2; 2025 c 20 s 140; 2026 c 115 art 1 s 23-26

147B.07 DISCIPLINE; REPORTING.

For purposes of this chapter, acupuncturist licensees and applicants are subject to the provisions of sections 147.091 to 147.162.

History: 1995 c 177 s 8

147B.08 FEES.

Subdivision 1. MS 2016 [Repealed, 1Sp2017 c 6 art 11 s 56]

Subd. 2. MS 2016 [Repealed, 1Sp2017 c 6 art 11 s 56]

Subd. 3. MS 2016 [Repealed, 1Sp2017 c 6 art 11 s 56]

Subd. 4. **Acupuncturist application and license fees.** (a) The board may charge the following nonrefundable fees:

(1) acupuncturist application fee, \$150;

(2) acupuncturist annual registration renewal fee, \$150;

(3) acupuncturist temporary registration fee, \$60;

(4) acupuncturist inactive status fee, \$50;

(5) acupuncturist late fee, \$50;

(6) duplicate license fee, \$20;

(7) certification letter fee, \$25;

(8) education or training program approval fee, \$100;

(9) report creation and generation fee, \$60 per hour; and

(10) verification fee, \$25.

(b) The board may prorate the initial annual license fee. All licensees are required to pay the full fee upon license renewal. The revenue generated from the fees must be deposited in an account in the state government special revenue fund.

History: 1995 c 177 s 9; 1Sp2017 c 6 art 11 s 5; 2019 c 8 art 7 s 5; 2020 c 79 art 1 s 6

147B.09 LICENSE RENEWAL CYCLE CONVERSION.

Subdivision 1. **Generally.** The license renewal cycle for acupuncture practitioner licensees is converted to an annual cycle where renewal is due on the last day of the licensee's month of birth. Conversion pursuant to this section begins January 1, 2020. This section governs license renewal procedures for licensees who were licensed before December 31, 2019. The conversion renewal cycle is the renewal cycle following the first license renewal after January 1, 2020. The conversion license period is the license period for the conversion renewal cycle. The conversion license period is between six and 17 months and ends the last day of the licensee's month of birth in either 2020 or 2021, as described in subdivision 2.

Subd. 2. **Conversion of license renewal cycle for current licensees.** For a licensee whose license is current as of December 31, 2019, the licensee's conversion license period begins on January 1, 2020, and ends on the last day of the licensee's month of birth in 2020, except that for licensees whose month of birth is January, February, March, April, May, or June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in 2021.

Subd. 3. **Conversion of license renewal cycle for noncurrent licensees.** This subdivision applies to an individual who was licensed before December 31, 2019, but whose license is not current as of December 31, 2019. When the individual first renews the license after January 1, 2020, the conversion renewal cycle begins on the date the individual applies for renewal and ends on the last day of the licensee's month of birth in the same year, except that if the last day of the individual's month of birth is less than six months after the date the individual applies for renewal, then the renewal period ends on the last day of the individual's month of birth in the following year.

Subd. 4. **Subsequent renewal cycles.** After the licensee's conversion renewal cycle under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day of the month of the licensee's birth.

Subd. 5. **Conversion period and fees.** (a) A licensee who holds a license issued before January 1, 2020, and who renews that license pursuant to subdivision 2 or 3, shall pay a renewal fee as required in this subdivision.

(b) A licensee shall be charged the annual license fee listed in section 147B.08 for the conversion license period.

(c) For a licensee whose conversion license period is six to 11 months, the first annual license fee charged after the conversion license period shall be adjusted to credit the excess fee payment made during the conversion license period. The credit is calculated by: (1) subtracting the number of months of the licensee's conversion license period from 12; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(d) For a licensee whose conversion license period is 12 months, the first annual license fee charged after the conversion license period shall not be adjusted.

(e) For a licensee whose conversion license period is 13 to 17 months, the first annual license fee charged after the conversion license period shall be adjusted to add the annual license fee payment for the months that were not included in the annual license fee paid for the conversion license period. The added payment is calculated by: (1) subtracting 12 from the number of months of the licensee's conversion license period; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(f) For the second and all subsequent license renewals made after the conversion license period, the licensee's annual license fee is as listed in section 147B.08.

Subd. 6. **Expiration.** This section expires July 1, 2022.

History: 2019 c 8 art 2 s 3