

CONSENT CALENDAR

June 6, 2022

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

**The Committee on Health, Human Services and Elderly
Affairs to which was referred SB 290-FN,**

AN ACT relative to the practice of auriculotherapy.

Having considered the same, report the same:

RECOMMENDED FOR FUTURE LEGISLATION.

Rep. Mark Pearson

FOR THE COMMITTEE

COMMITTEE REPORT

Committee:	Health, Human Services and Elderly Affairs
Bill Number:	SB 290-FN
Title:	relative to the practice of auriculotherapy.
Date:	June 6, 2022
Consent Calendar:	CONSENT
Recommendation:	RECOMMENDED FOR FUTURE LEGISLATION

STATEMENT OF INTENT

There is merit to having intermediate steps which define new positions within medicine. Decades ago the category of Nurse Practitioner was established as a mid-step between RN and DO/MD. Auriculotherapy is already part of acupuncture. Before the legislature is asked to authorize a distinct auriculotherapy sub-group carve out, we recommend people interested in practicing auriculotherapy meet with the acupuncture board to see what this latter group recommends for training, licensing and oversight. If the acupuncture board is not interested in helping, interested parties might get together with OPLC for the same purpose. In either case we do not recommend auriculotherapy be authorized without an approved program of training, and with licensing and oversight.

Vote 17-0.

Rep. Mark Pearson
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

Health, Human Services and Elderly Affairs

SB 290-FN, relative to the practice of auriculotherapy. **RECOMMENDED FOR FUTURE LEGISLATION.**

Rep. Mark Pearson for Health, Human Services and Elderly Affairs. There is merit to having intermediate steps which define new positions within medicine. Decades ago the category of Nurse Practitioner was established as a mid-step between RN and DO/MD. Auriculotherapy is already part of acupuncture. Before the legislature is asked to authorize a distinct auriculotherapy subgroup carve out, we recommend people interested in practicing auriculotherapy meet with the acupuncture board to see what this latter group recommends for training, licensing and oversight. If the acupuncture board is not interested in helping, interested parties might get together with OPLC for the same purpose. In either case we do not recommend auriculotherapy be authorized without an approved program of training, and with licensing and oversight. **Vote 17-0.**

Original: House Clerk

Cc: Committee Bill File

CONSENT CALENDAR

April 19, 2022

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

**The Committee on Health, Human Services and Elderly
Affairs to which was referred SB 290-FN,**

AN ACT relative to the practice of auriculotherapy.

**Having considered the same, report the same with the
recommendation that the bill be REFERRED FOR
INTERIM STUDY.**

Rep. Mark Pearson

FOR THE COMMITTEE

COMMITTEE REPORT

Committee:	Health, Human Services and Elderly Affairs
Bill Number:	SB 290-FN
Title:	relative to the practice of auriculotherapy.
Date:	April 19, 2022
Consent Calendar:	CONSENT
Recommendation:	REFER FOR INTERIM STUDY

STATEMENT OF INTENT

In the past several decades, several layers of medical professionals have been added. For example, between a physician and a registered nurse, there are now Physician Assistants (PAs) and Nurse Practitioners (APRNs). Adding new layers allows helpful procedures to be done by people appropriately trained, licensed, and, in some cases, regularly supervised, but not to the level that would demand unnecessary training that would be costly and time consuming. The committee was, therefore, quite open to the concept of auriculotherapy, the practice of inserting needles into the external human ear. The committee was concerned, however, that the bill as presented to us was in need of much more work. We learned that auriculotherapy is actually a subset of acupuncture, which is regulated in New Hampshire. Additionally, acupuncturists who are not also physicians, and physical therapists who provide dry needling both have extensive training and are required to be licensed. The bill would require auriculotherapists to have had appropriate training in clean needle technique but did not define “appropriate,” nor did it specify who would sign off that such training indeed occurred. Finally, the bill would allow someone to practice auriculotherapy as long as it “does not purport to treat any disease, disorder, infirmity, or affliction.” The committee wondered, “Then why do it?” Rather than kill the bill outright, the committee’s suggestion is that the subject be studied further so that there could perhaps be a place for those practicing auriculotherapy only.

Vote 20-0.

Rep. Mark Pearson
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

CONSENT CALENDAR

Health, Human Services and Elderly Affairs

SB 290-FN, relative to the practice of auriculotherapy. **REFER FOR INTERIM STUDY.**

Rep. Mark Pearson for Health, Human Services and Elderly Affairs. In the past several decades, several layers of medical professionals have been added. For example, between a physician and a registered nurse, there are now Physician Assistants (PAs) and Nurse Practitioners (APRNs). Adding new layers allows helpful procedures to be done by people appropriately trained, licensed, and, in some cases, regularly supervised, but not to the level that would demand unnecessary training that would be costly and time consuming. The committee was, therefore, quite open to the concept of auriculotherapy, the practice of inserting needles into the external human ear. The committee was concerned, however, that the bill as presented to us was in need of much more work. We learned that auriculotherapy is actually a subset of acupuncture, which is regulated in New Hampshire. Additionally, acupuncturists who are not also physicians, and physical therapists who provide dry needling both have extensive training and are required to be licensed. The bill would require auriculotherapists to have had appropriate training in clean needle technique but did not define “appropriate,” nor did it specify who would sign off that such training indeed occurred. Finally, the bill would allow someone to practice auriculotherapy as long as it “does not purport to treat any disease, disorder, infirmity, or affliction.” The committee wondered, “Then why do it?” Rather than kill the bill outright, the committee’s suggestion is that the subject be studied further so that there could perhaps be a place for those practicing auriculotherapy only. **Vote 20-0.**

Original: House Clerk

Cc: Committee Bill File

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on SB 290-FN

BILL TITLE: relative to the practice of auriculotherapy.

DATE: June 6, 2022

LOB ROOM: 201-203

MOTION:

Interim Study (2nd yr) Recommended for Future Legislation

Moved by Rep. Weber

Seconded by Rep. Kofalt

Vote: 17-0

Respectfully submitted,

Rep Beth Folsom, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on Bill # 290-FN

BILL TITLE: ...relative to practice of auriculo-therapy

DATE: 6-6-2022

LOB ROOM: 206-203

MOTION: (Please check one box)

OTP ITL Retain (1st year) Adoption of Amendment # _____
Recommend for further legislation Interim Study (2nd year) *(if offered)*
 Moved by Rep. Weber Seconded by Rep. Kofalt Vote: 17/0

MOTION: (Please check one box)

OTP OTP/A ITL Retain (1st year) Adoption of Amendment # _____
 Interim Study (2nd year) *(if offered)*
 Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

MOTION: (Please check one box)

OTP OTP/A ITL Retain (1st year) Adoption of Amendment # _____
 Interim Study (2nd year) *(if offered)*
 Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

MOTION: (Please check one box)

OTP OTP/A ITL Retain (1st year) Adoption of Amendment # _____
 Interim Study (2nd year) *(if offered)*
 Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

CONSENT CALENDAR: ___ YES ___ NO

Minority Report? ___ Yes ___ No If yes, author, Rep: _____ Motion _____

Respectfully submitted: _____
Rep. Beth Folsom, Clerk



Weber | Kofalt

1/10/2022 9:05:47 AM
Roll Call Committee Registers
Report

2022 SESSION

Health, Human Services and Elderly Affairs

Bill #: 290-FN Motion: recommend for further legislation AM #: 17/0 Exec Session Date: 6-6-2022

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Pearson, Mark A. Chairman	X		
Layon, Erica J. Vice Chairman	X		
McMahon, Charles E.	X		
Acton, Dennis F.	X		
Gay, Betty I.	X		
Cushman, Leah P.			X
Folsom, Beth A. Clerk			X
Kelsey, Niki	X		
King, Bill C.			X
Kofalt, Jim	X		
DeLemus, Susan C.			X
Weber, Lucy M.	X		
MacKay, James R.	X		
Snow, Kendall A.	X		
Knirk, Jerry L.	X		
Salloway, Jeffrey C.	X		
Cannon, Gerri D.	X		
Nutter-Upham, Frances E.	X		
Schapiro, Joe	X		
Woods, Gary L.	X		
Merchant, Gary	X		

Health, Human Services and Elderly Affairs

Public Hearing on Bill# HB 290 Date 6/6/22 Rm: 201-203 Time: 10:15am - 10:35am

Committee Members: Reps. M.Pearson, Layon, Folsom, McMahon, Acton, Gay, Cushman, Kelsey, B. King, Kofalt,, Rice, Weber, MacKay, Snow, Knirk, Salloway, Cannon, Nutter-Upham, Schapiro, Woods and Merchant

Rep. Snow

- This bill could lead to lawsuits because it's saying it can solve all these issues.

Rep. Pearson

- Is in favor of steps, wanting training protocols (which) need to be developed and it's not something we should be doing in legislation.

Rep. Knirk

- Does not want this linked in with HB247.

Rep. Merchant

- HB247 and HB290 are the same stakeholder community. So the ad hoc group should look at both.

Rep. Weber

- Wants us to authorize this so a board can make a protocol. She wants a path for training.

Rep. Gay

- Wants purpose and training and she wants to see a new bill. Agrees this is important.

Rep. Schapiro

- We need to look to the acupuncture board to revisit this to develop a protocol that doesn't compromise care.

Respectfully submitted,

Rep. Beth Folsom, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on Bill # SB290-FN

TITLE: AN ACT relative to the practice of auriculotherapy.

DATE: 4/19/2022

LOB ROOM: 201-3

MOTION: Interim Study

Moved by Rep. Pearson Seconded by Rep. Merchant Vote: 20-0

CONSENT CALENDAR: YES NO

Minority Report? Yes No If yes, author, Rep: _____ Motion _____

Respectfully submitted: baf

Rep. Beth Folsom, Clerk

**STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK**



9/28/2021 11:15:01 AM
Roll Call Committee Registers
Report

2022 SESSION

Health, Human Services and Elderly Affairs

Bill #: SB290 **Motion:** Interim Study **AM #:** _____ **Exec Session Date:** 4/19/2022

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Pearson, Mark A. Chairman	Y		
Layon, Erica J. Vice Chairman	Y		
McMahon, Charles E.	Y		
Acton, Dennis F.	Y		
Gay, Betty I.	Y		
Cushman, Leah P. Rep Dolan	Y		
Folsom, Beth A. Clerk	Y		
Kelsey, Niki	Y		
King, Bill C.	Y		
Kofalt, Jim	Y		
DeLemus, Susan	Y		
Weber, Lucy M. Rep Query	Y		
Mackay, James R.	Y		
Snow, Kendall A.			A
Knirk, Jerry L.	Y		
Salloway, Jeffrey C.	Y		
Cannon, Gerri D.	Y		
Nutter-Upham, Frances E.	Y		
Schapiro, Joe	Y		
Woods, Gary L.	Y		
Merchant, Gary	Y		
TOTAL VOTE:	20	0	

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING on Bill # SB290-FN

BILL TITLE: AN ACT relative to the practice of auriculotherapy.

DATE: 4/12/2022

ROOM: LOB 205-207

Time Public Hearing Called to Order: 5:51pm

Time Adjourned: 6:32pm

Committee Members: Reps. M. Pearson, Layon, Folsom, Acton, McMahon, Cushman, Kelsey, Gay, B. King, Kofalt, MacKay, DeLemus, Weber, Knirk, Nutter-Upham, Salloway, Snow, Cannon, Schapiro, Woods and Merchant,

TESTIMONY

Rep. Weber introduced bill for Sen. Regan who could not be there.

Bob Best - NH Acupuncture and Asian Medicine Assoc., oppose
Urgently need to ITL

Adam Learner, NH Acupuncture and Asian Medicine Assoc., oppose

Amy O'Dell Wilson, self, NHAAMA, oppose
Removing training is not serving others well.

Paul Mosier, Self – oppose
Runs acupuncture training in Manchester
Law was enacted in 2018 – has achieved desired results
Law as presented assumes provider knows about other life-threatening issues

Laura Cooley, ACUAID, supports
Initiated the bill.
VT has enabled this practice, Bill does require “appropriate training”, 70 hours of training – VA only requires 32, Wellness treatment, has trained 60 people in NH, Line 9 – bill needs to amend to clarify “treatment”, NADA Training,

Elizabeth Rapp, self – supports
Agrees bill needs amending

Jeff Davis, self – supports
Seen success, supplied testimony, wants more than the allowed 5 points, bill only addresses the 5 points

Diane Chese, self, licensed Acupuncturist, - opposes
Has observed needles going through the ear, there are side effects, not enough awareness of other diagnoses.

David Nagel – NH Medical Society, American Academy of Acupuncture – oppose

Malpractice if these practicing auriculotherapy claims line 9, holistic practice, if it passes it needs amendment

Cindy Theroux-Lette, NH Board of Acupuncture Licensing, oppose
Our current Law works.

Respectfully submitted,

Rep. Beth Folsom, Clerk

House Remote Testify

Health, Human Services and Elderly Affairs Committee Testify List for Bill SB290 on 2022-04-12

Support: 4 Oppose: 58 Neutral: 0 Total to Testify: 0

Export to Excel

<u>Name</u>	<u>City, State</u> <u>Email Address</u>	<u>Title</u>	<u>Representing</u>	<u>Position</u>	<u>Testifying</u>	<u>Non-Germane</u>	<u>Signed Up</u>
Carson, Senator Sharon	SD 14, NH sharon.carson@leg.state.nh.us	An Elected Official	Myself	Support	No	No	3/29/2022 12:19 PM
Cavanaugh, Senator Kevin	Manchester, NH kevin.cavanaugh@leg.state.nh.us	An Elected Official	Myself	Support	No	No	3/29/2022 12:59 PM
Dreher, Freda	Enfield, NH FDREHER@COMCAST.NET	A Member of the Public	Myself	Oppose	No	No	4/5/2022 1:18 PM
Necol, Barbara	Peterborough, NH bnecol@myfairpoint.net	A Member of the Public	Myself	Oppose	No	No	4/6/2022 5:59 PM
nagel, david	Gilmanton, NH dnagel59@yahoo.com	A Member of the Public	the NH Medical Society, the American Academy of Medical Acupuncture	Oppose	No	No	4/6/2022 6:31 PM
Schindler, Eric	Enfield, NH fatherlemming@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/7/2022 12:11 PM
Rogers, Lisa	Peterborough, NH lisarogersef@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/7/2022 1:31 PM
Plude, Patricia	Dublin, NH pat@plude.com	A Member of the Public	Myself	Oppose	No	No	4/7/2022 5:23 PM
Kelley, Kelli	NOTTINGHAM, NH kelli.kelley1@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/8/2022 2:20 PM
Mullen, Deb	Kingston, NH deb.mullen@mbgre.com	A Member of the Public	Myself	Oppose	No	No	4/8/2022 2:22 PM
Skoyles, Roger	Newmarket, NH rogerskoyles@yahoo.com	A Member of the Public	Myself	Oppose	No	No	4/8/2022 3:34 PM
Medeiros, Michael	Durham, NH mreingold1@aol.com	A Member of the Public	Myself	Oppose	No	No	4/8/2022 5:07 PM
Waldo, Mary	Nottingham, NH Pucket1963@hotmail.com	A Member of the Public	Myself	Oppose	No	No	4/8/2022 5:18 PM

Buzzell, Rebecca	Strafford, NH 08_edger_ironic@icloud.com	A Member of the Public	Myself	Oppose	No	No	4/8/2022 5:43 PM
Simpson, Richard	Hancock, NH ricksimpson@aol.com	A Member of the Public	Myself	Oppose	No	No	4/8/2022 6:09 PM
M Gross, Karen	Marlborough, MA kgross118@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/8/2022 6:11 PM
Salava, Carol	SOMERSWORTH, NH carsal@comcast.net	A Member of the Public	Myself	Oppose	No	No	4/8/2022 6:39 PM
day, jenifer	Epping, NH jeniferday@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/9/2022 8:28 AM
Salava, Jeff	Nottingham, NH, NH jeffsk1@comcast.net	A Member of the Public	Myself	Oppose	No	No	4/9/2022 9:40 AM
BERNAN, WILLIAM	Portsmouth, NH william.bernan@outlook.com	A Member of the Public	Myself	Oppose	No	No	4/9/2022 9:45 AM
Learner, Adam	Stratham, NH alearner@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/9/2022 10:08 AM
Pomerleau, Josept	Strafford, NH pomerleau88@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/9/2022 11:40 AM
sinclair, janet	shelburne falls, MA jasinclair@verizon.net	A Member of the Public	Myself	Oppose	No	No	4/9/2022 11:48 AM
Traffie, Lora	Peterborough, NH lora.traffie@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/9/2022 12:02 PM
Roeper, Chase Wilson	Lyndeborough, NH chaseq72@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/9/2022 12:04 PM
Theroux-Jette, L. Cindy	Nashua, NH reception@aimaofnashua.com	A Member of the Public	Myself	Oppose	No	No	4/9/2022 4:05 PM
Herner, John	Milford, NH johnhernerdc@yahoo.com	A Member of the Public	Myself	Oppose	No	No	4/9/2022 4:37 PM
Jette, Ernest	Nashua, NH ejette@ejette.com	A Member of the Public	Myself	Oppose	No	No	4/9/2022 5:37 PM
FRIEDRICH, ED	Loudon, NH erfriedrich@yahoo.com	A Member of the Public	Myself	Oppose	No	No	4/9/2022 7:11 PM
Davis, Rhoda	Concord, NH paulandrhoda@comcast.net	A Member of the Public	Myself	Oppose	No	No	4/10/2022 7:48 AM
Prescott, Anna	Dover, NH Anna.prescott@unh.edu	A Member of the Public	Myself	Oppose	No	No	4/10/2022 9:56 AM

Refsdal, Jackie	Madbury, NH jackierefs@comcast.net	A Member of the Public	Myself	Oppose	No	No	4/10/2022 2:00 PM
weld, liz	nottingham nh, NH elizpadgett@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/10/2022 2:01 PM
Sisson, Lindsey	Stratham, NH lindsc613@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/10/2022 4:12 PM
Merrill, Priscilla	Northwood, NH Prispunnyfnp@atlanticbb.net	A Member of the Public	Myself	Oppose	No	No	4/10/2022 8:10 PM
Reed, Leah	Hancock, NH Leahkreed@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/11/2022 6:51 AM
Wilson, Jon	Hancock, NH Finefeatherhealingarts@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/11/2022 7:31 AM
Tebo Davis, Mary	Strafford, NH mary.tebo@unh.edu	A Member of the Public	Myself	Oppose	No	No	4/11/2022 9:02 AM
Davis, Paul	Strafford, NH pdavisturtlerunfarm@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/11/2022 9:08 AM
Chase-Rowell, Lauren	Nottingham, NH laurencaserowell@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/11/2022 9:57 AM
Gendreau, Gabriel	Strafford, NH gabegendreau@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/11/2022 10:18 AM
McCarthy, Kathryn	Bennington, NH ReachAcuKate@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/11/2022 11:10 AM
Permut, Julie	Dublin, NH juliepermut@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/11/2022 12:26 PM
French, Senator Harold	Canterbury, NH kathryn.cummings@leg.state.nh.us	An Elected Official	Senate District 7	Support	No	No	4/11/2022 3:00 PM
Girouard, Gina	Kingston, MA gina@sshemr.org	A Member of the Public	Myself	Oppose	No	No	4/11/2022 3:41 PM
ODell Wilson, Amy	Peterborough, NH amyodellwilson@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/11/2022 4:16 PM
Anderson, Amber	Portsmouth, NH aanderson@acufamily.com	A Member of the Public	Myself	Oppose	No	No	4/11/2022 4:35 PM
Kolgin, Andrea	Dover, NH andreakolgin@resilienceandhope.com	A Member of the Public	Myself	Oppose	No	No	4/11/2022 4:38 PM
Johnson, Jaclyn	Lee, NH jaclyn@darkorbit.net	A Member of the Public	Myself	Oppose	No	No	4/11/2022 6:07 PM

Gross, Karen	Marlborough, MA kg118@comcast.net	A Member of the Public	Myself	Oppose	No	No	4/11/2022 6:26 PM
Learner, Betsy	Stratham, NH betsylearner@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/11/2022 9:30 PM
Chase, Diane	Merrimack, NH d.m.chase15@gmail.com	An Elected Official	Myself	Oppose	No	No	4/11/2022 9:31 PM
Mosier, Paul	New Boston, NH pmosier@amherstwellness.com	A Member of the Public	Myself	Oppose	No	No	4/11/2022 11:09 PM
Hanson, Victoria	Madbury, NH v.hanson23@outlook.com	A Member of the Public	Myself	Oppose	No	No	4/12/2022 7:31 AM
Goldstein, Amy	Concord, NH goldstein.a@comcast.net	A Member of the Public	Myself	Oppose	No	No	4/12/2022 8:47 AM
Millar, Allison	Westmoreland, NH allison_lac@basicbalancekeene.com	A Member of the Public	Myself	Oppose	No	No	4/12/2022 9:22 AM
Irwin, Vicki	Brookline, NH V_jessop@hotmail.com	A Member of the Public	Myself	Oppose	No	No	4/12/2022 12:17 PM
Irwin, Jonathan	Brookline, NH Jirwin3@hotmail.com	A Member of the Public	Myself	Oppose	No	No	4/12/2022 12:29 PM
Gendreau, Molly	Strafford, NH mollyegendreau@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/12/2022 2:08 PM
Douville, Raye Ellen	Gilford, NH rayeellen@outlook.com	A Member of the Public	Myself	Support	No	No	4/12/2022 3:30 PM
Neely Seale, Wendy	Peterborough, NH wneelyseale@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/12/2022 3:51 PM
Grant, Amy	Concord, NH agrantpollard@gmail.com	A Member of the Public	Myself	Oppose	No	No	4/12/2022 6:14 PM

Archived: Friday, April 22, 2022 9:19:07 AM
From: [Robert Mortimer](#)
Sent: Thursday, April 7, 2022 3:55:04 PM
To: ~House Health Human Services and Elderly Affairs; John Reagan
Cc: laura@acuaid.net
Subject: SB 290
Importance: Normal
Attachments:
[HHS and Elderly Affairs SB290.docx](#) 

Dear Honorable Legislators,

Attached is my letter in strong support of SB 290. This bill would amend RSA G 328:9a, an act relative to Detoxification Specialists in the Practice of Auriculotherapy.

Thank You,

Robert N. Mortimer
Derry, NH 03038
603-490-3408

Archived: Friday, April 22, 2022 9:19:07 AM
From: [Woullard Lett](#)
Sent: Friday, April 8, 2022 3:25:27 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: SB 290
Importance: Normal

My name is Woullard Lett. I am a resident of Manchester, NH. I am writing to you in support of SB 290, Relative to the Practice of Auriculotherapy.

I think it is important that you know I am a registered Republican. I have served two terms on the Manchester, NH Police Commission. I have also served a term as President of the Manchester, NH National Association for the Advancement of Colored People (NAACP). I currently am an appointed member of the City of Manchester Conduct Board. I also received my Acupuncture Detoxification Specialist (ADS) certificate from the State of New Hampshire Office of Professional Licensure and Certification on July 10, 2020.

My ADS certificate is based on my National Acupuncture Detoxification Association (NADA) training. I have administered the protocol, often free of charge, to support the health goals of community members. My having access to using the NADA protocol is simple, safe and effective, both physically and financially. This particular protocol is limited to five points on the ear. But the same science that supports the protocol identifies other areas on the ear that is just as simple, safe and effective. Certified NADA specialist having access to the whole ear can provide more effective treatments.

Acupuncture on the ear is safe and benefits to the community can be significant. I urge you to support the citizens of New Hampshire by voting for SB 290 .

--

"The ax forgets; the tree remembers." African proverb



THE UNIVERSITY OF
CHICAGO

University of Chicago
1101 E. 58th St.
Chicago, Illinois
60637

Dear Health, Human Services and Elderly Affairs Committee,

I am writing in support of SB.290 – an act that proposes several changes regarding how ear acupuncture (auricular therapy) is practiced across the state. The passing of this act is consequential for the health and wellbeing of New Hampshire residents. It would remove barriers to a service that can be deeply healing.

I am a PhD student in the social sciences at the University of Chicago, and a resident of Warren, Vermont. My research looks at the evolution of auricular therapy in the context of the US opioid crisis in the Northeastern US. I have been following auricular therapy practitioners as part of my fieldwork for the past three years, attending the free clinics that they host in recovery centers and others locations across New England. Initially, I completed a training in New Hampshire for a standardized 5-point protocol that has become associated with addiction recovery (“NADA” protocol), and was then certified. Following that, I focused my volunteer work in Vermont, where the practice was deregulated, and the law posed less restrictions. (Attached is an article I reported and wrote for a VT newspaper, that explores Vermont’s 2019 deregulation.)

Passing SB.290 would mean, in part, that anyone who has been trained to understand the basics of auricular therapy and safe needle handling technique, can utilize any of the 100+ points on the outer ears. It would mean that those practicing would be not confined to the standardized 5-point addiction recovery protocol. Expanding access to the entire ear would expand access to therapeutic possibilities for people suffering with complicated, overlapping health issues. The act also proposes removing unnecessary and restrictive supervision and documentation requirements.

I have witnessed many people receiving this service – those in recovery from substances, from mental health issues, from chronic pain, and other conditions – and I have seen their distress, tension, and feelings of alienation transform into restfulness, self-awareness, and presence. The practice has an impressive safety profile, with no complaints filed against auricular therapy practitioners in New Hampshire. I can confidently say that auricular therapy is a beautiful and crucial form of body-work, especially in light of the many social problems we face today.

Please consider passing this act and expanding access to a much-needed therapy.

Tracy Brannstrom
tbrannstrom@uchicago.edu
773-982-1342

Change in Law Expands Access To Ear Acupuncture Services

By TRACY BRANNSTROM

MONTPELIER — The legislature voted this year to allow individuals to practice ear acupuncture (auriculotherapy) in their communities without the special license that was previously required, and providers say it will make it more accessible to those with mental health and substance use disorders.

Ear acupuncture involves the shallow placement of thin, sterilized disposable needles into specific sites on the surface of the outer ear.

Waitsfield resident Chris Bordonaro said that ear acupuncture was one of the more helpful interventions he has experienced during more than three decades of problems with alcohol.

He said that he was only recently evaluated by mental health clinicians and began to see that he was using alcohol as a means to cope with his severe anxiety.

Bordonaro said that the co-occurrence of substance use disorder and psychiatric diagnosis, or dual diagnosis, is important to recognize when designing interventions.

Origins in 1970s

Ear acupuncture has targeted substance use and mental health issues in the United States since the early 1970s when community members and activists created a drug detoxification program in a Bronx hospital at the height of a heroin epidemic.

They offered ear acupuncture in combination with methadone, a medication-assisted treatment, in the psychiatric unit of Lincoln Memorial Hospital, according to Laura Cooley, a licensed acupuncturist, trainer of auriculotherapy and legislative advocate.

It was “developed by community members to save their communities,” said Cooley.

Community health workers, nurses, counselors and other community members in Vermont have sought to provide the service in drug and alcohol recovery centers, community centers and clinical settings, offering it at low or no cost to make it accessible for those who would not ordinarily be able to afford acupuncture, according to Katie Whitaker, RN.

However, the previous licensing criteria under state law created obstacles for those who wanted to practice ear acupuncture in their communities, said Gabe Gilman, general counsel to the Vermont Office of Professional Regulation.

“There was a great deal of red tape and cost,” Gilman said. The state law amendment that took effect in July removed ear acupuncture from the oversight and licensing required for other forms of acupuncture.

As a result, it eliminated the requirement



Ear acupuncture involves placement of thin needles into specific sites on the surface of the outer ear. (Counterpoint Photo: Tracy Brannstrom)

that a licensed acupuncturist be available to talk in person, by phone or electronically when a person is providing the service. It also eliminated the license application fee of \$100, with \$200 due at each biennial renewal.

“The state is in the business of regulating marketplace activities, and this is a community-level practice,” Gilman explained. “Very few people derive primary income from ear acupuncture. It’s more of a part-time activity. It exists on the level of popular folk therapy and peer assistance.”

The amendment also removed the requirement that individuals practice only in state or federally funded addiction programs. Previously, the law referred to those approved for a license as an acupuncture detox specialist.

Feeling Better

Whittaker, who works in a rural, federally qualified health care center in northeastern Vermont, offers free ear acupuncture to patients as an add-on to their primary care appointments.

Previously, when it was legally permitted only for substance use treatment, she said her patients reported reduced cravings, and some told her that they felt good for the first time without the aid of a substance.

Since the law’s amendment, Whittaker has provided the intervention for those working through a variety of health and mental health issues.

“I see this as a nervous system reset,” she said. “It can drop you into a place of rest, relaxation and safety. And what comes out of that is, people can manage stress better, they sleep better and they feel better in their bodies.”

Whittaker added that while clinical interventions focus on urine screenings, medication adherence and other monitoring techniques, ear acupuncture creates a space in which “people can just be who they are.”

Despite potential benefits, the law stipulates that individuals who practice cannot “purport to treat any disease, disorder, infirmity, or affliction.”

More Are Trained

Although just 12 individuals have been licensed through the state, the National Acupuncture Detoxification Association said that 67 individuals in Vermont have filed a certificate that shows they underwent the organization’s 70-hour training, according to Sara Bursac, the executive director of NADA.

The amendment to the statute still requires “appropriate training” for those who practice ear acupuncture.

The NADA training teaches participants to place needles in five points on each ear. These target the liver, kidney, lungs, parasympathetic nervous system and shen, or spirit.

The five-point protocol can provide relief for addiction, stress and trauma, according to the organization’s website.

In his 1975 book “The Ear: Gateway to Balancing the Body,” acupuncturist Mario Wexu wrote that research in China and Europe has shown “a close physiological relationship between specific areas of the ear to specific areas of the body.”

“When stimulated,” he wrote, “they send a signal to the brain, which in turn sends a signal to the corresponding areas or functions of the body.”

Health outcomes for mental health issues are also possible, according to Victoria Taylor, who provides ear acupuncture at an inpatient recovery program in rural Virginia, because the premise underlying acupuncture is that “mind and body are in the same place.”

Dual Diagnosis

Those diagnosed with substance use disorder show elevated risk for almost all psychiatric diagnoses, with the correlations for depression and bipolar disorder ranking highest, according to a 1990 study by Darrel Regier and colleagues published in the *Journal of the American Medical Association*.

Kurt White, who oversees outpatient programs at the Brattleboro Retreat, said that as a society, “we’ve made such a weird separation of these problems, when the norm is probably that people are dealing with both at the same time.”

Cooley said that one of the largest obstacles for those who wanted to provide the intervention was its restriction to drug and alcohol treatment and recovery programs.

Using the term “detox,” she said, can give the impression that benefits are limited to those undergoing substance withdrawal.

“It’s not just detox,” she said. “It gets people back in shape for facing life.”

PSYCHIATRIC STUDY BRIEFS

Symptoms Hidden Due to Stigma

A study published online in August reported finding that nearly half of all patients withhold critical information about their mental health out of embarrassment and fear both of stigmatization and the possible long-term implications of sharing such information.

“These findings suggest that concerns about potential negative repercussions may lead many patients who experience imminent threats to avoid disclosing this information to their clinician,” the study concluded. Assessment

of Patient Nondisclosures to Clinicians of Experiencing Imminent Threats, *JAMA Netw Open*. 2019;2(8):e199277.

Depression as Adverse Effect

More than a third of all the prescription medications Americans use have depression as a potential side effect, and there is an increase in rate of diagnoses of depression among those individuals, according to a new study. A cross-sectional study of adults showed that 37 percent of Americans take at least one medication that

has depression as a listed potential adverse effect, according to the study, which was reported in the *Journal of the American Medical Society* in 2018.

Those using three or more of such prescriptions were three times more likely to experience depression than people who did not use any, it said — 15% versus 5%. The original investigation was titled “Prevalence of Prescription Medications With Depression as a Potential Adverse Effect Among Adults in the United States.”

Archived: Friday, April 22, 2022 9:19:11 AM

From: [Elissa Elliott](#)

Sent: Wednesday, March 30, 2022 4:30:17 PM

To: ~House Health Human Services and Elderly Affairs; grbailey@metrocast.net; Peter Hayward

Cc: [Laura Cooley](#); [John Reagan](#)

Subject: SB290 - In Support

Importance: Normal

Dear Honorable Members of the House Health and Human Services
and Elderly Affairs Committee:

My name is Elissa Elliott, and I am a Licensed Clinical Mental Health Counselor and Acupuncture Detoxification Specialist currently practicing out of Somersworth, NH and residing in Middleton, NH. I have been trained in the 5-point ear acupuncture NADA protocol and have been using it for approximately two and a half years. I am a proponent of holistic wellness strategies, and ear acupuncture has been a tremendous addition to my skill set. Since my training, I have offered this service in both a volunteer setting and as a complementary practice to my clinical work, with populations ranging from individuals with co-occurring disorders to those seeking general stress management, all from very different walks of life. The feedback that I have received from recipients has been positive with regards to both the immediate relaxation and the cumulative effect of improved sleep and sense of decreased physical tension.

As such, I am writing to you in strong support of SB 290, Relative to the Practice of Auriculotherapy and thus the opportunity to expand upon how this service is offered. Under current law, non-acupuncturist lay practitioners can be certified as Acupuncture Detoxification Specialists (ADS) using the 5 point protocol. As such, ADS's are limited to only those 5 points. There are at least 200 points in the ear that would lend themselves to promoting well-being and overall health, and I support the law that would allow for ADS's to be able to provide expanded ear acupuncture services. During a time when the country is experiencing both a health and mental health crisis, and there is a shortage of mental health professionals in NH, it makes sense to promote a service that can support overall health management that can be administered in any setting by competently trained lay practitioners. There is no cure. This is strictly a management issue for those with chronic mental health challenges. This includes accessibility of services to parts of the state where services may be stretched thin, such as rural NH. VT passed a similar bill in 2019 which has empowered trained practitioners to provide competent care within their respective communities and thus relieve some of the burden on their respective healthcare systems.

Currently, though, there is a complete credentialing process for a certification in NH to practice ear acupuncture which is excessive to those who have completed the training. I can say that as a clinician having attended various trainings and certification courses, my training in the safe practices for ear acupuncture has been straightforward and comprehensive. Competence is key in administering any helping service, and I have seen that to be the case with how auricular acupuncture training is offered. Speaking from the standpoint of a mental health clinician, if a therapist or social worker receives a specialty certificate, there is no formal credentialing process with the State, one needs no state approval to practice. For example, a mental health provider does not need State level credentialing to practice the following:

- Cognitive Behavioral Therapy (CBT)

- Cognitive Behavioral Therapy for Insomnia (CBT-I)
- Cognitive Processing Therapy (CPT)
- Dialectical Behavioral Therapy (DBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Emotional Freedom Technique (EFT)

The aforementioned modalities require competency to ethically practice, and without appropriate training, a provider can risk client safety and do more harm than good. I have not heard of any emotional or physical risk associated with use of ear acupuncture to help manage symptoms. As such, I don't think there should be formal credentialing for the certification of Acupuncture Detoxification Specialist, either. This would allow for increased access to much needed service in the state.

Again, I am in support of SB 290, Relative to the Practice of Auriculotherapy. I implore you to also support this bill and promote increased access to ear acupuncture, for both practitioners and potential recipients in the state of NH. Thank you.

Sincerely,

Elissa Elliott, MS, LCMHC, ADS

Middleton, NH 03887

(603) 512-6643

Elissa Elliott, MS, LCMHC, ADS

Licensed Clinical Mental Health Counselor

AcuDetox Specialist

Fruition Counseling & Wellness

(603) 515-6549

www.fruitioncounseling.org



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Archived: Friday, April 22, 2022 9:19:08 AM

From: reception@aimaofnashua.com

Sent: Tuesday, April 5, 2022 2:23:22 PM

To: [Mark Pearson](#); [Erica Layon](#); [Beth Folsom](#); ~House Health Human Services and Elderly Affairs

Subject: SB290 - NH Board of Acupuncture Licensing Testimony

Importance: Normal

Attachments:

[Board of Acupuncture Licensing Testimony on SB290 -Auriculotherapy.pdf](#) 

Date: April 5, 2022

Re: Board of Acupuncture Licensing Position Statement on SB290 -- Auriculotherapy

Dear Chairman Pearson and members of the HHSEA committee:

I hope this letter finds you well. I currently serve as Chair of the Board of Acupuncture Licensing and for the purposes of this testimony I am writing on behalf of the Board. I plan to follow up with a telephone call, and wish for you to have the written testimony for reference at the 4/12/22 hearing.

I would like to introduce myself so you can get a sense of who I am. Professionally, I am a nationally board certified and actively practicing NH Licensed Acupuncturist with 20+ years of experience, and 30+ years of experience as a NH Licensed Occupational Therapist. I am President Emeritus of the New Hampshire Acupuncture Asian Medicine Association (the state level professional association for Licensed Acupuncturists) and served in that role for seven years prior to being invited to seek appointment to the New Hampshire Board of Acupuncture Licensing by the Board founders, and I have been serving in this role for ten years.

Midway through my undergraduate Occupational Therapy degree program I decided it was “now or never” with my desire to serve my country, so I took a brief hiatus for that, but then got back to it and went on to complete a Master’s in Acupuncture and Oriental Medicine and a Doctorate in Health Psychology. During my hiatus from school, I served in and was honorably discharged from the United States Marine Corps Reserve. I was assigned to the Aviation Wing of the Marine Corps as an Aircraft Maintenance Administration Specialist and provided quality assurance and administrative oversight with the goal of keeping our “birds” (helicopters) in the air and my fellow Marines safe. So, I will often say that I flew a desk when asked what I did in the Air Wing! Quality assurance and safety has always been paramount in my career, both in the military and in health care practice.

Outside of work, I am a wife, daughter, and sister, a volunteer, and proud member of the Nashua Rotary Club. Rotary is a global humanitarian service organization comprised of business and community leaders, with local branches in most every city doing things to better our communities and the people in them. In my free time – of which there is not much – I enjoy keeping up on the latest research relevant to my practice, nature, photography, spending time with my husband Ernie Jette, who also has a strong sense of civic duty and serves as a court appointed mediator and our City of Nashua Ward 5 Alderman, and whenever possible

getting back to Connecticut to spend time with family.

Lack of free time is something you and I likely have in common – duty is always calling for those who serve the public. But I love it and still do it, because as they say, “someone has to step up”, and I enjoy giving back to a community and a world that has served me well. Civil and professional service runs strong in my veins and started at a young age with excellent parents who set the example. Now that you know me a bit better, I’ll move on to talk about this bill, SB290. Thank you for reading so far. The Board has reviewed SB290 and my comments going forward represent those of the Board.

SB290 is inconsistent with what we currently have in our law. Auriculotherapy is the practice of delivering a specific type of acupuncture to the ear, and is also known as “auricular acupuncture” and “ear acupuncture” – a widely accepted type of acupuncture and a skilled procedure. Specific qualifications and supervision requirements for acupuncture practice are defined under RSA 328-G. Auriculotherapy is used for diagnostic purposes and applied as a treatment for medical conditions by Licensed Acupuncturists. Medical Acupuncturists (physicians who are trained and certified to practice acupuncture by the AAMA (American Association of Medical Acupuncturists), Licensed Acupuncturists, and Certified Acupuncture Detoxification Specialists currently provide auriculotherapy as a regulated practice in New Hampshire.

The Board is in opposition to SB290 which permits, with certain limitations, the practice of auriculotherapy, or the practice of inserting needles into the external human ear. Unfortunately, no one from OPLC or the Board of Acupuncture Licensing was aware of its existence until after the Senate hearing. OPLC (the Office of Professional Licensure and Certification), which administers this Board, missed this bill in the tracking process because the term “auriculotherapy” was used instead of “acupuncture”; they are different key words. We believe it passed in the Senate because no one was there during the hearing to speak out against it.

I wish to give you some historical background about the genesis of SB290. During this hearing, you may see auriculotherapy ear acupuncture demonstrations as a means to demystify the practice, and you may hear some ridiculous claims mixed with some very reasonable and moving arguments. Everything from access to care for those who suffer with substance use disorders, mental illness, or trauma, to claims that the Licensed Acupuncturists and other professionals opposing it do so out of turf-ism, greed, or being out of touch. You may see attempts to pit professionals against one another, which is most unfortunate. There may be claims of a need to allow “open carry of needles, just like open carry for guns”, and that it can be taught in five minutes.

All of the above was witnessed during the process of creating Acupuncture Detoxification Specialists, also known as “acudetox specialists” (ADS’) in 2017 under the Acupuncture statute, RSA 328-G. The Board is charged with ensuring the availability of acupuncture practiced by qualified persons and to provide standards for licensing and regulation in order to protect the public health, safety, and welfare. As such, we added statute and created rules to regulate the new certificate holders (ADS’), ensuring standards for training and supervision would be in place.

Auriculotherapy is currently available and in use by the 39 actively certified Acupuncture Detoxification Specialists (ADS) throughout the state who are regulated by this Board. Access to care issues cannot be addressed by this bill because Acupuncture Detoxification Specialists are already in existence and providing care. This bill says that those who would be doing it cannot hold themselves out as providing care, and as such they cannot address care.

There was a vocal minority that did not want regulation and they vilified or disparaged their opponents. There was a push for no supervisory oversight of the newly created Acupuncture Detoxification Specialists who were to be inserting needles. What the Board put into the rules that the proponents of SB290 are against is the requirement for minimum competency standards that were defined by NADA (the National Acupuncture Detoxification Association) in 2017. The specific rule is: Acp 701.01(k) "NADA standards of competency" means the standards of competency for Acupuncture Detoxification Specialists developed by NADA that are defined in the NADA Acupuncture Detoxification Specialist Training Manual, effective July 1, 2017.

The proponents of SB290 may testify that this reference to the 2017 NADA training manual is an arbitrary requirement or that the training is excessive and unnecessary. The Board intentionally required this NADA training because NADA is recognized as the national agency that sets the standard of care for delivery of ear acupuncture in substance use detoxification, addictions recovery, behavioral health, and trauma. NADA was undergoing some changes within its organization and with the individuals who were writing their training manuals at the time, and the Board had concerns that the training standards could deteriorate over time. The Board recognized the 2017 NADA training standards as being sufficient in producing qualified persons to practice and for protecting the public in the delivery of ear acupuncture, and attached the 2017 NADA training standards to its rules.

The Board further defined what it would approve for other (non-NADA) board-approved ADS training programs and based the criteria for approval on the 2017 NADA training program standards, with the specific criteria set forth in the rules.

Thank you for allowing me to share some of the historical background pertinent to the genesis of SB290. Next, are three main points I would like to make, relevant to the Board of Acupuncture Licensing opposition to SB290.

1. Auriculotherapy certification requirements. The Board of Acupuncture Licensing has enabled auriculotherapy practice and it is currently in use by Acupuncture Detoxification Specialists. We have standing orders in place allowing OPLC to automatically certify as an ADS any person who meets requirements and wishes to become certified, and to process all renewals applications.

We as a Board require anyone seeking ADS certification to complete either the NADA (National Acupuncture Detoxification Association) Acupuncture Detoxification Specialist Training or a Board-approved equivalent training program, and to attest to a Code of Ethics. SB290 does not mention ethics at all, and specifies virtually no training requirements to perform auricular acupuncture. It does not specify inclusion of many critical training elements that are necessary to protect the public, such as: infectious disease transmission and safety, needle depth or angle of insertion, needle removal and accountability, disposal of needles, clinical concerns, risks, and complications with needling, maintaining boundaries and safe touch, and appropriate referral and crisis management for addiction, mental health, and medical evaluation and care.

2. Training programs. The Board of Acupuncture Licensing has a streamlined process to review and approve training programs. There have been three training programs presented to the Board to date and we immediately approved two of the programs. Both instructors for these two approved programs met the requirements by looking at the rules and incorporating what needed to be included in the curriculum, as set forth in the rules.

The third program instructor initially submitted a request for approval with no curriculum attached for us to review and was notified by OPLC to resubmit, then submitted a program with a different

name and an incomplete curriculum. Instead of voting to deny approval of the training program, we voted to conditionally approve it upon receipt of the missing information, and asked OPLC to reach out and give the instructor a list of exactly what was deficient and what was needed to be submitted, in order to expedite getting it approved. Allegations of “red tape” and lack of Board response have been made, but a precise documentation of the timeline has been kept. The Board went above and beyond in expediting review and trying to assist with getting this third program approved.

Please keep in mind that when the Board was adding legislation to certify Acupuncture Detoxification Specialists in 2017, NADA was undergoing changes within its organization and with the individuals who were writing their training manuals. The Board had concerns that the training standards could deteriorate over time. One of the proponents of SB290 is the instructor who submitted the third (incomplete) training program, who also claims to have written manuals for NADA in the past. This individual stated, during the Senate hearing for SB290, that they wish to be able to operate outside of the acupuncture profession. We have concerns that passing SB290 and allowing the practice of auriculotherapy outside of the profession by those with insufficient training and no regulatory oversight will place the public at risk.

3. Regulation, supervision, and adverse events. Auriculotherapy is still fairly new in its availability to the people of New Hampshire, as the Board began certifying Acupuncture Detoxification Specialists just four years ago in 2018. In contrast, the Board has been regulating Licensed Acupuncturists for over 20 years, since 1997. It is the opinion of this Board that regulation serves to reduce acupuncture adverse events by setting standards for education and continuing competency, and holding certificate holders and licensees accountable. Regulations and standards for all types of acupuncture including auriculotherapy practice remain necessary to ensure safe and competent delivery to every individual who receives it.

Supervision is not even mentioned in this bill, and training consists only of “appropriate training in clean needle technique”. “Appropriate” is a subjective and vague term. Allowing anyone to insert a needle into an ear without being trained in the contraindications to needling (including but not limited to patient refusal, open wounds, infection or malignant tumor at the site of needle placement, immunocompromised status, bleeding disorders such as severe thrombocytopenia) or how to needle (including needling depth and angle of insertion) invites risk of danger to the public.

There are currently 153 actively Licensed Acupuncturists in New Hampshire available to serve as ADS supervisors and at a recent meeting of the state level professional association for Licensed Acupuncturists, at least ten Licensed Acupuncturists said they would be willing to serve as an ADS supervisor. Licensed Acupuncturists are best suited to this role as they learn auriculotherapy and the NADA ear acupuncture protocol as a part of their master’s or doctoral level education. The Board requires that Licensed Acupuncturists who wish to serve as an ADS supervisor must attest to having familiarity with the NADA training or other Board approved training, be available by phone or other electronic means during business hours, and conduct at least two remote or in-person site visits per year.

Chairman Pearson and committee members, I had a lot to share with you and I sincerely thank you for your time and thoughtful consideration of this Board of Acupuncture Licensing testimony prior to taking action on SB290. It is the position of this Board that passing this bill would bring significant risk to those seeking to receive auriculotherapy ear acupuncture and those receiving it from untrained individuals.

The Board of Acupuncture Licensing asks you to please vote this bill Inexpedient to

Legislate. Please reach out with any questions or comments to my office number below. Please feel free to leave a message if I am with a patient and I will get back to you. I hope to connect with you via telephone. I sincerely thank you for your valuable time.

Sincerely,

L. Cindy Theroux-Jette, PhD, OT/L, LAc
Chair, Board of Acupuncture Licensing
reception@aimaofnashua.com 603-718-8328

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Archived: Friday, April 22, 2022 9:19:08 AM
From: [Lars Wiinblad](#)
Sent: Tuesday, April 5, 2022 1:22:58 AM
To: ~House Health Human Services and Elderly Affairs
Cc: [Laura Cooley](#); [John Reagan](#)
Subject: SB290 and House Health and Human Services and Elderly Affairs committee
Importance: Normal

Dear members of the Health and Human Services Committee,

NADA-Denmark was founded in 2000. I have been the head of the organization from the very beginning. I have been training and teaching the NADA protocol in Denmark since 1999. I became a certified NADA trainer after my stay in Lincoln Recovery Center training with Carlos Alvarez and supervised by Dr. Michael Smith.

We have a group of 10 trainers guided by me. I am the only licensed acupuncturist in the organization. According to Danish law acupuncture can be practiced most people. There are rules for safety, but you do not have to be a doctor or a licensed acupuncturist. Supervision from a doctor or licensed acupuncturist is not required. This was enabled by legislation in 2007. I train our staff in acupuncture and other skills when needed.

We have since 2000 trained more than 20,000 people using the NADA-protocol, employees from the public healthcare system as well as clinics, substance abuse centers, shelters, social workers, relatives in community programs, hospice, schools, hospitals and many more.

NADA-Denmark is not associated with the Acupuncturist Organizations in Denmark. The NADA-protocol is not looked at a medical treatment and we do not carry out any diagnostic work. NADA is a complementary method in Denmark and accepted as such at the Danish National Health Board.

The success and the results of ear acupuncture has increased during the last 10 years. One of the reasons are probably that our trainers are professionals that can cope with the background of the trainees. We chose our trainers from their spirit as a person, knowledge of the NADA-protocol in practice and their professional background, among other qualifications. When we, for instance, train people from the healthcare system our trainer must know this field from their own career. When we train staff from a psychiatric unit our trainer will be a licensed psychiatric nurse. This goes for every training. Our group of trainers are a collective of nurses, midwives, social advisors, substance abuse professionals, psychiatric nurses and more. Being a licensed acupuncturist is not the main qualification.

We have many kinds of programs running. Many people work alone in community settings. On our website you will find around 400 of such programs where people can go to get treatments at low cost (around \$4US). Some programs are for free. Beside the programs run by volunteers you can find more than 500 programs in the public health care system or similar programs.

We have not had any problems with safety since the beginning in 2000. Today it is common that administrators ask for NADA-trained people advertising for new employees. I support the passage of SB 290.

Sincerely
Lars Wiinblad
Head of NADA-Denmark

Archived: Friday, April 22, 2022 9:19:07 AM

From: [Eleni Fredlund](#)

Sent: Friday, April 8, 2022 10:16:31 AM

To: ~House Health Human Services and Elderly Affairs; John Reagan; Laura Cooley

Subject: SB290 letter of support

Importance: Normal

Attachments:

[SB290.pdf](#) 

To the Health and Human Services and Elderly Affairs committee,

As a licensed acupuncturist I am writing in support of SB290 so that healthcare providers can provide this important health care tool to medically disenfranchised communities in dire need of access to wellness.

Letter of support is attached.

Sincerely, Eleni

--

Eleni Fredlund

LMHC, L.Ac. EMT-I

NM Integrative Wellness MRC Unit Coordinator

cell (505)709-0033

Shalom, Eirini, Salam, Shanti

Health, Human Services, and Elderly Affairs Committee
Representative Mark Pearson, Chair
Representative Erica Layon, Vice Chair
RE: NH SB290
Position: OPPOSE

Dear Rep. Pearson, Rep. Layon, and Committee Members,

As the Immediate Past President of the American Academy of Medical Acupuncture (AAMA), an organization of allopathic and osteopathic physicians (MDs and DOs) who have incorporated acupuncture into medical practice, I am writing to share my thoughts on SB290. My current private practice is in Lebanon, New Hampshire where I practice Physical Medicine & Rehabilitation, incorporating acupuncture into integrative and comprehensive patient care.

I am opposed to SB290 regarding the practice of auriculotherapy for the following reasons:

1. Section I states that auriculotherapy, also called auricular or ear acupuncture, is an “unregulated practice.” Auriculotherapy is a form of acupuncture where needles are placed into the dermis of the outer ear. The practice of acupuncture is regulated in New Hampshire. It is in the best interest of public health that this practice remain regulated, as untoward effects can occur when needling is done by someone untrained or unlicensed.
2. This bill would permit an unlicensed person to perform auriculotherapy. The bill does not require the unlicensed person to have any formal training in auriculotherapy. If the person is untrained and unlicensed, there is no board to oversee that the person is performing the procedure in accordance with community standards to prevent harm to individuals receiving the treatment.
3. Section I (c) states that the unlicensed person “does not purport to treat any disease, disorder, infirmity, or affliction.” This particular section is truly puzzling to me. If there is no intention to treat a medical condition, they why would auriculotherapy be performed? Auriculotherapy is not a recreational pursuit.
4. Complications such as bleeding and infection can occur when intact skin is pierced with any type of needle. Needling can cause infection of the ear which can lead to destruction of the supporting cartilage. Treatment may require antibiotics and possibly surgery to remove the damaged tissue. In any standard auriculotherapy training program, awareness of such complications and how to manage them is taught. An unlicensed person may not be aware of the possible complications and how to manage them and would be unlikely to have the resources to treat or refer.
5. This bill is unnecessary as New Hampshire already has statutes for health care professionals to provide auriculotherapy.

As a licensed New Hampshire physician and a practicing Medical Acupuncturist, it is in my most sincere interest that responsible acupuncture be practiced only by those who are properly trained and thoughtfully and appropriately licensed. I am happy to communicate further by phone or by e-mail if I can provide any further information to support your research on this matter.

Respectfully,

Freda L. Dreher, MD
Immediate Past President, American Academy of Medical Acupuncture
Board Certified, Physical Medicine & Rehabilitation and Medical Acupuncture
New Hampshire License # 15476
Lebanon, New Hampshire
fdreher@comcast.net
603-667-0082

Archived: Friday, April 22, 2022 9:19:07 AM
From: yarberry.megan@gmail.com
Sent: Friday, April 8, 2022 5:44:03 PM
To: ~House Health Human Services and Elderly Affairs; John Reagan
Cc: 'Laura Cooley'
Subject: SB290
Importance: Normal

To the Honorable members of the Health, Human Services Committee and Elderly Affairs,

I am a licensed acupuncturist and former Academic Dean and instructor for an acupuncture Master's program writing in support of SB 290 Relative to the Practice of Auriculotherapy.

I have taken special interest in auriculotherapy because it reduces barriers to healthcare, especially for high-needs and marginalized communities. It is an effective and efficient modality that can be offered at low cost. In my 20+ years of practice I have offered ear treatments in a variety of settings, including for those affected by lava flows in Hawai'i, victims of natural disasters in Bahamas and Haiti, immigrants in South Africa, as well as addicts and prison inmates in East Africa.

In 2008 a colleague and I trained 21 community health workers at a UNHCR refugee camp in Uganda on simple auricular protocols to promote well-being. Over the course of the next six months these workers provided over 18,000 treatments to their fellow refugees, and reported such outcomes as reduced pain, improved sleep, less suicidal ideation, reduced cravings for addictive substances, and many other remarkable improvements. While the treatment protocol does not claim to treat specific conditions, it improves patient resilience to physical and psychological stressors.

Those against loosening of regulations around this therapy commonly cite safety concerns, but the simple fact is that this is a supremely safe treatment, as scientific literature can confirm. I've provided trainings for people as diverse as medical doctors and nurses in the US to youth leadership members on a remote island off Kenya, and have never seen or heard about notable adverse effects. What is less often voiced is concern about lost business for practicing acupuncturists. I've found this position to have no standing, as many people who receive auriculotherapy have never had acupuncture before, and once they've experienced this 'gateway' treatment and recognize the benefits, they are more likely to seek out more tailored treatments for specific conditions.

The restrictions on this type of treatment in the US is a missed opportunity. By passing SB 290, you will expand healthcare options and care in New Hampshire at a time when our healthcare system is under tremendous strain.

Thanks so much for your consideration, and in hopes of the passage of SB290.

Megan Yarberry, LAc, MAOM
626 253 4447
yarberry.megan@gmail.com

Archived: Friday, April 22, 2022 9:19:07 AM
From: [Lew Henry](#)
Sent: Thursday, April 7, 2022 2:23:21 PM
To: [~House Health Human Services and Elderly Affairs](#)
Subject: SB290
Importance: Normal

Dear Health, Human Services and Elderly Affairs,

I am writing to you hoping to encourage you to vote for SB 290, which will expand the practice of auricular acupuncture, AKA ear acupuncture, to rural and underserved communities. It is a very effective way, alone or with other medical procedures, to treat a variety of problems, such as anxiety, depression, chronic pain, substance use disorder, and more. Thank you for considering this, I am sure you will see the benefits of this treatment and the need to expand it to rural and underserved communities.

Yours, Lew Henry
Gilmanton, NH

Archived: Friday, April 22, 2022 9:19:07 AM

From: [Rapsallion617](#)

Sent: Thursday, April 7, 2022 11:50:34 AM

To: ~House Health Human Services and Elderly Affairs; laura@acuaid.net; John Reagan

Subject: SB290

Importance: Normal

Dear Health, Human Services and Elderly Affairs Committee Members,

My name is Rob Dalrymple and I have received both the NADA protocol and extra ear points for the pain I experience. In 2006 I had a partial foot amputation, and I wear an uncomfortable brace. I have constant phantom pain, and pain from the awkward way I now walk. The couple times I have had the extra ear points for my feet and leg, the pain went away for at least a week. Life is much better without chronic pain.

I cannot afford acupuncture, not even in a sliding scale community clinic. I had these treatments at HOPE For NH, but it is rarely available because the acupuncturists who come here can only volunteer sometimes. I could greatly benefit from weekly treatments, and there are others at Hope NADA trained that could also provide this service for me.

There are many people who come to HOPE that have chronic pain. I plan to be NADA trained myself, so I can help people.

Please pass SB290 so that in can have regular treatments and life can be pain free.

Sincerely,

Rob Dalrymple

Rob D.

rapsallion617@gmail.com

Archived: Friday, April 22, 2022 9:19:07 AM
From: [Phil Wells](#)
Sent: Thursday, April 7, 2022 10:04:11 AM
To: ~House Health Human Services and Elderly Affairs
Subject: SB290
Importance: Normal

1/14/22

To whom it may concern,
I'm writing in support of the New Hampshire all ear access bill. My name is Phil Wells M.A. I work for Washington county Mental Health Services running "WellSpace" a wellness center that provides wellness options for residents of Washington county Vermont. In addition, I'm an adjunct professor at Northern Vermont University and formerly taught at Southern New Hampshire University in the Clinical Mental Health Program for 20 years.

WellSpace has provided ear acupuncture clinics weekly for our staff and community prior to the pandemic. Clinics will continue when in-person activities are safe. Several agency staff are trained in five-point ear acupuncture. We provide ear treatments upon request and at meetings if requested by participants. Feedback from staff and consumers has been fabulous, participants returning weekly for treatments report feeling less stress, sleeping better, experiencing a sense of calm. Vermont has allowed those trained in NADA to use the whole ear, as this is safe, and proven been effective and is inexpensive to deliver.

At the Washington County Mental Health WellSpace Wellness Center, ear acupuncture is one of many complimentary services provided for low or no cost, so the community can access strategies to cope in theses troubling times.

Regards,
Phil Wells M.A.
WellSpace Director
Washington County Mental Health services

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Archived: Friday, April 22, 2022 9:19:09 AM
From: Donlon Wade
Sent: Monday, April 4, 2022 9:54:55 AM
To: ~House Health Human Services and Elderly Affairs
Cc: Laura
Subject: SB290
Importance: Normal

Dear Honorable Members of the Health and Human Services
and Elderly Affairs Committee

I am a NH LADC, the 6th ADS to be certified in NH with a private practice in Lebanon, NH since 2001. For the last 20 years I have worked for the Mascoma Valley Regional School District at both Indian River School and Mascoma Valley Regional High School where I am their Student Assistance Professional in Canaan, NH. Prior to establishing my private practice, I was one of the original founders of Headrest where I worked for 31 years. I was the 323rd recipient in 1991 of President George Bush's American Points of Light Award and in 2004 I was presented the Jefferson Award in recognition for my long-term volunteer support of the NH Teen Institute and the Youth of NH. Also, since 1983 I facilitate RESOLVE, a batterer's intervention group here in the Upper Valley.

After 45 years in the addictions' field, I would have retired a while ago if I hadn't discovered the awesome benefits of ear acupuncture and ear acupressure. I see it as the missing link in giving people more control over their lives. When they are less stressed and have less cravings, they make healthier life choices and good things happen. It also saves a lot of time and suffering. Please remove ADSs from this board's burdensome oversight.

The people I counsel for addiction typically have other multiple health issues that can be helped by ear points beyond the 5 in the current law. I have seen ear acupuncture reduce the use of all recreational drugs, but, especially, also nicotine addiction.

COVID has stopped me from Acudetox in my groups and private practice. I can't wait to get back to using needles since I have been limited to using ear acupressure.

In spite of the incredibly safe track record all across the country, the school districts' lawyer was concerned about liability issues and so the students and teachers have to come to my private practice office for acupressure with seeds and magnets.

I have put beads on a Special Ed student who was easily angered, easily distracted, unable to stay focused and was behaviorally disruptive in the classroom. The pandemic only added to his stress levels so when I applied the beads to both his and his mother's ears the effects were immediate. His Special Ed teacher who has known this student since middle school reports that he has been very good, no longer disruptive in the classroom, doing all the work he needs to do and now passing all his courses. His classroom successes have carried over to his interactions with other students. No longer does he accept anger invitations that had in the past lead to lots of fights and suspensions. He feels better about himself, he can focus and not over-react anymore. The Associate Principal has complimented him around his tremendous turnaround in

attitude and behavior at the school. Another wonderful side effect for his mother: she quit smoking because wearing the beads on her ear led to no more cravings.

Last year I had similar results using seeds with an elementary student who was labeled ADHD. The teachers wanted him put on Ritalin because of his disruptive, unfocused behavior in the classroom but fortunately his mother did not. I showed his mother how to apply the seeds and he no longer needed an assigned paraprofessional to shadow him in the classroom; he does not need Ritalin and he too feels much better about himself as a result.

I whole-heartedly support SB290 and hopefully you will too. I have encountered lots of problems with the licensing board, with confusing rules, confusing renewal information (they sent me Licensed Acupuncturist renewal requirements), conflicting information (had me resubmit original paperwork after sending me an email that said all original paperwork suffices). Please help me help our NH citizens by simplifying the administration of these simple but profound techniques.

Thanks for taking my sharing into your consideration around this important bill,

Donlon Wade, LADC, ADS

47 Kimball Hill Road
Canaan, NH 03741-7460
(603) 252-6430 (cell #)

April 4, 2022

4/8/22

To the Health and Human Services and Elderly Affairs committee,

As a licensed acupuncturist I am writing in support of SB290 so that healthcare providers can provide this important health care tool to medically disenfranchised communities in dire need of access to wellness.

My name is Eleni Fredlund. In addition, I am an EMT, a behavioral health counselor, and adjunct faculty for Public Health Acupuncture for NM as a registered NADA trainer. I am also the coordinator of the NM Integrative MRC, a Medical Reserve Corps of volunteer acupuncturists and behavioral therapists. Our team has been deployed to school shootings, COVID hotels, suicides and communities suffering from multiple drug use ODs. Auricular points were used to mitigate distress, situational trauma and tonify parasympathetic response to bring the person back to homeostasis. Auricular acupuncture/acupressure works.

I have used auricular acupuncture and acupressure in all my professions. Not everyone needs to be a licensed acupuncturist to safely practice auricular acupuncture, just as not everyone needs to be a doctor to offer wellness to communities in need.

What led me to POCA Tech, an acupuncture college, was starting NADA Acudetox in the Jemez Pueblo for prevention and treatment of addiction 8 years ago. Immediately, clinicals at POCA Tech included auricular acupuncture at Portland's CODA treatment recovery. There we practiced auricular points for addiction, along with points for other behavioral and physical disorders, such as anxiety, depression and chronic pain.

In my behavioral practice, I started with Acudetox points for the prevention and treatment of addiction, and since acupuncture school, have added points for PTSD, anxiety, depression, insomnia, and chronic pain. I have documented proof of improvement with simple auricular points.

In EMS, I discussed the importance of acupressure in the prehospital setting, and our Medical Director added acupressure to our EMS protocols. Auricular points have been taught to First Responders, as an aid to help de-escalate spiraling behavioral patients, and to treat pain, HTN, and stomach/nausea disorders.

In all of these settings, many community members with boots on the ground cannot practice the simple and safe technique of auricular acupuncture in their communities without a license. We taught Walatowa Charter High School students NADA, they held a well-attended community clinic weekly until they graduated.

There is a huge need for healthcare providers in our current health crisis, and healthcare providers have a huge need themselves. Never before more necessary. Auricular acupuncture is documented to be a safe, easy to learn, trauma informed and an immensely beneficial adjunct therapy that can support the healing of chronic disease, mental health, and substance use. There are many scholarly articles that show the efficacy and safety of auricular acupuncture.

It is time to move forward and improve access to better health for all communities. This can be done with the simple and powerful tool of auricular acupuncture. There is much work to be done in our

communities, and we need everyone to do it. Auricular acupuncture is a simple, safe and effective solution for wellness that can be learned and applied by all interested.

Sincerely,

Eleni Fredlund, MS, LMHC, L.Ac., EMT-I

Archived: Friday, April 22, 2022 9:19:05 AM
From: Gabi Teed
Sent: Friday, April 15, 2022 9:44:49 AM
To: ~House Health Human Services and Elderly Affairs; John Reagan
Cc: Laura@acuaid.net
Subject: SB290
Importance: Normal

April 2022

Dear Honorable Members of the Health & Human Services Committee,

My name Gabrielle Teed and I am writing to you in support of SB 290, Relative to the Practice of Auriculotherapy. I am a Licensed Acupuncture Detoxification Specialist in Manchester and have been practicing the NADA (National Acupuncture Detoxification Association) five-point ear acupuncture protocol for almost three years. I am also a Certified Recovery Support Worker, yoga teacher and Social Worker in the substance use field and provide ear acupuncture to my coworkers, yoga students and people in recovery from substance use disorders.

Under current law, non-acupuncturist lay practitioners can be certified as Acupuncture Detoxification Specialists. Initially developed to support people in the early withdrawal stages of addictive substances, this non-verbal treatment works incredibly well to support behavioral and mental health. Ear acupuncture has an excellent record of safety in the hands of non-acupuncturists. It makes sense to allow Acupuncture Detoxification Specialists the ability to use more ear protocols and ear points. There are at least 200 points on the ear that correspond to different points in the body.

In 2019, Vermont passed a bill similar to SB290. Like in Vermont, SB290 would allow any competently trained person to take care of their own health, the health of their own families, and immediate community. Ear acupuncture is an adjunct that enhances other services and treatments. If it is safe for non-acupuncturists to needle the five points of the NADA protocol, it is safe for us to treat the whole ear.

As the law stands now, certified Acupuncture Detoxification Specialists must be under the general supervision of a NADA, or equivalent, trained licensed acupuncturist. This includes two site visits a year. In NH, our two NADA trainers and supervisors, as well as those of us who have been certified Acupuncture Detoxification Specialists for several years, feel these two site visits are only needed in the first year of practice. We, and our trainers/supervisors, feel we are just as qualified as they are to provide ear acupuncture and supervision to newer Acupuncture Detoxification Specialists. However, the current law does not allow for this.

NADA auricular treatments can happen in any setting in New Hampshire. It is most commonly found in substance use recovery settings. Recovery settings are safe spaces for confidentiality and acceptance. One major problem with the rules of the current law, is that it requires Acupuncture Detoxification Specialists to keep the names of who they treat and to chart the client response. That requirement can potentially violate confidentiality, which is vital in the substance use and mental health fields.

I sincerely appreciate The Committee's time and attention to this important issue. Providing greater access to auricular acupuncture in our communities will be of great benefit to all, especially in this time of great need for treatment and services for people experiencing mental health and substance use care. If you have any other questions please feel free to contact me,

Gabrielle Teed, BSW, CRSW

New Boston, NH

603-305-5549

Archived: Friday, April 22, 2022 9:19:05 AM
From: Irene Ryan
Sent: Thursday, April 14, 2022 12:57:23 PM
To: ~House Health Human Services and Elderly Affairs; John Reagan
Cc: Laura Cooley
Subject: Senate bill SB290, An Act Relative to Auriculotherapy
Importance: Normal
Attachments:
[Auriculotherapy_NH_April_22 final.pdf](#) 

Please find my attached letter in support of:

Senate bill SB290, An Act Relative to Auriculotherapy

Thank you for your consideration.

Irene Ryan, LICSW

Irene H. Ryan, LICSW (she, her, her's)
152 Northampton Street
Easthampton, MA 01027
Contact via email or website
Website: www.ireneryanlicsw.com
email: ireneryanlicsw@gmail.com

If you are experiencing a mental health emergency and need immediate assistance, please call 911, go to your nearest emergency room or utilize a crisis service such as those listed below.

Springfield Crisis Services (BHN): 413-733-6661

Northampton Crisis Services (CSO): 413-586-5555

Greenfield Crisis Services (CSO): 413-774-5411

Athol Crisis Services (CSO): 978-249-3141

Crisistextline.org

24/7 anonymous service. Text: START to 741-741 when in crisis.
No matter how **BIG** or **LITTLE** your problem may seem.

Teenlineonline.org

Call, text or email to speak with another teen.
Hours are 6pm - 9pm PST (California), so allow 3/4 hours for time change.

Text: TEEN to 839863

Phone: 310-855-4673 or 800-852-8336

Email: Go to Teenlineonline.org and click email

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Archived: Friday, April 22, 2022 9:19:09 AM

From: [Andy Wegman](#)

Sent: Sunday, April 3, 2022 11:14:02 AM

To: ~House Health Human Services and Elderly Affairs; Mark Pearson; Erica Layon; Charles McMahon; Dennis Acton; Betty Gay; Leah Cushman; Niki Kelsey; Bill King; Jim Kofalt; Susan DeLemus; Lucy Weber; James MacKay; Ken Snow; Jerry Knirk; Jeffrey Salloway; Gerri Cannon; Fran NutterUpham; Joe Schapiro; Gary Woods; merchant4nhhouse@gmail.com; John Reagan

Subject: Support for SB 290

Importance: Normal

To the House Health & Human Service Committee

Please accept this correspondence as support for **SB 290**.

As a long-time practicing licensed acupuncturist in NH (20+ years, based in Manchester), I urge for you to support this bill.

Here's why: The need for safe, affordable, trauma-informed treatments for relief of anxiety, overwhelm and assistance with opioid addiction programs far exceed the number of licensed acupuncturists and acu-detox therapists who are available to provide the care to those in need.

Auriculotherapy is a plain and simple form of effective treatment. The need for its expanded use in the State is also plain as day.

Please offer your support for SB 290.

Thank you for your time,

Andy Wegman, LAc
726 Bedford Rd.
New Boston, NH 03070
NH license #50

Archived: Friday, April 22, 2022 9:19:06 AM
From: [Katie A. Mosher](#)
Sent: Monday, April 11, 2022 3:09:15 PM
To: ~House Health Human Services and Elderly Affairs
Cc: [Robert L. Best](#)
Subject: The New Hampshire Acupuncture and Asian Medicine Association (NHAAMA) Opposition Letter to SB 290
Importance: Normal
Attachments:
NHAAMA Letter to Committee April 11, 2022 (C2396208xA5F95).pdf ;

Good afternoon, Honorable Chairman Pearson and the Members of New Hampshire House's Health, Human Services and Elderly Affairs Committee,

Attorney Bob Best submits the following attached letter in opposition to SB 290, on behalf of the New Hampshire Acupuncture and Asian Medicine Association (NHAAMA). We will also provide a physical, paper copy for the record as part of tomorrow's hearing on SB 290.

Please reach out if you have any questions or concerns. Have a pleasant rest of your day.

With thanks,

Katie



New Hampshire | Maine | Massachusetts | Rhode Island | Vermont

Katie A. Mosher, *Associate*

Pronouns: she, her, hers

Sulloway & Hollis, P.L.L.C.

9 Capitol Street, Concord, NH, 03301-6310

Phone: 603-223-2800 | Fax: 224-2557

| kmosher@sulloway.com

[Web](#) | [Bio](#) | [vCard](#) | [LinkedIn](#)

SULLOWAY & HOLLIS, P.L.L.C.: This message is a PRIVATE communication which may contain attorney / client privileged material. If you are not the intended recipient, please do not read, copy, use, or disclose to others. If you have received this message in error, please reply to sender and delete this message from your system. Thank you.

reduce anxiety, lower blood pressure, resolve headaches, and reduce allergy reactions, calm asthma symptoms and more. The system of ear acupuncture was created to treat many conditions which is contradictory to what this bill is designed to do. This bill states “(c) Does not purport to treat any disease, disorder, infirmity, or affliction;” I ask then what is the purpose of passing a bill that allows any person to insert needles into the ear that isn’t for the purpose of treating any disease or disorder if that is the well-known purpose of auriculotherapy.

What this bill proposes, is to allow any person with a basic teaching of “clean needle technique” to start stimulating any set of points on the ears without any knowledge of acupuncture, anatomy & physiology, diseases or conditions. The bill states that auriculotherapy is unregulated which is incorrect as the ear is attached to the head, which means it is a part of the human anatomy and extremely sensitive to stimulation with needles. A person’s heart rate can be affected by stimulation of certain points. Piercing any part of the body is regulated by statutes in NH.

Acu-detox, also known as the NADA protocol, is a certification and licensed practice that is already allowed and regulated by the state of NH and is a practice that was developed to treat individuals who are suffering from stressful events or withdrawing from abused substances. Ms. Cooley, who previously submitted educational materials to the board of Acupuncture Licensing for approval last year, for the purpose of teaching auriculotherapy like the Acu-detox program for profit, but after review of the course materials, was asked to revise parts of her course to comply with the guidelines developed by the board of acupuncture and reflecting the NADA course, whereby Ms. Cooley and Ms Ropp originally supported for this practice. If anyone can purchase and insert needles into the ear for any purpose other than treatment of a problem, is not the intended purpose that auriculotherapy was developed for.

Lastly, having hosted an Acu-detox course this past winter, taught by David Wurzel with an approved course by the Acupuncture Board, and obtaining a temporary teaching license, I observed many students of this course learning to insert needles pierce the ear, (pushing the needles through the ear), unintentionally. This was done under supervision during the practice part of the course and was corrected by the instructor. It is expected that these students will perform at least 40, 5point insertions to get an adequate amount of practice to practice what was intended by the course and licensure to practice acu-detox. Please refer to the NADA protocol on which this practice was mirrored from at <https://acudetox.com/nada-protocol/> for more information on the history and training of this aspect of ear acupuncture.

I strongly oppose SB 290 and I beg of you to do your due diligence in thoroughly researching this subject before deciding to pass a bill that will ultimately lead to harm to the public.

Sincerely,

Diane M Chase

Archived: Friday, April 22, 2022 9:19:06 AM
From: [Louis A. Kazal Jr.](#)
Sent: Monday, April 11, 2022 2:32:15 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Written testimony SB290
Importance: Normal
Attachments:
[SB 290 Written Testimony_Dr. Kazal.pdf](#) 

Dear Health, Human Services, and Elderly Affairs Committee,

Please consider my attached testimony on SB 290.

Thank You,

Dr. Kazal

Archived: Friday, April 22, 2022 9:19:07 AM
From: [Daisy J. Goodman](#)
Sent: Friday, April 8, 2022 7:30:11 AM
To: [~House Health Human Services and Elderly Affairs](#); [John Reagan](#)
Subject: An Act Relative to Auriculotherapy: SB290
Importance: Normal

Dear Members of the Health, Human Services, and Elderly Affairs Committee,

I am writing to express my support for Senate bill SB290, An Act Relative to Auriculotherapy. This bill will expand the ability of appropriately trained practitioners who are not licensed acupuncturists, to provide acupuncture treatment using the full range of points on the ear.

I am an advanced practice nurse in New Hampshire who is trained in the NADA Detox protocol, which uses 5 points on the ear to reduce distress for people experiencing drug withdrawal. This safe and effective therapy has benefited many within our state and I am grateful that non-acupuncturists like myself may train and apply for certification in NH to provide these supportive treatments for people struggling with substance use disorders.

A substantial body of literature demonstrates that there are other, equally effective and safe protocols which can be used as complementary therapies for a variety of conditions. Most notably, an alternate protocol has been developed to help health care providers and others who are suffering from fatigue and burnout during the COVID-19 pandemic. Similar protocols have also been utilized to support first responders after 911 and in the Veteran's Administration.

Unfortunately, under current NH licensure rules, I am only able to perform the NADA protocol, and cannot provide treatments using other points which would provide relief for a larger range of conditions and more people. This limitation does not make sense as the needle technique is the same, and only the location where the needles are placed is different.

We are living in unprecedented times that call us to use all the tools at our disposal to provide relief from both physical and emotional distress for our patients and colleagues. There is a critical need for intervention to protect our healthcare workforce from burnout. I urge you to pass SB290 to make this safe, gentle, and inexpensive complementary therapy available widely to those who need it.

Sincerely yours,

Daisy Goodman, DNP, APRN, CNM, CARN-AP
Department of Obstetrics and Gynecology
Dartmouth-Hitchcock Medical Center
Lebanon, NH 03756
(603)653-1860/653-9300

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Archived: Friday, April 22, 2022 9:19:09 AM
From: Cecilia Howard
Sent: Monday, April 4, 2022 12:40:46 PM
To: ~House Health Human Services and Elderly Affairs
Cc: Laura Cooley; john.reagan111@gmail.com; Ted Gorski
Subject: April 12th Hearing 9:30AM Auriculotherapy Bill
Importance: Normal

Dear Honorable Members of the Health, Human Services and Elderly Affairs Committee:

My name is Cecilia Bokan Howard, and I am writing to you in support of SB 290, Relative to the Practice of Auriculotherapy. I am a proud Licensed Acupuncture Detoxification Specialist in the state of NH having been the 3rd one to be certified and a member of the first training class. I have been practicing the NADA (National Acupuncture Detoxification Association) five-point ear acupuncture protocol for about three years. I am also a fully trained Recovery Coach, mindfulness and meditation teacher, REIKI certified practitioner and prior to Covid was actively assisting those in my private practice in Milford, NH as well as at Recovery Centers in NH. In addition to this, I am the mother of a son diagnosed with a substance use disorder who has greatly benefited from this incredibly impactful ear protocol.

Under current law, non-acupuncturist lay practitioners can be certified as Acupuncture Detoxification Specialists. Initially developed to support people in the early withdrawal stages of addictive substances, this non-verbal treatment works incredibly well to support behavioral and mental health. Ear acupuncture has an excellent record of safety in the hands of non-acupuncturists. It makes sense to allow Acupuncture Detoxification Specialists the ability to use more ear protocols and ear points. There are at least 200 points on the ear that correspond to different points in the body. Let's make this VERY safe practice, in the hands of ADS certified and licensed individuals possible!

I was very active after the initial launch of ear acupuncture in this state. I saw two tireless individuals work hard to bring this practice into being in NH: Laura Cooley and Elizabeth Ropp. Without their help, guidance, and support, along with some very key political figures, this would NEVER have come into being. I trust their judgment and guidance implicitly and would love to see the current members of the licensing board for Acupuncture support their efforts as well. It always seems to be an adversarial relationship in that the Licensing Board is not trained in or experts in the field of substance use disorders, recovery, or the safe and excellent record behind every ADS. This is not something to fear or discourage, but to celebrate and allow.

Please, it is time to follow Vermont in passing a bill similar to SB290. We are hoping this bill will pass here to expand our efforts to help the many who need something extra to help them succeed in their recovery and life!

Much appreciation for all you do,

Cecilia Bokan Howard

VIA EMAIL

L. Cindy Theroux-Jette, PhD, OT/L, LAc
Chair, NH Board of Acupuncture Licensing
reception@aimaofnashua.com 603-718-8328

NH House Health, Human Services, and Elderly Affairs Committee
Legislative Office Building, Room 205
33 North State Street, Concord, NH 03301
HHSEA@leg.state.nh.us

Date: March 31, 2022

Re: Board of Acupuncture Licensing Position Statement on SB290 -- Auriculotherapy

Dear Chairman Pearson and members of the HHSEA committee:

I hope this letter finds you well. I am an actively practicing NH licensed acupuncturist with 20 years of experience as a licensed acupuncturist and 30 years of experience as a health care provider. I currently serve as Chair of the Board of Acupuncture Licensing and for the purposes of this testimony I am writing on behalf of the Board. The Board has reviewed SB290 and my comments represent those of the Board.

The Board is in opposition to SB290 which permits, with certain limitations, the practice of auriculotherapy, or the practice of inserting needles into the external human ear. This bill is in gross violation of New Hampshire statute RSA 328-G, which created the Board of Acupuncture Licensing.

“Auriculotherapy” as referred to in SB290 is in fact the practice of auricular acupuncture, a specific type of acupuncture delivered to the ear – and the use of the term “auriculotherapy” does not evade the fact that this practice is regulated by RSA 328-G, which governs the practice of acupuncture in New Hampshire. Specific qualifications and supervision requirements for acupuncture practice are defined under RSA 328-G.

Auricular acupuncture, also known as auriculotherapy, is a skilled procedure within the scope of practice of licensed acupuncturists and is widely accepted as a type of acupuncture utilized in the profession. It is applied as a treatment for medical conditions by licensed acupuncturists, and is also used for diagnostic purposes by licensed acupuncturists.

Medical acupuncturists (physicians who are trained and then certified to practice acupuncture by the American Association of Medical Acupuncturists), licensed acupuncturists, and certified acupuncture detoxification specialists currently practice auriculotherapy as a regulated practice in New Hampshire.

The purpose of this Board is to protect the public health, safety, and welfare. This Board is charged with regulation of its licensees in order to ensure those providing services have the qualifications and skills to do so – in order to protect the public from undue harm.

This bill specifies virtually no training requirements to perform auricular acupuncture. Supervision is not even mentioned in this bill and training consists only of “appropriate training in clean needle technique”. “Appropriate” is a subjective and vague term. Allowing any individual to needle an ear without being trained in the contraindications to needling (including but not limited to patient refusal, open wounds, infection or malignant tumor at the site of needle placement, immunocompromised status, bleeding disorders such as severe thrombocytopenia) or how to needle (including needling depth and angle of insertion) is a danger to the public, and in gross violation of RSA 328-G.

RSA 328-G:2(I) defines acupuncture as primarily the insertion of needles through the skin at certain points on the body, with or without the application of electric current and/or heat, for the purpose of promoting health and balance as defined by the principles of oriental medicine. Auriculotherapy is acupuncture delivered to the ear.

RSA 328-G:2(IX) Defines acupuncture detoxification, or “acu-detox”, as the treatment by means of the insertion of acupuncture needles in a combination of points on the ear. This is auriculotherapy, and Acupuncture Detoxification Specialists are regulated and certified by the Board of Acupuncture Licensing. They must practice under the supervision of a licensed acupuncturist, and must have specific training in delivering acupuncture to the ear.

Whether auriculotherapy treatment is delivered by an acupuncture detoxification specialist for detoxification purposes – or by a licensed acupuncturist for treatment of other medical conditions – auriculotherapy is in fact the practice of applying auricular acupuncture, for the purpose of promoting health and balance as defined by the principles of oriental medicine.

Auricular acupuncture is a type of acupuncture that is often not distinguished from other types of acupuncture. The National Institute of Health, World Health Organization, Center for Medicare Services, Veteran’s Administration, and private insurance companies do not distinguish auricular acupuncture from other types of acupuncture. All are billable as medical procedures with ICD -10 codes and CPT codes specific to acupuncture.

In order to provide any invasive treatment – including auriculotherapy, a health care provider is expected to explain risks and benefits of the procedure. But SB290 specifically states that an untrained individual may perform acupuncture provided such person “does not purport to treat any disease, disorder, infirmity, or affliction”. In addition to being a violation of RSA 328-G, this is in gross contradiction of the standards to which licensed professionals are bound – and they are bound to these standards in the best interest of the public.

The language in (d) “Does not use any letters, words, or insignia indicating or implying that the person is an acupuncturist” does not excuse the fact that the individual would be practicing acupuncture without a license no matter what title is adopted or if none were used – and as such would be in violation of RSA 328-G.

The language in (e) “Makes no statement implying that his or her practice of auriculotherapy is licensed, certified, or otherwise overseen by the state” ignores the fact that this practice of auriculotherapy is indeed regulated by the State of New Hampshire under RSA 328-G.

It is the position of the New Hampshire Board of Acupuncture Licensing that passing this bill would be in direct violation of RSA 328-G, and brings great risk to the public safety for those seeking treatment and receiving treatment from untrained individuals.

Chairman Pearson and committee members, thank you for your thoughtful consideration of the above testimony prior to taking action on this bill. **The Acupuncture Licensing Board asks you to please vote this bill Inexpedient to Legislate.** Please feel free to reach out with any questions or comments. We sincerely thank you for your valuable time.

Sincerely,



L. Cindy Theroux-Jette, PhD, OT/L, LAc
Chair, Board of Acupuncture Licensing
reception@aimaofnashua.com 603-718-8328

VIA EMAIL

L. Cindy Theroux-Jette, PhD, OT/L, LAc
Chair, NH Board of Acupuncture Licensing
reception@aimaofnashua.com 603-718-8328

NH House Health, Human Services, and Elderly Affairs Committee
Legislative Office Building, Room 205
33 North State Street, Concord, NH 03301
HHSEA@leg.state.nh.us

Date: April 5, 2022

Re: Board of Acupuncture Licensing Position Statement on SB290 -- Auriculotherapy

Dear Chairman Pearson and members of the HHSEA committee:

I hope this letter finds you well. I currently serve as Chair of the Board of Acupuncture Licensing and for the purposes of this testimony I am writing on behalf of the Board. I plan to follow up with a telephone call, and wish for you to have the written testimony for reference at the 4/12/22 hearing.

I would like to introduce myself so you can get a sense of who I am. Professionally, I am a nationally board certified and actively practicing NH Licensed Acupuncturist with 20+ years of experience, and 30+ years of experience as a NH Licensed Occupational Therapist. I am President Emeritus of the New Hampshire Acupuncture Asian Medicine Association (the state level professional association for Licensed Acupuncturists) and served in that role for seven years prior to being invited to seek appointment to the New Hampshire Board of Acupuncture Licensing by the Board founders, and I have been serving in this role for ten years.

Midway through my undergraduate Occupational Therapy degree program I decided it was “now or never” with my desire to serve my country, so I took a brief hiatus for that, but then got back to it and went on to complete a Master’s in Acupuncture and Oriental Medicine and a Doctorate in Health Psychology. During my hiatus from school, I served in and was honorably discharged from the United States Marine Corps Reserve. I was assigned to the Aviation Wing of the Marine Corps as an Aircraft Maintenance Administration Specialist and provided quality assurance and administrative oversight with the goal of keeping our “birds” (helicopters) in the air and my fellow Marines safe. So, I will often say that I flew a desk when asked what I did in the Air Wing! Quality assurance and safety has always been paramount in my career, both in the military and in health care practice.

Outside of work, I am a wife, daughter, and sister, a volunteer, and proud member of the Nashua Rotary Club. Rotary is a global humanitarian service organization comprised of business and community leaders, with local branches in most every city doing things to better our communities and the people in them. In my free time – of which there is not much – I enjoy keeping up on the latest research relevant to my practice, nature, photography, spending time with my husband Ernie Jette, who also has a strong sense of civic duty and serves as a court appointed mediator and our City of Nashua Ward 5 Alderman, and whenever possible getting back to Connecticut to spend time with family.

Lack of free time is something you and I likely have in common – duty is always calling for those who serve the public. But I love it and still do it, because as they say, “someone has to step up”, and I enjoy giving back to a community and a world that has served me well. Civil and professional service runs strong in my veins and started at a young age with excellent parents who set the example. Now that you know me a bit better, I’ll move on to talk about this bill, SB290. Thank you for reading so far. The Board has reviewed SB290 and my comments going forward represent those of the Board.

SB290 is inconsistent with what we currently have in our law. Auriculotherapy is the practice of delivering a specific type of acupuncture to the ear, and is also known as “auricular acupuncture” and “ear acupuncture” – a widely accepted type of acupuncture and a skilled procedure. Specific qualifications and supervision requirements for acupuncture practice are defined under RSA 328-G. Auriculotherapy is used for diagnostic purposes and applied as a treatment for medical conditions by Licensed Acupuncturists. Medical Acupuncturists (physicians who are trained and certified to practice acupuncture by the AAMA (American Association of Medical Acupuncturists), Licensed Acupuncturists, and Certified Acupuncture Detoxification Specialists currently provide auriculotherapy as a regulated practice in New Hampshire.

The Board is in opposition to SB290 which permits, with certain limitations, the practice of auriculotherapy, or the practice of inserting needles into the external human ear. Unfortunately, no one from OPLC or the Board of Acupuncture Licensing was aware of its existence until after the Senate hearing. OPLC (the Office of Professional Licensure and Certification), which administers this Board, missed this bill in the tracking process because the term “auriculotherapy” was used instead of “acupuncture”; they are different key words. We believe it passed in the Senate because no one was there during the hearing to speak out against it.

I wish to give you some historical background about the genesis of SB290. During this hearing, you may see auriculotherapy ear acupuncture demonstrations as a means to demystify the practice, and you may hear some ridiculous claims mixed with some very reasonable and moving arguments. Everything from access to care for those who suffer with substance use disorders, mental illness, or trauma, to claims that the Licensed Acupuncturists and other professionals opposing it do so out of turf-ism, greed, or being out of touch. You may see attempts to pit professionals against one another, which is most unfortunate. There may be claims of a need to allow “open carry of needles, just like open carry for guns”, and that it can be taught in five minutes.

All of the above was witnessed during the process of creating Acupuncture Detoxification Specialists, also known as “acudetox specialists” (ADS’) in 2017 under the Acupuncture statute, RSA 328-G. The Board is charged with ensuring the availability of acupuncture practiced by qualified persons and to provide standards for licensing and regulation in order to protect the public health, safety, and welfare. As such, we added statute and created rules to regulate the new certificate holders (ADS’), ensuring standards for training and supervision would be in place.

Auriculotherapy is currently available and in use by the 39 actively certified Acupuncture Detoxification Specialists (ADS) throughout the state who are regulated by this Board. Access to care issues cannot be addressed by this bill because Acupuncture Detoxification Specialists are already in existence and providing care. This bill says that those who would be doing it cannot hold themselves out as providing care, and as such they cannot address care.

There was a vocal minority that did not want regulation and they vilified or disparaged their opponents. There was a push for no supervisory oversight of the newly created Acupuncture Detoxification Specialists who were to be inserting needles. What the Board put into the rules that the proponents of SB290 are against is the requirement for minimum competency standards that were defined by NADA (the National Acupuncture Detoxification Association) in 2017. The specific rule is: Acp 701.01(k) “NADA standards of competency” means the standards of competency for Acupuncture Detoxification Specialists developed by NADA that are defined in the NADA Acupuncture Detoxification Specialist Training Manual, effective July 1, 2017.

The proponents of SB290 may testify that this reference to the 2017 NADA training manual is an arbitrary requirement or that the training is excessive and unnecessary. The Board intentionally required this NADA training because NADA is recognized as the national agency that sets the standard of care for delivery of ear acupuncture in substance use detoxification, addictions recovery, behavioral health, and trauma. NADA was undergoing some changes within its organization and with the individuals who were writing their training manuals at the time, and the Board had concerns that the training standards could deteriorate over time. The Board recognized the 2017 NADA training standards as being sufficient in producing qualified persons to practice and for protecting the public in the delivery of ear acupuncture, and attached the 2017 NADA training standards to its rules.

The Board further defined what it would approve for other (non-NADA) board-approved ADS training programs and based the criteria for approval on the 2017 NADA training program standards, with the specific criteria set forth in the rules.

Thank you for allowing me to share some of the historical background pertinent to the genesis of SB290. Next, are three main points I would like to make, relevant to the Board of Acupuncture Licensing opposition to SB290.

1. Auriculotherapy certification requirements. The Board of Acupuncture Licensing has enabled auriculotherapy practice and it is currently in use by Acupuncture Detoxification Specialists. We have standing orders in place allowing OPLC to automatically certify as an ADS any person who meets requirements and wishes to become certified, and to process all renewals applications.

We as a Board require anyone seeking ADS certification to complete either the NADA (National Acupuncture Detoxification Association) Acupuncture Detoxification Specialist Training or a Board-approved equivalent training program, and to attest to a Code of Ethics. SB290 does not mention ethics at all, and specifies virtually no training requirements to perform auricular acupuncture. It does not specify inclusion of many critical training elements that are necessary to protect the public, such as: infectious disease transmission and safety, needle depth or angle of insertion, needle removal and accountability, disposal of needles, clinical concerns, risks, and complications with needling, maintaining boundaries and safe touch, and appropriate referral and crisis management for addiction, mental health, and medical evaluation and care.

2. Training programs. The Board of Acupuncture Licensing has a streamlined process to review and approve training programs. There have been three training programs presented to the Board to date and we immediately approved two of the programs. Both instructors for these two approved programs met the requirements by looking at the rules and incorporating what needed to be included in the curriculum, as set forth in the rules.

The third program instructor initially submitted a request for approval with no curriculum attached for us to review and was notified by OPLC to resubmit, then submitted a program with a different name and an incomplete curriculum. Instead of voting to deny approval of the training program, we voted to conditionally approve it upon receipt of the missing information, and asked OPLC to reach out and give the instructor a list of exactly what was deficient and what was needed to be submitted, in order to expedite getting it approved. Allegations of “red tape” and lack of Board response have been made, but a precise documentation of the timeline has been kept. The Board went above and beyond in expediting review and trying to assist with getting this third program approved.

Please keep in mind that when the Board was adding legislation to certify Acupuncture Detoxification Specialists in 2017, NADA was undergoing changes within its organization and with the individuals who were writing their training manuals. The Board had concerns that the training standards could deteriorate over time. One of the proponents of SB290 is the instructor who submitted the third (incomplete) training program, who also claims to have written manuals for NADA in the past. This individual stated, during the Senate hearing for SB290, that they wish to be able to operate outside of the acupuncture profession. We have concerns that passing SB290 and allowing the practice of auriculotherapy outside of the profession by those with insufficient training and no regulatory oversight will place the public at risk.

3. Regulation, supervision, and adverse events. Auriculotherapy is still fairly new in its availability to the people of New Hampshire, as the Board began certifying Acupuncture Detoxification Specialists just four years ago in 2018. In contrast, the Board has been regulating Licensed Acupuncturists for over 20 years, since 1997. It is the opinion of this Board that regulation serves to reduce acupuncture adverse events by setting standards for education and continuing competency, and holding certificate holders and licensees accountable. Regulations and standards for all types of acupuncture including auriculotherapy practice remain necessary to ensure safe and competent delivery to every individual who receives it.

Supervision is not even mentioned in this bill, and training consists only of “appropriate training in clean needle technique”. “Appropriate” is a subjective and vague term. Allowing anyone to insert a needle into an ear without being trained in the contraindications to needling (including but not limited to patient refusal, open wounds, infection or malignant tumor at the site of needle placement, immunocompromised status, bleeding disorders such as severe thrombocytopenia) or how to needle (including needling depth and angle of insertion) invites risk of danger to the public.

There are currently 153 actively Licensed Acupuncturists in New Hampshire available to serve as ADS supervisors and at a recent meeting of the state level professional association for Licensed Acupuncturists, at least ten Licensed Acupuncturists said they would be willing to serve as an ADS supervisor. Licensed Acupuncturists are best suited to this role as they learn auriculotherapy and the NADA ear acupuncture protocol as a part of their master’s or doctoral level education. The Board requires that Licensed Acupuncturists who wish to serve as an ADS supervisor must attest to having familiarity with the NADA training or other Board approved training, be available by phone or other electronic means during business hours, and conduct at least two remote or in-person site visits per year.

Chairman Pearson and committee members, I had a lot to share with you and I sincerely thank you for your time and thoughtful consideration of this Board of Acupuncture Licensing testimony prior to taking action on SB290. It is the position of this Board that passing this bill would bring significant risk to those seeking to receive auriculotherapy ear acupuncture and those receiving it from untrained individuals.

The Board of Acupuncture Licensing asks you to please vote this bill Inexpedient to Legislate. Please reach out with any questions or comments to my office number below. Please feel free to leave a message if I am with a patient and I will get back to you. I hope to connect with you via telephone. I sincerely thank you for your valuable time.

Sincerely,



L. Cindy Theroux-Jette, PhD, OT/L, LAc
Chair, Board of Acupuncture Licensing
reception@aimaofnashua.com 603-718-8328

Barry Gendron, DO
72 Depot Rd.
Greenland, NH 03840
Barry.gendron@wdhospital.org
(603)502-6976 (C)

4/9/22

To: NH House Health, Human Services and Elderly Affairs Committee
HHSEA@leg.state.nh.us
Concord, NH 03301

Re: 2022 SB 290-FN

Dear Committee Members,

I am a NH licensed physician Board Certified in Physical Medicine and Rehabilitation (Physiatry) with subspecialty certification in Pain Medicine. I have had an ongoing clinical practice in New Hampshire for over twenty-nine years; my practice includes a variety of pain management techniques including acupuncture. I was trained in acupuncture in 1995 and 1996 through UCLA/Helms. In addition to my clinical practice, I am Medical Director of the Musculoskeletal Service line at Wentworth Douglass Hospital overseeing Orthopedics/Rheumatology/Physiatry/Rehabilitation and Integrative Therapies. I oversee the non-physician licensed acupuncturists employed by Wentworth Douglass Hospital, and I oversee the physical therapists who perform dry needling. Both the non-physician acupuncturists and the physical therapists have extensive training in acupuncture/needling as noted below and in order to practice in NH, they are licensed by the state.

For the purposes of this testimony, I am also Penultimate Past President of the NH Osteopathic Association. ***I strongly oppose SB 290 for the following reasons:***

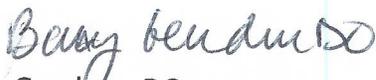
- 1) The performance of auriculotherapy is actually auricular acupuncture is a skilled procedure within the scope of practice of acupuncture. This is regulated by 328-G.
- 2) This bill contradicts the intent and the practice of New Hampshire state law RSA328-G which created the Licensing Board of Acupuncture.
- 3) RSA328-G specifies an acupuncture licensure applicant must hold active NCCAOM certification. In order to be certified and to be able to perform acupuncture within the State of NH, a non-physician applicant must:
 - i) For acupuncture alone: complete a master's level training program of 1905 credit hours
 - ii) For oriental medicine including acupuncture, complete a master's level training program of 2625 hours, which includes acupuncture
 - iii) Successfully pass a proficiency examination.

- 4) Auricular acupuncture is performed using acupuncture needles which the FDA classifies as Class II medical devices. The FDA notes that acupuncture needles should be used by “trained professionals”. SB 290 does not align with FDA recommendations.
- 5) Physicians may perform acupuncture, but in addition to completing a doctorate in medicine or a doctorate in osteopathic medicine and completing internship and residency requirements and being licensed by the state of NH, he or she is expected to complete at least 300 hours of training in acupuncture.
- 6) Physical therapists are allowed to perform a variant of acupuncture referred to as dry needling (also known as functional dry needling or FDN). To do this, in addition to achieving a doctorate in Physical Therapy and being licensed by the state of NH, the therapist must complete additional training in the practice of dry needling (FDN).
- 7) The purpose of creating licensing boards is to protect the public from undue harm and to ensure those individual providing services have the skills to do so. In violation of this principle, SB 290 specifies virtually no training requirements to perform auricular acupuncture other than a mandate that the individual complete on line training and “not purport to treat any disease, disorder, infirmity or affliction”. The lack of a licensing board does not screen out individuals who could be potentially dangerous to the public including those with criminal histories, significant behavioral or psychiatric illness, etc.
- 8) To provide any invasive treatment, including acupuncture, a health care provider is expected, by oath, to explain what risks and benefits the procedure may entail for the individual. To not do so is considered to be malpractice. However, SB 290 specifically states that an untrained individual may perform acupuncture as long as he or she “does not purport to treat any disease, disorder, infirmity, or affliction.” This line is in gross contradiction to the standards that licensed professionals are bound to. This does not adequately protect the public from harm.
- 9) Medical literature (Tan et als, Adverse Events of Auricular Therapy a Systematic Review, Evidence Based Complementary and Alternative Medicine, 11/10/14) explains the many reasons that a well-trained professional is required to administer auricular acupuncture noting “nonstandardized practice could create more unintended harms to patients”.
 - a) The provider needs to ascertain that the patient will not be allergic to the metal in the acupuncture needle
 - b) For weakened or elderly patients undergoing AT, semireclining position should be adopted to prevent potential harm induced by dizziness.
 - c) Invasive AT should be applied with caution on patients with poor wound-healing capacity (e.g., immunocompromised and others)
 - d) The importance of patients’ education should be emphasized, and the informed consent should be provided before AT. Patients need to be well informed about the potential risks associated with adverse events including dizziness, somnolence, and drowsiness. Working at heights or driving should be avoided if patients are undergoing AT treatment.
- 10) In my experience, a complete patient evaluation by a trained professional is critical to rule out issues noted above, and in addition, to assess appropriateness for the treatment to include use of anticoagulants, patient mood/potential for suicidality, benefit vs. risk of infection, etc.

While I understand the purpose of this bill is reportedly promulgated to increase access to care, ***the current state law, without revision, allows for that.*** SB 290 is unnecessary, and it creates a concerning precedent for allowing unqualified, unscreened individuals to provide invasive medical therapies using needles. SB 290 would not follow the intent of the FDA which approved acupuncture needles to be used by trained professionals. Furthermore, while there are some circumstances in which unlicensed individuals may administer auricular acupuncture, these apply to very unique circumstances and come with restrictions:

- 1) Battlefield acupuncture. Please see [https://jts.amedd.army.mil/assets/docs/education/Battlefield Acupuncture Handbook.pdf](https://jts.amedd.army.mil/assets/docs/education/Battlefield_Acupuncture_Handbook.pdf). This technique was developed by the Department of Defense for the treatment of mild to moderate pain on the battlefield. Only trained individuals may administer the service, and the performance of this procedure for this purpose is limited to combat situations.
- 2) Detoxification: needles may be applied for long term use. These are special needles or tacks, and may stay in place for up to 30 days. However, it is expected that these be administered only by trained individuals preferably under the supervision of a licensed professional.

I strongly oppose this bill moving forward. Please contact me with any questions at 603-502-6976.



Barry Gendron, DO

Medical Director, Wentworth Health Partners Seacoast Physiatry
Medical Director, Wentworth Douglass Hospital Musculoskeletal Service Line,
A Mass General Brigham Community Hospital

1/17/2022

Dear Honorable members of the Health and Human Services and Elderly Affairs Committee,

My name is Robert Mortimer and I am writing in strong support of SB 290. This bill would amend RSA G 328:9a, an act relative to Acupuncture Detoxification Specialists in the Practice of Auriculotherapy. I am a Licensed Acupuncture Detoxification Specialist and a Licensed Certified Recovery Support Worker in the State of New Hampshire. Formerly I was the Front End Manager and a Recovery Coach, for Hope for New Hampshire Recovery in Manchester. This brought me in contact with hundreds of individuals on a weekly basis who sought help in recovery from Substance Use Disorder. As a non-profit Recovery Community Center, Hope for Recovery endorses and provides space for many pathways of recovery and offers individual recovery coaching.

For several years now, outside Licensed ADS volunteers have been providing Ear Acupuncture treatments for the community on a weekly basis at the Hope Center free of any charge. These treatments are limited to the NADA {National Acupuncture Detoxification Association} 5 point protocol. I have personally witnessed innumerable testimonials about the calming effects of these treatments. And how the individuals felt it was effective in helping to manage their afflictions as an adjunct to more mainstream methods. While receiving treatments it is common for individuals to ask about other points in the ear that can help manage additional symptoms of co-occurring disorders. It is known there are at least 200 other points in the ear that can be treated. In fact, when a Licensed Acupuncturist is present among the volunteers in a recovery center setting, they can, and do, provide this service while working alongside ADS providers that are limited to the NADA 5-point protocol. It makes complete sense that the ADS should be able to treat the whole ear. I wholeheartedly ask you to pass SB 290.

Respectfully,
Robert N. Mortimer CRSW, ADS
{603}-490-3408

Archived: Friday, April 22, 2022 9:19:05 AM
From: [Joe Matthews](#)
Sent: Wednesday, April 13, 2022 12:24:02 PM
To: ~House Health Human Services and Elderly Affairs; John Reagan
Subject: I support SB290
Importance: Normal

Committee Members,

I am a long-time NH citizen about to be trained in the treatment of stress and anxiety relief via the 5 points ear acupuncture.

My office is in Manchester and there is such a growing demand for the service I will offer. I would like to assist people even more by getting additional training. My goal is to help public safety workers who are stressed out, and ex-military service members with PTSD.

By helping people with this simple service, I believe the state will see an overall reduction in the services they will need to provide, long-term. The treatment should not require any oversight by the state, as it might take much needed time away from treatment.

Thank you, in advance, for your time and consideration in this matter.

Regards,

Joe Matthews

Owner, Taralai Stress Relief
103 Liberty St., Manchester, NH
[508-309-2945](tel:508-309-2945)

Archived: Friday, April 22, 2022 9:19:09 AM

From: [Eana Meng](#)

Sent: Saturday, April 2, 2022 8:31:11 PM

Subject: In support of SB 290

Importance: Normal

Dear House Health, Human Services, and Elderly Affairs Committee,

My name is Eana Meng. I am a medical student at Harvard University in Boston, MA, and a member of the advisory board of an acupuncture school in Portland, Oregon. I am writing in support of SB 290, Relative to the Practice of Auriculotherapy. I plan to integrate acupuncture into my medical practice. I also support short certification courses in ear acupuncture geared towards non-acupuncturist lay practitioners. This will allow more patients to access this treatment option -- many of whom will benefit immensely. I've spoken to hundreds of patients at this point and so many have discussed the benefits of having ear acupuncture as part of their healthcare journey.

I am familiar with the practice of acupuncture through my grandmother in China. In 2018, I came to New Hampshire when I was writing my senior thesis on the use of acupuncture and opioid addiction. I met acupuncturist, Elizabeth Ropp, at Hope for NH Recovery in Manchester. That is how I learned about the standardized five-point ear acupuncture treatment, known as NADA, for the National Acupuncture Detoxification Association. This changed the course of my research.

I earned my Master's Degree in England at the University of Cambridge. I was certified in ear acupuncture through NADA trainers in the United Kingdom. Acupuncture is not regulated as strictly in the United Kingdom as it is in the United States. I was able to learn (and needle!) many ear acupuncture points in addition to the five ear points that NADA teaches for substance use disorder, disaster trauma, and behavioral health.

In the UK, people from a wide range of disciplines practice ear acupuncture and use it in their daily lives for themselves, their families, and their communities. I refer to ear acupuncture in my blog series as "tool kit care," because it should be part of many healthcare providers' tool kit. Ear acupuncture is provided to inmates in over 120 out of 150 prisons in the UK. Auricular therapy is so popular that inmates take classes on Chinese Medicine theory.

At one point I considered going to acupuncture school to become a fully licensed acupuncturist because I wanted to work in the field of integrative medicine. I couldn't justify the cost, which is almost the same as medical school. Acupuncture students are not offered residency programs and very few jobs exist in the field of acupuncture. Harvard Medical School offered me a full scholarship to become a medical doctor. I couldn't turn it down. It made more sense to be an MD than to take on a ***quarter of a million dollars in student loans*** to become an acupuncturist.

It would benefit the acupuncture profession if auricular therapy was part of a tool kit of any competently trained individual since many people still do not understand the benefits. More patients deserve to have auricular therapy as a healthcare option.

Thank you for reading my testimony,

Eana Meng

Archived: Friday, April 22, 2022 9:19:07 AM

From: [Tracy Brannstrom](#)

Sent: Friday, April 8, 2022 12:04:51 PM

To: ~House Health Human Services and Elderly Affairs

Cc: [Laura Cooley](#)

Subject: In Support of SB.290, an Act Relative to the Practice of Auriculotherapy

Importance: Normal

Attachments:

[SB.290 support letter.pdf](#) 

Dear Health, Human Services and Elderly Affairs Committee,

I'm writing to ask that on Tuesday March 12, you vote to pass SB.290 - an act related to ear acupuncture (auricular therapy).

Attached is a letter that outlines why it is important to pass this act, and a newspaper article I wrote about how Vermont passed a similar law in 2019.

Thank you,

Tracy Brannstrom

PhD Student | Comparative Human Development

University of Chicago

Archived: Friday, April 22, 2022 9:19:05 AM

From: Sara Bursac

Sent: Tuesday, April 12, 2022 12:37:20 PM

To: ~House Health Human Services and Elderly Affairs; John Reagan

Cc: Laura Cooley

Subject: Letter of support for SB290 Relative to the practice of auriculotherapy

Importance: Normal

Attachments:

[Letter of support for SB290.pdf](#) 

Greetings!

As the former executive director of the National Acupuncture Detoxification Association, I am very happy to be sending in this letter of support for SB290 Relative to the practice of auriculotherapy.

Respectfully,
Sara Bursac

--

Sara Bursac, LCSW
cell: (573) 673-0062

Letter of Support for SB290 Relative to the Practice of Auriculotherapy

April 12, 2022

Dear members of the House Health, Human Services and Elderly Affairs Committee,

My name is Sara Bursac, and I am the former executive director of the National Acupuncture Detoxification Association (NADA). I am in full support of SB290, making it possible for anyone to get trained in the NADA protocol, and other auricular protocols that bring great health benefits to people, safely and affordably.

During my tenure as NADA's executive director I served as the chair of the legislative advocacy committee. I have seen seven states pass laws allowing the practice of this protocol by non-medical and non-acupuncturist personnel. The legislative trend in all states is towards greater flexibility and deregulation.

If SB290 passes, New Hampshire will be the third state to successfully deregulate the practice of this simple and effective ear acupuncture treatment. What a blessing that will be for the New Hampshire community! The health and safety risks in administering this treatment are incredibly low, the potential side effects fit in a sentence or two, versus pages of small print for any medication, and the necessities of a space to provide a treatment are as simple as a place to sit and spacious enough for social distancing.

In 2021 the U.S. had [more than 100,000 die of drug overdose](#). There are close to 160 people dying by suicide each day. Our healthcare workforce and first responders are physically and emotionally tapped by the pandemic. **There is no time like the present to increase access to simple treatments that help people cope with stress and trauma.**

Thank you for taking right action to support the citizens of New Hampshire, and pass SB290 in the 2022 legislative session.

Respectfully,



Sara Bursac

sarabursac@gmail.com

(573) 673-0062



NH Acupuncture & Asian Medicine Association

A Voice for Asian Medicine in the Granite State

April 11, 2022

To the Honorable Chairman Mark Pearson, and Members of the House Health, Human Services, and Elderly Affairs Committee,

The members of the NH Acupuncture and Asian Medicine Association (NHAAMA) ask you to **vote NO** on SB 290, pertaining to the deregulation of auriculotherapy. It is our position that passing this bill will have negative and hazardous implications for those seeking and receiving treatment from untrained individuals, and this bill is not needed.

By way of background, “auriculotherapy” is acupuncture delivered to the ear. State law defines Acupuncture as a “*distinct, dynamic, and continually evolving system of health care that diagnoses and treats illness, injury, pain, or other conditions by controlling and regulating the flow and balance of energy to restore and maintain health.*” See RSA 328-G:2 VIII. Auricular acupuncture is a widely accepted acupuncture system, a modality for diagnosis and treatment in complementary and integrative medicine. Auriculotherapy can be applied as treatment for an array of medical conditions. Since 2017, a subset of auriculotherapy aimed at detox treatment has been permitted to be performed in New Hampshire by “acupuncture detox specialists”¹ with specified training under the supervision of an acupuncturist. See RSA 328-G:9-a. Whether it be detox treatment or treatment for some other medical condition, auriculotherapy is a *medical procedure* aimed at treatment of “disease, disorder, infirmity or affliction.” The National Institutes of Health, World Health Organization, Center for Medicare Services, Veteran’s Administration, and private insurance companies do not distinguish auricular acupuncture from acupuncture. All are billable as medical procedures with ICD -10 codes and CPT codes specific to acupuncture.²

SB 290 begins with the incorrect premise that auricular acupuncture is an unregulated practice. There are national and statewide standards for training and certification in auriculotherapy. Today Licensed Acupuncturists, Physician Medical Acupuncturists, and Acu-Detox Specialists log hundreds of hours of hands-on and classroom training, which is required by state law. Auriculotherapy is a well-regulated practice that is working for New Hampshire.

SB 290 goes on to authorize persons who have no training in auriculotherapy to perform this variety of acupuncture so long as the person does not “purport to treat any disease, disorder, infirmity or affliction.” Such a provision begs the question: why would an unlicensed person with no acupuncture training needle a person’s ear, if not for some perceived health benefit? What exactly is SB 290 aimed to do? Is it enough that the unlicensed and untrained person be educated in using clean needle techniques? The answer is “no,” clean needle techniques are not enough training, and of course unlicensed auriculotherapists will infer that their therapy is therapeutic.

On a related note, if passed, SB 290 would effectively repeal RSA 328-G:9-a which is already working to allow non-acupuncturists with training and supervision to perform auricular acupuncture

¹ Acupuncture Detox Specialists are not licensed acupuncturists.

² CPT codes 97810,11,13,14.

effectively and safely for addiction treatment as Acu-Detox Specialists. Auricular acupuncture is being recognized and promoted by the recovery community because of its effectiveness. Those that are providing the results are trained in specific protocols and techniques. Why would anyone become a detox specialist with training and supervision, if SB 290 allows anyone with clean needles to perform auriculotherapy?

NHAAMA believes it is a mistake to allow anyone of any age, educational level, and criminal background to provide a medical procedure to the public without proper training and certification. SB 290 fails to emphasize effective and safe treatments. When the general public receives treatment below the standard of care, there is an increased potential for harm. Allowing an individual the right to needle an ear without knowing how to needle, when to needle, when to treat, and most importantly, when to not treat (i.e., medical red flags) is wrong. A consumer may consider treatment by an untrained provider of equal value to a skilled practitioner when, in reality, they are receiving unnecessary, substandard care delaying the care the individual truly needs and deserves.

In October, 2021, the NH House issued a Declaration recognizing Acupuncture and Oriental Medicine Day, and wrote that acupuncture has been used for thousands of years to diagnose and treat illness, prevent disease, alleviate pain, and improve individual wellbeing, and acupuncturists are dedicated to the highest standards of professionalism, quality of care, and personal commitment to patients through credentialing, education, and dedication to others. The NH House Declaration is accurate, and unlicensed, unregulated auriculotherapy shouldn't be a part of the New Hampshire way. SB 290 is unnecessary. Please vote NO.



Adam Learner, L.Ac.

President, New Hampshire Acupuncture and Asian Medicine Association (NHAAMA)
On behalf of the NHAAMA Board and Membership

Archived: Friday, April 22, 2022 9:19:06 AM
From: Amy O'Dell Wilson
Sent: Monday, April 11, 2022 6:18:55 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Perhaps the long term answer to SB 290
Importance: Normal

April 11, 2022

To the Honorable Chairman Mark Pearson, and Members of the House Health, Human Services, and Elderly Affairs Committee,

I am writing to oppose SB 290, a bill relating to the deregulation of auriculotherapy.

My name is Amy O'Dell Wilson. I am an NH licensed acupuncturist in private practice in Peterborough and serve as Vice President of the NH Acupuncture and Asian Medicine Association. (NHAAMA) I stand with the position of NHAAMA and offer three more points

- 1. The testimonies in support of SB 290 did not advocate for untrained individuals to perform auriculotherapy, they advocated for trained individuals to expand their scope beyond a single 5 needle protocol.** Reading the testimony by those in support of SB 290 that was delivered to the Senate in February and may perhaps come before you, one thing stood out. The majority of the letters stated that the author was a trained acupuncturist or NADA specialist and supported SB 290 so that those trained in NADA as Acu Detox Specialists in NH could expand their scope beyond the five needles.
- 2. Laws and Rules are for the long game.** The NH General Court spends valuable time deliberating to ensure a law is sustainable and in the public's best interest. Acp 700-705.07 Acupuncture Detoxification Specialists effective 7-20-18 allows laypersons trained correctly in the NADA protocol, or equivalent, to offer auriculotherapy. Those in support of SB 290 will tell you that it is not working, there are not enough specialists, and there are not enough supervisors. I do not believe this is because there is something inherently wrong with the Acu Detox Specialist (ADS) rules. Instead, please consider there has not been enough time or education for the general public and the acupuncture community to implement the program. A new law is not needed; time to educate the public and recruit ADS and acupuncturists to supervise is required. I began practicing in the state in the fall of 2019 and knew nothing of the program. I have served on NHAAMA for 2 1/2 years to date, and in that time, no one has ever reached out to the membership to say we need help recruiting or even to say there is a shortage. Ten acupuncturists raised their hands to supervise in a recent member meeting, even as volunteers. Then let us remember two years of COVID where nothing has gone as planned, and there is an employee shortage everywhere in every industry. Take those two years out of the equation, and the ACU Detox Specialist program is still a fledgling. We do not need a new law. We need time to educate, recruit and implement the existing law before saying it is broken.
- 3. Promoting training, certification, and supervision provides anyone who desires this in their tool kit to be more accurate in needling the prescribed protocol and more aware of the contraindications and potential adverse side effects, making them more effective and successful.** I believe one of the driving forces behind SB 290 is to increase the access for people in recovery by allowing those in recovery the tools to treat their peers. Supporters of SB 290 will argue that the ACU Detox Specialist (ADU) training is a barrier and that the individual providing auriculotherapy is not providing care or treatment. I would have you consider the other side, education lifts people and builds confidence.. It allows them to confidently say to their peers I can help provide care. I have been trained to deliver a therapy that works.

If auriculotherapy is valuable enough to fight for in the NH General Court it must be something special. It is. It is a powerful and effective therapy. The access to this therapy has already been written and is accessible. **Please vote no on SB 290 and allow Acp 700-705.07 its due time.** Education and promotion of auriculotherapy by qualified Acu Detox Specialists is the answer, not deregulation.

Respectfully,

Amy

Amy O'Dell Wilson, Lic. Acu, MAOM, Dipl.Acu

Offices at Depot Square

20 Depot Street, 3rd floor, Suite 9

Peterborough NH 03458

appt. and ?: 603-289-1989

amyodellwilson.com

amyodellwilson@gmail.com

FB: Amy ODell Wilson, LLC

Archived: Friday, April 22, 2022 9:19:08 AM
From: [FREDA DREHER](#)
Sent: Tuesday, April 5, 2022 1:19:08 PM
To: ~House Health Human Services and Elderly Affairs
Subject: Regarding NH SB290
Importance: Normal
Attachments:
[Regarding NH SB290 Dreher Perspectives.docx](#) 

Health, Human Services, and Elderly Affairs Committee
Representative Mark Pearson, Chair
Representative Erica Layon, Vice Chair
RE: NH SB290
Position: OPPOSE

Dear Rep. Pearson, Rep. Layon, and Committee Members,

As the Immediate Past President of the American Academy of Medical Acupuncture (AAMA), an organization of allopathic and osteopathic physicians (MDs and DOs) who have incorporated acupuncture into medical practice, I am writing to share my thoughts on SB290. My current private practice is in Lebanon, New Hampshire where I practice Physical Medicine & Rehabilitation, incorporating acupuncture into integrative and comprehensive patient care.

I am opposed to SB290 regarding the practice of auriculotherapy for the following reasons:

1. Section I states that auriculotherapy, also called auricular or ear acupuncture, is an “unregulated practice.” Auriculotherapy is a form of acupuncture where needles are placed into the outer ear. The practice of acupuncture is regulated in New Hampshire. It is in the best interest of public health that this practice remain regulated, as untoward effects are more likely to occur when needling is done by a person untrained or unlicensed.
2. This bill would permit an unlicensed person to perform auriculotherapy. The bill does not require the unlicensed person to have any formal training in auriculotherapy. If the person is untrained and unlicensed, there is no board to oversee that the person is performing the procedure in accordance with community standards to prevent harm to individuals receiving the treatment.
3. Section I (c) states that the unlicensed person “does not purport to treat any disease, disorder, infirmity, or affliction.” This particular section is truly puzzling to me. If there is no intention to treat a medical condition, they why would auriculotherapy be performed? Auriculotherapy is not a recreational pursuit.
4. Complications such as bleeding and infection can occur when intact skin is pierced with any type of needle. Needling can cause infection of the ear which can lead to destruction of the supporting cartilage. Treatment may require antibiotics and possibly surgery to remove the damaged tissue. In any standard auriculotherapy

training program, awareness of such complications and how to manage them is taught. An unlicensed person may not be aware of the possible complications and how to manage them and would be unlikely to have the resources to treat or refer.

5. This bill is unnecessary as New Hampshire already has statutes for health care professionals to provide auriculotherapy.

As a licensed New Hampshire physician and a practicing Medical Acupuncturist, it is in my most sincere interest that responsible acupuncture be practiced only by those who are properly trained and thoughtfully and appropriately licensed. I am happy to communicate further by phone or by e-mail if I can provide any further information to support your research on this matter.

Respectfully,

Freda L. Dreher, MD
Immediate Past President, American Academy of Medical Acupuncture
Board Certified, Physical Medicine & Rehabilitation and Medical Acupuncture
New Hampshire License # 15476
Lebanon, New Hampshire
fdreher@comcast.net
603-667-0082

Health, Human Services, and Elderly Affairs Committee
Representative Mark Pearson, Chair
Representative Erica Layon, Vice Chair
RE: NH SB290
Position: OPPOSE

Dear Rep. Pearson, Rep. Layon, and Committee Members,

As the Immediate Past President of the American Academy of Medical Acupuncture (AAMA), an organization of allopathic and osteopathic physicians (MDs and DOs) who have incorporated acupuncture into medical practice, I am writing to share my thoughts on SB290. My current private practice is in Lebanon, New Hampshire where I practice Physical Medicine & Rehabilitation, incorporating acupuncture into integrative and comprehensive patient care.

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5. This bill is unnecessary as New Hampshire already has statutes for health care professionals to provide auriculotherapy.

As a licensed New Hampshire physician and a practicing Medical Acupuncturist, it is in my most sincere interest that responsible acupuncture be practiced only by those who are properly trained and thoughtfully and appropriately licensed. I am happy to communicate further by phone or by e-mail if I can provide any further information to support your research on this matter.

Respectfully,

Freda L. Dreher, MD
Immediate Past President, American Academy of Medical Acupuncture
Board Certified, Physical Medicine & Rehabilitation and Medical Acupuncture
New Hampshire License # 15476
Lebanon, New Hampshire
fdreher@comcast.net
603-667-0082

I am writing in opposition to SB 290 because it would allow anyone, unlicensed, uncertified, and without any training in auricular acupuncture, to insert needles into the human ear without any oversight or supervision. The only requirement is that they receive appropriate training in clean needle technique, but there is no definition of what constitutes appropriate training in clean needle technique, and no provision for determining that a person has received that training. I think this will put an unsuspecting and vulnerable population at risk of injury.

April 11, 2022

To the Honorable Chairman Mark Pearson, and Members of the House Health, Human Services, and Elderly Affairs Committee,

I am writing to oppose SB 290, a bill relating to the deregulation of auriculotherapy.

My name is Amy O'Dell Wilson. I am an NH licensed acupuncturist in private practice in Peterborough and serve as Vice President of the NH Acupuncture and Asian Medicine Association. (NHAAMA) I stand with the position of NHAAMA and offer three more points

- 1. The testimonies in support of SB 290 did not advocate for untrained individuals to perform auriculotherapy, they advocated for trained individuals to example their scope beyond a single 5 needle protocol.** Reading the testimony by those in support of SB 290 that was delivered to the Senate in February and may perhaps come before you, one thing stood out. The majority of the letters stated that the author was a trained acupuncturist or NADA specialist and supported SB 290 so that those trained in NADA as Acu Detox Specialists in NH could expand their scope beyond the five needles.
- 2. Laws and Rules are for the long game.** The NH General Court spends valuable time deliberating to ensure a law is sustainable and in the public's best interest. Acp 700-705.07 Acupuncture Detoxification Specialists effective 7-20-18 allows laypersons trained correctly in the NADA protocol, or equivalent, to offer auriculotherapy. Those in support of SB 290 will tell you that it is not working, there are not enough specialists, and there are not enough supervisors. I do not believe this is because there is something inherently wrong with the Acu Detox Specialist (ADS) rules. Instead, please consider there has not been enough time or education for the general public and the acupuncture community to implement the program. A new law is not needed; time to educate the public and recruit ADS and acupuncturists to supervise is required. I began practicing in the state in the fall of 2019 and knew nothing of the program. I have served on NHAAMA for 2 1/2 years to

date, and in that time, no one has ever reached out to the membership to say we need help recruiting or even to say there is a shortage. Ten acupuncturists raised their hands to supervise in a recent member meeting, even as volunteers. Then let us remember two years of COVID where nothing has gone as planned, and there is an employee shortage everywhere in every industry. Take those two years out of the equation, and the ACU Detox Specialist program is still a fledgling. We do not need a new law. We need time to educate, recruit and implement the existing law before saying it is broken.

3. The current rules RSA 328 G Acu 700-705.07 for an Acu Detox Specialist in the NH provide for a basic level of care and insure dignity and respect to the person receiving the therapy. If SB 290 is accepted all of the following are no longer important as long as the person needing is untrained and unpaid. Should there be a double standard? Is there a double standard for other providers if they are paid or unpaid? Does the person seeking relief deserve sub-standard care?

- Not maintaining a professional relationship with all persons served
- Drug or alcohol abuse
- Breach of confidentiality
- Failing to maintain the highest standards in all services provided
- Claiming or implying qualifications exceeding those actually obtained
- Implying competence to use acupuncture;
- Failing to limit the practice to the NADA protocol
- Using acu-detox in conjunction with appropriate counseling and supportive services
- Able to explain the uses and limits of the treatment;
- Able to demonstrate sensitivity, compassion, and respect for clients
- Able to demonstrate understanding of and compliance with the limited scope of practice and other ethical principles
- Able to demonstrate understanding of the implications of auricular acupuncture for addictions and behavioral health in the larger treatment context

- Able to demonstrate the understanding of the adjunctive nature of acu-detox and the importance of collaboration and communication with the treatment team
- Able to modify treatment appropriately and to respond to adverse clinical situations

4. Promoting training, certification, and supervision provides anyone who desires this in their tool kit to be more accurate in needling the prescribed protocol and more aware of the contraindications and potential adverse side effects, making them more effective and successful. I believe one of the driving forces behind SB 290 is to increase the access for people in recovery by allowing those in recovery the tools to treat their peers. Supporters of SB 290 will argue that the ACU Detox Specialist (ADU) training is a barrier and that the individual providing auriculotherapy is not providing care or treatment. I would have you consider the other side, education lifts people and builds confidence.. It allows them to confidently say to their peers I can help provide care. I have been trained to deliver a therapy that works.

If auriculotherapy is valuable enough to fight for in the NH General Court it must be something special. It is. It is a powerful and effective therapy. The access to this therapy has already been written and is accessible. Please vote no on SB 290 and allow Acp 700-705.07 its due time. Education and promotion of auriculotherapy by qualified Acu Detox Specialists is the answer, not deregulation.

Respectfully,

Amy O'Dell Wilson Lic. Acu MAOM

Amy ODell Wilson, LLC

Peterborough, NH

11 April 2022

To the House Health, Human Services, and Elderly Affairs Committee:

My name is Paul Mosier and I am a licensed acupuncturist. **I work at the Manchester VA hospital full-time practicing acupuncture** and am responsible for running auriculotherapy training to expand acupuncture access in the facility. Prior to that I ran a growing private practice in Amherst NH for seven years. **I am writing in opposition to SB290** and would like to comment on how the bill is likely to impact services at the VA.

First, there is written testimony claiming that auriculotherapy is offered to veterans and active military. The VA and Department of Defense do offer specific ear acupuncture protocols such as battlefield acupuncture (BFA) and NADA. However, these protocols can only be performed by existing medical personnel who have the ability to insert needles already in their state's scope of practice, and who have gotten additional training specifically in BFA or NADA. Various written testimony supporting SB290 claims that there are auriculotherapy-trained professionals treating the military who cannot currently treat the public; this is incorrect. Once the acudetox law was passed, equity in access was achieved between civilian and military personnel. **Currently, at no time are our veterans or active military offered services not available to the general public.**

Next, every medical treatment has a time and a place where it is helpful. Determining that time requires clinical training & experience. Is the shoulder & arm pain being treated a skeletal problem or an early-onset heart attack? Is abdominal pain due to food or is it the start of appendicitis? SB920 presumes that any person on the street can already make these clinical decisions without any training. I hope you can see this presumption is absurd. In these examples providing auriculotherapy is not only inappropriate, it worsens a life threatening situation and becomes a public safety risk. **Written testimony supporting SB290 claims that auriculotherapy should be deregulated because moving a needle from any point on the ear to any other point on the ear is safe. This argument grossly misrepresents the risk by avoiding discussing how to determine when**

treatment is appropriate.

On this latter point, supporters may try to say that no one would treat in potentially life threatening cases, or that electronic diagnostic tools could be used to identify potential problems, or that education on identifying such cases would be taught. However, these are assumptions that cannot be enforced if auriculotherapy is deregulated. Supporting testimony often states that increasing access to auriculotherapy by competent providers is a good thing, but **we cannot guarantee or enforce competency if the treatment is deregulated - it is logically impossible.**

Last, at the VA, new services are assessed for potential liability. Administration uses a combination of national standards and state law to determine who should provide a service and how they should be trained to do it. The trend in national standards is for increasing regulation to bring acupuncture in line with other medical services. And for state law, the current acudetox bill provides the best guidance to ensure non-acupuncturists can perform appropriate protocols. **If SB290 passes, the most likely outcome is that administration will no longer be able to determine who can perform auriculotherapy safely.** Either they will say no one can perform auriculotherapy, or they will keep the current NADA/BFA training requirement and restrict access to medical personnel only. **So I expect that if SB290 passes, veterans will have less opportunity to get treatment than the public will.**

Supporters of SB290 express a desire to get medical services out to those who are underserved. This is a good goal. However, a better goal is to deliver *competent* medical care. SB290 does not do this; it is a step backward. **The existing law is sufficient and should stand as is. Please vote NO on SB290.**

Warm regards,

Paul Mosier, L.Ac.

April 12, 2022

Dear House Health, Human Services, and Elderly Affairs Committee Members,

My name is Molly Gendreau of Strafford, NH and I am writing to urge you to oppose SB 290. I am a licensed acupuncturist and I've been practicing in NH for a little over 4 years. SB 290, if passed, will allow untrained individuals to provide medical treatment to the public. Safety of those seeking treatment is my biggest concern if this bill passes.

Acupuncture is gaining popularity in the public eye, with more insurance companies covering acupuncture and more awareness shared in the media. People in NH are turning to acupuncture to help resolve their symptoms more than ever before. For some people they turn to acupuncture first before seeing their primary care physician. This happens for a number of reasons, like acupuncture has helped them in the past or they have become disenfranchised by their western medicine experience. It is very important that the people that practice any form of acupuncture be knowledgeable in physiology and pathology and to only treat within their scope of practice.

Before I start to treat I have a duty to all my patients to first assess if acupuncture is the right treatment or if they are better served going to a specialist, their PCP, or the emergency room.

I'd like to share briefly about an experience that informed me as a practitioner and taught me the important role we play as people providing this medical treatment. During the last year of graduate school, all students complete a yearly internship providing care for patients under supervision of a licensed acupuncturist. A fellow student on my shift was seeing a new patient with a primary complaint of numbness and tingling. Neuropathy is a very common complaint acupuncturist encounter. The intern went through the usual protocol of asking many questions to fully understand the patient's complaint. Before advancing through more examination and treatment the intern stopped the appointment and sent the patient to the emergency room. That patient was immediately admitted and sent for emergency surgery. My fellow student had suspected correctly that this patient was suffering from Cauda Equina Syndrome, a rare and serious condition. If this student had treated the patient with acupuncture and delayed the appropriate treatment it is very likely that this patient would have become paralyzed from the waist down. Thankfully acupuncturists are taught western pathology and medical red flags and this patient's ability to walk was saved. Not every day is a referral to the ER, but we have a duty to keep the public safe and as people administering this medical treatment, we must always be considering the best treatment path for each patient.

Individuals that are not trained and not taught medical knowledge will not be able to assess what is an appropriate treatment and they will do a great disservice to the public if SB290 passes.

Thank you for your time and please consider opposing SB 290.

Sincerely,

Molly E. Gendreau L.Ac.

789 2nd Crown Point Rd. Strafford, NH

molly@mendacu.com

(603)9694742

From: Wendy Neely Seale, LAc, Dipl. OM

Home: 99 Murphy Road, Peterborough, NH, 03458

*Office: Citizen Acupuncture, 20 Grove Street, Suite 325, Peterborough, NH,
03458 (Opens July 2022)*

To: The Honorable Representative, Ivy C. Vann

50 Summer Street

Peterborough, NH 03458-2430

Ivy.Vann@leg.state.nh.us

603.533.0357

Seat #: 4059

and

The Honorable Representative, Peter R. Leishman

39 Birch Road

Peterborough, NH 03458-1900

prleishman@aol.com

603.924.0004

Seat #: 5036

RE: Senate Bill 290 Relative to the practice of
auriculotherapy.

Thank you for your service to our community. My name is Wendy Neely Seale and my husband, Colton Seale, and I moved to Peterborough in February of 2020. Moving to this beautiful, historic town was part of our long-term retirement plan, although we have both established our own businesses to contribute to the health of our town and the greater Monadnock region.

SB 290, which I reference above, is germane to my profession. I am a licensed acupuncturist and Diplomate of Oriental Medicine, having completed a dual masters degree program at the Maryland University of Integrative Health in December of 2020. My private practice, Citizen Acupuncture, LLC, will open in July 2022. The mission of my practice is to make this ancient healing modality accessible to everyday citizens with its emphasis on holistic healthcare. Acupuncture is part of a complete system of medicine, one that I began study of in 2014 and with extensive clinical training.

I appreciate this opportunity to bring my concerns about SB 290 to your attention and ask you to take action by voting NO on SB 290.

SB 290 begins with the incorrect premise that auricular acupuncture is an unregulated practice. There are national and statewide standards for training and certification in auriculotherapy. Today Licensed Acupuncturists, Physician Medical Acupuncturists, and Acu-Detox Specialists log hundreds of hours of hands-on and classroom training, which is required by state law.

Auriculotherapy is a well-regulated practice that is working for New Hampshire.

SB290 goes on to authorize persons who have no training in auriculotherapy to perform this variety of acupuncture so long as the person does not “purport to treat any disease, disorder, infirmity or affliction.” Such a provision begs the question: why would an unlicensed person with no acupuncture training needle a person’s ear, if not for some perceived health benefit? What exactly is SB290 aimed to do? Is it enough that the unlicensed and untrained person be educated

in using clean needle techniques? The answer is “no,” clean needle techniques are not enough training, and of course unlicensed auriculotherapists will infer that their therapy is therapeutic.

On a related note, if passed, SB 290 would effectively repeal RSA 328-G:9-a which is already working to allow non-acupuncturists with training and supervision to perform auricular acupuncture effectively and safely for addiction treatment as Acu-Detox Specialists. Auricular acupuncture is being recognized and promoted by the recovery community because of its effectiveness. Those that are providing the results are trained in specific protocols and techniques. Why would anyone become a detox specialist with training and supervision, if SB290 allows anyone with clean needles to perform auriculotherapy?

I agree with the members of the New Hampshire Acupuncture and Oriental Medicine Association (NHAAMA) that it is a mistake to allow anyone of any age, educational level, and criminal background to provide a medical procedure to the public without proper training and certification. SB 290 fails to emphasize effective and safe treatments. When the general public receives treatment below the standard of care, there is an increased potential for harm. Allowing an individual the right to needle an ear without knowing how to needle, when to needle, when to treat, and most importantly, when to not treat (i.e., medical red flags) is wrong. A consumer may consider treatment by an untrained provider of equal value to a skilled practitioner when, in reality, they are receiving unnecessary, substandard care delaying the care the individual truly needs and deserves.

In October, 2021, the NH House issued a Declaration recognizing Acupuncture and Oriental Medicine Day, and wrote that acupuncture has been used for thousands of years to diagnose and treat illness, prevent disease, alleviate pain, and improve individual wellbeing, and acupuncturists are dedicated to the highest standards of professionalism, quality of care, and personal commitment to patients through credentialing, education, and dedication to others. The NH

House Declaration is accurate, and unlicensed, unregulated auriculotherapy shouldn't be a part of the New Hampshire way. SB 290 is unnecessary. Please vote NO.

I attended Oregon College of Oriental Medicine (OCOM) for 2 years and graduated from Maryland University of Integrative Health (MUIH), for a total of 6 years of study. The community health programs at both institutions, which focus on the efficacy of auricular acupuncture, were inspiring with stories of healing and rigorous in understanding the importance of how to engage with individuals experiencing substance use, post-traumatic stress and mental health challenges.

At MUIH, as part of our curriculum, we were required to complete the National Acupuncture Detoxification Association (NADA) training weekend, a didactic and practical intensive, and use that training to then log 23 visits to a community acupuncture site, equaling 46 clinical hours, in which we treated at least 69 patients with the 5-needle auricular acupuncture protocol. We also were required to interact in a cultivated, healing manner with 80 additional visitors to the community site. All of these interactions were under the supervision of a licensed acupuncturist. This training could take up to a year to complete and was a prerequisite to start our acupuncture practice in the student clinic; my clinical internship then consisted of over 350 patient primary and secondary treatments. Licensure in NH requires passing 4 different board examinations developed through the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM).

While clean needle technique mentioned in the bill was and is certainly an essential part of our acupuncture practice, it can in no way be a substitute for developing the healing presence and the "qi" cultivation that is required when working with this modality and in particular with at-risk populations that are at the heart of community acupuncture. This is something that only well-trained licensed acupuncturists, medical acupuncturists, and Acu-Detox Specialists should be permitted to deliver, for this is the spirit and letter in which this method was developed.

All of the hours devoted to didactic education, clinical training, and board examinations are to ensure the safety of the public and hold us to the highest standards of patient care. It would be an injustice and malpractice to grant a layperson this responsibility

Thank you, Ivy and Peter, for the opportunity to provide input and for your attention to my request for you and the other Representatives to vote no on SB 290. Doing so will continue to promote safe and effective medical treatments for all N.H. citizens.

If you have any further questions about SB 290, acupuncture, or auricular acupuncture, please feel welcome to contact me.

Wendy Neely Seale, LAc, Dipl. OM
99 Murphy Road
Peterborough, NH 03458
wneelyseale@gmail.com
503-319-2019

Eric Schindler

I opposed having people who are untrained in auriculotherapy, a procedure with a potential for infection complications, practicing without a license. Auriculotherapy is acupuncture focused on the ear and is used to treat a "disease, disorder, infirmity, or affliction." Puncturing someone with a needle poses risks and the benefits should outweigh those risks. Taking the risk without a benefit is not in the best interest of the public.

Lisa Rogers

It is my opinion that only a trained professional should be performing this procedure. As a current patient of acupuncture, I can't imagine allowing anyone to insert needles into any part of my body, especially my ears, with out extensive knowledge and training of a licensed acupuncturist.

Patricia Plude

I am a long-term client of acupuncture. I have reaped its benefits both here in New Hampshire, where I spend my summers, and in California, where I am in residence the rest of the year. I believe that acupuncture must be administered by rigorously trained and certified acupuncturists. I stand with the New Hampshire Acupuncture and Asian Medicine Association (NHAAMA) who believes that it is a mistake to allow anyone of any age, educational level, and criminal background to provide a medical procedure to the public without proper training and certification. SB 290 fails to emphasize effective and safe treatments. When the general public receives treatment below the standard of care, there is increased potential for harm. Allowing an individual the right to needle an ear without knowing how to needle, when to needle, when to treat, and most importantly, when to not treat (i.e., medical red flags) is wrong. A consumer may consider treatment by an untrained provider of equal value to a skilled practitioner when, in reality, they are receiving unnecessary, substandard care delaying the care the individual truly needs and deserves. I stand against the passage of SB 290. Thank you!

@font-face{font-family:"Cambria Math";panose-1:2 4 5 3 5 4 6 3 2 4;mso-font-charset:0;mso-generic-font-family:roman;mso-font-pitch:variable;mso-font-signature:3 0 0 0 1 0;}@font-face{font-family:Calibri;panose-1:2 15 5 2 2 2 4 3 2 4;mso-font-charset:0;mso-generic-font-family:swiss;mso-font-pitch:variable;mso-font-signature:-536859905 -1073732485 9 0 511 0;}@font-face{font-family:Times;panose-1:2 0 5 0 0 0 0 0 0 0;mso-font-charset:0;mso-generic-font-family:auto;mso-font-pitch:variable;mso-font-signature:-536870145 1342185562 0 0 415 0;}p.MsoNormal, li.MsoNormal, div.MsoNormal{mso-style-unhide:no;mso-style-qformat:yes;mso-style-parent:"";margin:0in;mso-pagination:widow-orphan;font-size:11.0pt;mso-bidi-font-size:12.0pt;font-family:Times;mso-fareast-font-family:Calibri;mso-fareast-theme-font:minor-latin;mso-bidi-font-family:"Times New Roman";mso-bidi-theme-font:minor-bidi;}.MsoChpDefault{mso-style-type:export-only;mso-default-props:yes;font-size:11.0pt;mso-ansi-font-size:11.0pt;font-family:Times;mso-ascii-font-family:Times;mso-fareast-font-family:Calibri;mso-fareast-theme-font:minor-latin;mso-hansi-font-family:Times;mso-bidi-font-family:"Times New Roman";mso-bidi-theme-font:minor-bidi;}div.WordSection1{page:WordSection1;}

Kelli Kelley

I oppose this bill b/c this ear acupuncture is a form of medical treatment which should be provided in a clean/sterile environment w/ a licensed professional.

Roger Skoyles

I oppose such a short course instead of through training. Acupuncture has helped me enormously, as well as alleviated a problem my wife had, but it takes knowledge, training, empathy and talent -- a 6 hour course could not be possibly be enough and might well bring the whole into disrepute.

Rebecca Buzzell

Public health is at risk when licensing requirements for performing medical treatment is not required.
This bill should not be supported.

Richard Simpson

I am a resident of Hancock. For various health issues, I am being treated by a licensed acupuncturist. SB 290, which will give the right to perform a medical procedure using needles called auriculotherapy to unlicensed and untrained practitioners, has been introduced in the General Court.

SB 290 begins with the false premise that auricular acupuncture is an unregulated practice, but there are national and statewide standards for training and certification in auriculotherapy. Today Licensed Acupuncturists, Physician Medical Acupuncturists, and Acu-Detox Specialists log hundreds of hours of hands-on and classroom training required by state law. New Hampshire Acupuncture and Asian Medicine Association (NHAAMA) believes that it is a mistake to allow anyone of any age, educational level, and criminal background to provide a medical procedure to the public without proper training and certification. In October 2021, the NH House issued a Declaration recognizing Acupuncture and Oriental Medicine Day and wrote that acupuncture has been used for thousands of years to diagnose and treat illness, prevent disease, alleviate pain, and improve individual wellbeing, and acupuncturists are dedicated to the highest standards of professionalism, quality of care, and personal commitment to patients through credentialing, education, and dedication to others. Unlicensed, unregulated auriculotherapy shouldn't be a part of the New Hampshire way. When and if SB 290 comes before you, please vote NO.

Carol Salava

Acupuncture has been a huge benefit for me and once it becomes more known and accepted, will be requested by more and more people. The people using this service should be as protected from harm done by individuals with only a few hours training on use of needles but no training on how to use them, for what to use or not use them. With no medical training of the problems that poor practice will do to the patient. I have been to a place that offers "needling" on various parts of the body and was scared to hear the responses to the questions I had of them. There seems to be a lot of mistakes made by Medical Doctors should there now be more made by untrained "needlers" looking to make money? NO NO NO fully trained ACUPUNCTURISTS are the only "needlers" we need!

jenifer day

I currently receive acupuncture weekly for various reasons and I would not want someone who had not been properly educated and trained having the ability to perform these treatments for me. I look to my acupuncturist as a huge part of my healing and I know she has been able to help because she received the necessary training!

Chase Wilson Roeper

I am a user of acupuncture, dealing with a condition for which there is NO medical treatment. The training and certification of acupuncture practitioners is extremely important -- especially as, in my several decades of experience, acupuncture is so effective.

Training makes all the difference and protects the public. Please do not allow untrained and uncertified practitioners to practice without consequence.

Anna Prescott

I have attended licensed acupuncturists and to say that ear acupuncture should get away with less training, even if they don't call themselves an acupuncturist and don't say they are treating anything, is dangerous and wrong. Only providing them needle safety training DOES NOT teach them how or where to insert needles correctly. The ears are sensitive and allowing this to pass would cause harm to people who may be taken advantage of by those who would receive even less training in this field but act as if they are providing the same service.

Jackie Refsdal

I use acupuncture on a regular basis and have the utmost confidence in all of the training my acupuncturist has. I would hate for the industry to get a bad rap due to undereducated individuals performing ear acupuncture

liz weld

It is irresponsible to let individuals without extensive training to do acupuncture. This violates the ethical principles of do no harm and diminishes the extensive training that acupuncturist's complete. Ear acupuncture is a great treatment when it's the right treatment for that individual. Current practitioners are taught to discern which treatment is the best treatment for each patient, when to refer to another healthcare professional, and when to send their patient to the ER. If this bill passes, untrained practitioners without basic medical knowledge will be subjecting the public to inappropriate care delaying the right medical interventions they need and deserve.

Lindsey Sisson

As a licensed acupuncturist in Stratham, NH I oppose this bill. Allowing for the practice of ear acupuncture with such limited training is a safety issue, and allowing annoying to preform this lowers the standard of care. This bill would replace RSA 328-G:9-a which allows non-acupuncturists with specific training to perform the NADA protocol with supervision as an Acu-detox specialist.

Leah Reed

Mary Tebo Davis

I receive acupuncture regularly from a practitioner who has a 4-year Master's degree. SB290 is wrong and potentially dangerous. Let's compare it to western medicine- myself or a friend can use a blood pressure cuff and take temperature, but we cannot write our own prescriptions, diagnosis each other, or treat each other without going through medical school. I

agree with those who have been trained who now can do ear acupuncture for addiction. They have had the training to do a specific treatment, but it is a totally medical misjudgment to think that anyone who learns to keep needles clean can then insert them into others for any reason they feel like it.

This would be like giving me permission to write prescriptions for a friend because based on my opinion only I feel they need it. Do not set this dangerous precedent. Please oppose SB290. - Mary Tebo Davis

Lauren Chase-Rowell

Please oppose this SB290 as the trained practitioners are highly skilled in my personal experience, and have years of effort, schooling and experience to make sure the public at large is treated fairly and safely. In this age of such drastic misinformation, let's not eliminate skilled practice with something less than that. Let's not let the public be taken advantage of, or harmed. NH is better than that. Let's protect skilled care by credited professionals avoiding scams

Gabriel Gendreau

I had just started dating my (now) wife when she started her Master's program in Chinese Medicine. Inevitably, I lent my body to her for the purpose of practicing needling. There was a little pain the first few times, but after a while it got better. Over many months she became really good at getting a needle in, situated to rest for several minutes, and out without any noticeable pain at all.

One day she told me she had just learned ear acupuncture and wanted to try it out on me. It was rather painful. In fact, I wouldn't let her touch my ears for months. When I did let her perform ear acupuncture on me again she had gotten much better at it and it was almost completely without discomfort.

I'm still hesitant to get ear acupuncture from anybody; the initial experience was that jarring. I see the value of ear acupuncture being widely accessible, but I don't think it is wise to allow it to be done by persons without a solid foundation of general needling.

Gina Girouard

I stand with the NH Board of Acupuncture Licensing, the American Academy of Medical Acupuncturists, the American Society of Acupuncturists, and the NH Medical Society in OPPOSING SB 290.

Auricular therapy is one of many modalities that fall under Acupuncture and Oriental Medicine. Keep Auricular Acupuncture in the safe hands of Board certified, licensed professionals for the safety of the public.

Andrea Kolgin

I am a licensed acupuncturist in Dover, NH and am a board member with the New Hampshire Acupuncture and Asian Medicine Association (NHAAMA). I stand in support of the points made in NHAAMA's position letter to OPPOSE SB290 as a matter of patient/public safety. Thank you

Betsy Learner

It is my position that passing this bill may have negative and hazardous implications for those receiving treatment from untrained individuals. Moreover, this bill is not needed, as auricular acupuncture already is a well regulated practice as part of acupuncture treatment performed by acupuncturists, medical acupuncturists, and detox specialists. There already are national and statewide standards for training and certification in auriculotherapy. It does not make sense to deregulate this therapy.

Allison Millar

I'm an acupuncturist with a private practice in Keene, NH. Proper training is necessary in order to correctly use, and more importantly, know when NOT to use, acupuncture or auricular acupuncture. There are various needle techniques and patient presentations that are essential to be knowledgeable about. If untrained persons are administering auricular acupuncture, it could paint a poor picture of acupuncture as a whole- either that it doesn't work or that it's dangerous- and prevent persons in the future from benefiting from it.

David Nagel, MD
PO Box 120
Gilmanton, New Hampshire 02337
dnagel59@yahoo.com
(603)491-5708 (C)

April 6, 2022

To: NH House Health, Human Services and Elderly Affairs Committee
HHSEA@leg.state.nh.us
Concord, NH 03301

Re: 2022 SB 290-FN

To the Committee,

I am a physician practicing physical medicine and rehabilitation and pain management in New Hampshire for over thirty years. I have also been practicing medical acupuncture since 1995 and was certified by the American Academy of Medical Acupuncture in 1998, the second year the examination was offered. I represented the New Hampshire Medical Society in the creation of the Licensed Acupuncture Practice Act (RSA328-G).

For the purposes of this testimony, I represent the American Academy of Medical Acupuncture (AAMA) and the New Hampshire Medical Society (NHMS).

We are strongly opposed to SB 290 for the following reasons.

- 1) This bill contradicts the spirit and the practice of New Hampshire state law RSA328-G which created the Licensing Board of Acupuncture. Please note that “auriculotherapy” as referred to SB 290 is auricular acupuncture which is regulated by 328-G.
- 2) The performance of auricular acupuncture is considered a skilled procedure within the scope of practice of acupuncture.
- 3) The purpose of creating licensing boards is to protect the public from undue harm and to ensure those providing services have the skills to do so. In violation of this principle, SB 290 specifies virtually no training requirements to perform auricular acupuncture.
- 4) RSA328-G specifies an acupuncture licensure applicant must hold active NCCAOM certification. In order to be certified and to be able to perform acupuncture within the State of NH, a non-physician applicant must:
 - i) For acupuncture alone: complete a master’s level training program of 1905 credit hours

- ii) For oriental medicine including acupuncture, complete a master's level training program of 2625 hours, which includes acupuncture
 - iii) Pass a proficiency examination.
- 5) Physicians may perform acupuncture, but in addition to achieving a doctorate in medicine and completing internship and residency requirements, he or she is expected to complete at least 300 hours of training in acupuncture.
 - 6) Physical therapists are allowed to perform a variant of acupuncture referred to as dry needling. To do this, in addition to achieving a doctorate in Physical Therapy, the therapist must complete additional training in the practice of dry needling.
 - 7) To provide any invasive treatment, including acupuncture, a health care provider is expected, by oath, to explain what risks and benefits the procedure may entail for the individual. To not do so is considered to be malpractice. However, SB 290 specifically states that an untrained individual may perform acupuncture as long as he or she "does not purport to treat any disease, disorder, infirmity, or affliction." This line is in gross contradiction to the standards licensed professionals are bound to.

While I understand the purpose of this bill is to increase access to care, the current state law, without revision, allows for that and this bill is unnecessary and creates a concerning precedent for who may provide invasive medical therapies. Furthermore, while there are some circumstances in which unlicensed individuals may administer auricular acupuncture, these apply to very unique circumstances and come with restrictions:

- 1) Battlefield acupuncture. Please see https://jts.amedd.army.mil/assets/docs/education/Battlefield_Acupuncture_Handbook.pdf. This technique was developed by the Department of Defense for the treatment of mild to moderate pain on the battlefield. ***Only trained individuals may administer the service, and the performance of this procedure for this purpose is limited to combat situations.***
- 2) Detoxification: needles may be applied for long term use. These are special needles or tacks, and may stay in place for up to 30 days. However, it is expected that these be administered only by trained individuals preferably under the supervision of a licensed professional.

If you have any further comments, please let me know.

David Nagel, MD

Archived: Friday, April 22, 2022 9:19:08 AM
From: [David Nagel](#)
Sent: Wednesday, April 6, 2022 6:31:29 PM
To: ~House Health Human Services and Elderly Affairs
Subject: SB 290 for hearing on Tuesday April 12
Importance: Normal
Attachments: [sb 290 comment 5 \(1\).docx](#) ;

To the Committee,
Attached, please find my written statement regarding SB 290.

Please note the following,

1: I represented the New Hampshire Medical Society in the creation of the Acupuncture practice act, RSA G-328.

2:

In my testimony I represent the NH Medical Society and the American Academy of Medical Acupuncture. Both organizations are strongly opposed to this bill.

3: I have been practicing Physical Medical and Rehabilitation and Pain Management in NH since 1989 and Medical Acupuncture since 1995.

Thank you for your time.

Please feel free to contact me about this or any issue related to acupuncture and/or pain management.

David Nagel, MD

Visit my website: DavidNagelMD.com

Follow me on Twitter: [@DavidNagelMD](https://twitter.com/DavidNagelMD)

Enjoy my book: *Needless Suffering: How Society Fails Those with Chronic Pain*

Archived: Friday, April 22, 2022 9:19:06 AM
From: Gendron, Barry
Sent: Monday, April 11, 2022 9:47:25 AM
To: ~House Health Human Services and Elderly Affairs
Cc: Adam Learner; Michael Padmore; David Nagel
Subject: SB 290 Opinion
Importance: Normal
Attachments:
[Dr. Gendron letter SB 290 4-11-22.pdf](#) 

Dear HHSEA Committee,
Please see my opinion (attached) re: SB 290 for today.
Respectfully,
Barry Gendron, DO

Barry Gendron, D.O., CPE
Medical Director, Musculoskeletal Service Line
Wentworth Douglass Hospital
A Mass General Brigham Community Hospital
789 Central Ave.
Dover, NH 03820
Barry.Gendron@WDHospital.org

Clinical practice:
Wentworth Health Partners Seacoast Physiatry
67 Corporate Dr.
Portsmouth, NH 03801
Phone 603 742 4222 Fax 603 742 4448
with offices in Somersworth, NH 03878

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Please note that this e-mail is not secure (encrypted). If you do not wish to continue communication over unencrypted e-mail, please notify the sender of this message immediately. Continuing to send or respond to e-mail after receiving this message means you understand and accept this risk and wish to continue to communicate over unencrypted e-mail.

Archived: Friday, April 22, 2022 9:19:06 AM
From: [Diane Chase](#)
Sent: Monday, April 11, 2022 10:12:32 PM
To: ~House Health Human Services and Elderly Affairs
Subject: SB 290 Testimony
Importance: Normal
Attachments:
[This testimony is in reference to SB 290.pdf](#) 

Dear Committee Members,

I am writing to ask that you review my attached testimony. I attempted to up load it to the testimony submission portal, however, I failed to see that it should be a PDF and I uploaded a word document which it allowed me to do, yet I am unable to see it or have the ability to resubmit the PDF. I am attaching my PDF here in the hope that someone will be able to upload or give me some guidance on how I can reload it to the testimony portal.

Thank you for your time and attention to this matter

Sincerely,

--

Diane Chase

10 April 2022

Health, Human Services, and Elderly Affairs Committee
Representative Mark Pearson, Chair
Representative Erica Layon, Vice Chair

RE: NH SB290

Position: OPPOSE

Written Testimony regarding SB 290 by Louis A. Kazal, Jr., M.D., provided as a citizen of New Hampshire and physician who performs medical acupuncture, representing himself and not Dartmouth-Hitchcock Clinic.

Dear Rep. Pearson, Rep. Layon, and Committee Members,

I have practiced medicine in the State of New Hampshire for 20 years. There are strict rules set by the New Hampshire Board of Medicine as to what I am allowed to do in caring for the citizens of this state and what I am not allowed to do. I would ask the leaders and committee members of the Health, Human Services, and Elderly Affairs Committee to look at SB 290 in this context, where the State has a duty to protect its citizens from potential harm.

Professionals who care for patients have specialized training, testing, accountability, and regulation. No less should be the case in this situation. There are textbooks that are a couple inches thick solely devoted to auriculotherapy. For those of us who perform these treatments, we inform patients of the potential complications. We also know how likely a problem may develop and can alter our treatment if we know from our training and experience that a safer approach is warranted. We are also trained and have experience in recognizing and managing those complications. If this legislation becomes law, people not trained in the practice of auriculotherapy will be practicing without any of this knowledge.

Patients can experience needle shock. If this legislation is passed, how are these individuals going to manage it? Have they heard of it? It can occur in up to 5% of first time treatments; falls and resultant injury secondary to needle shock are a serious risk in acupuncture practice. People without training in percutaneous procedures and the recognition and management of hypotensive states should not perform these procedures. Endorphin-related dizziness and impaired motor skills/judgement are also a concern after acupuncture. It is additionally important that the committee realize that non-acupuncturists sticking needles in an ear could unwittingly interfere with a medical treatment a patient is receiving. You would be exposing our citizens to untrained people who have limited to no understanding of human physiology, acupuncture energetics, or pharmacokinetics of drugs when making decisions about where to put the needles. There are over 200 points in each ear, and the activity of these

points can vary day-to-day, even in the same day. Furthermore, the exact location of the points can change within a given region of the ear. Auriculotherapy is a specialized form of medical care that should only be practiced by those trained in its safe application.

Respectfully Submitted,

Louis A. Kazal, M.D., FAAFP
Hanover, New Hampshire 03755

Dear Honorable Members of the House Health, Human Services and Elderly Affairs Committee,

My name is Elizabeth Ropp. I support SB 290, Relative to the Practice of Auriculotherapy.

Under current law, non-acupuncturist lay practitioners can be certified as Acupuncture Detoxification Specialists in a five point ear acupuncture protocol known as NADA, for the National Acupuncture Detoxification Association. Initially developed to support people in the early withdrawal stages of addictive substances, this non-verbal treatment works incredibly well to support behavioral and mental health. The US Military trains people who are not acupuncturists in auriculotherapy techniques like NADA and Battlefield acupuncture to help soldiers in acute and chronic pain and long term stress. Those skills can be very useful right now in rural and underserved communities in New Hampshire to address our mental health and substance abuse epidemics that have only gotten worse during the pandemic.

In 2019, Vermont passed a bill similar to SB290. Shortly after, a training session with Dr. Tom Corbin, world renowned auriculotherapist, was organized in Barre, Vermont. The class was called "German Auriculotherapy for Pain Relief, Stress Disorders, and Addictions." I attended, along with my colleague, Jeffrey Davis, a Licensed Drug Counselor and NAMI-NH's 2019 Behavioral Health Provider of the year. In the back meeting room of a public health clinic, we gathered with other acupuncturists, mental health professionals, social workers, massage therapists, herbology students from New England and Canada. We were even joined by an academic working on her Ph.D. in anthropology. All of us were looking for ways to provide more complete care. Ear acupuncture is an adjunct that enhances other services and treatments.

As an acupuncturist, I can use all of the point protocols that I learned from Dr. Corbin's training. My colleague, Jeff Davis, can only legally needle the points that are part of the NADA protocol in New Hampshire. NADA is a very good auricular treatment. Other auricular protocols may be more effective adjunct treatments for certain addictions than others. The State of New Hampshire has determined that it is safe for non-acupuncturists to needle the five points of the NADA protocol, then it is safe for them to treat acupuncture points on the entire ear.

As the law stands now, the Certified ADSes must be under the general supervision of a licensed acupuncturist who has taken the NADA or equivalent training. Laura Cooley and I are the only NADA trained acupuncturists providing supervision. What I have learned as a general supervisor is that ADSes really only need two site visits in the first year of practice. The acupuncture association in New Hampshire sent out an email saying that no one asked them to supervise. They don't understand that to do this work you have to be out pounding the pavement. I have volunteered for years at a recovery club house in Manchester. I've attended meetings with all different kinds of recovery and mental health providers.

If you have any other questions please feel free to contact me,
The Honorable Elizabeth Ropp, L.Ac.
Manchester, NH
603-703-7871



NH Acupuncture & Asian Medicine Association

A Voice for Asian Medicine in the Granite State

April 11, 2022

To the Honorable Chairman Mark Pearson, and Members of the House Health, Human Services, and Elderly Affairs Committee,

The members of the NH Acupuncture and Asian Medicine Association (NHAAMA) ask you to **vote NO on SB 290**, pertaining to the deregulation of auriculotherapy. It is our position that passing this bill will have negative and hazardous implications for those seeking and receiving treatment from untrained individuals, and this bill is not needed.

By way of background, “auriculotherapy” is acupuncture delivered to the ear. State law defines Acupuncture as a “*distinct, dynamic, and continually evolving system of health care that diagnoses and treats illness, injury, pain, or other conditions by controlling and regulating the flow and balance of energy to restore and maintain health.*” See RSA 328-G:2 VIII. Auricular acupuncture is a widely accepted acupuncture system, a modality for diagnosis and treatment in complementary and integrative medicine. Auriculotherapy can be applied as treatment for an array of medical conditions. Since 2017, a subset of auriculotherapy aimed at detox treatment has been permitted to be performed in New Hampshire by “acupuncture detox specialists”¹ with specified training under the supervision of an acupuncturist. See RSA 328-G:9-a. Whether it be detox treatment or treatment for some other medical condition, auriculotherapy is a *medical procedure* aimed at treatment of “disease, disorder, infirmity or affliction.” The National Institutes of Health, World Health Organization, Center for Medicare Services, Veteran’s Administration, and private insurance companies do not distinguish auricular acupuncture from acupuncture. All are billable as medical procedures with ICD -10 codes and CPT codes specific to acupuncture.²

SB 290 begins with the incorrect premise that auricular acupuncture is an unregulated practice. There are national and statewide standards for training and certification in auriculotherapy. Today Licensed Acupuncturists, Physician Medical Acupuncturists, and Acu-Detox Specialists log hundreds of hours of hands-on and classroom training, which is required by state law. Auriculotherapy is a well-regulated practice that is working for New Hampshire.

SB 290 goes on to authorize persons who have no training in auriculotherapy to perform this variety of acupuncture so long as the person does not “purport to treat any disease, disorder, infirmity or affliction.” Such a provision begs the question: why would an unlicensed person with no acupuncture training needle a person’s ear, if not for some perceived health benefit? What exactly is SB 290 aimed to do? Is it enough that the unlicensed and untrained person be educated in using clean needle techniques? The answer is “no,” clean needle techniques are not enough training, and of course unlicensed auriculotherapists will infer that their therapy is therapeutic.

On a related note, if passed, SB 290 would effectively repeal RSA 328-G:9-a which is already working to allow non-acupuncturists with training and supervision to perform auricular acupuncture

¹ Acupuncture Detox Specialists are not licensed acupuncturists.

² CPT codes 97810,11,13,14.

effectively and safely for addiction treatment as Acu-Detox Specialists. Auricular acupuncture is being recognized and promoted by the recovery community because of its effectiveness. Those that are providing the results are trained in specific protocols and techniques. Why would anyone become a detox specialist with training and supervision, if SB 290 allows anyone with clean needles to perform auriculotherapy?

NHAAMA believes it is a mistake to allow anyone of any age, educational level, and criminal background to provide a medical procedure to the public without proper training and certification. SB 290 fails to emphasize effective and safe treatments. When the general public receives treatment below the standard of care, there is an increased potential for harm. Allowing an individual the right to needle an ear without knowing how to needle, when to needle, when to treat, and most importantly, when to not treat (i.e., medical red flags) is wrong. A consumer may consider treatment by an untrained provider of equal value to a skilled practitioner when, in reality, they are receiving unnecessary, substandard care delaying the care the individual truly needs and deserves.

In October, 2021, the NH House issued a Declaration recognizing Acupuncture and Oriental Medicine Day, and wrote that acupuncture has been used for thousands of years to diagnose and treat illness, prevent disease, alleviate pain, and improve individual wellbeing, and acupuncturists are dedicated to the highest standards of professionalism, quality of care, and personal commitment to patients through credentialing, education, and dedication to others. The NH House Declaration is accurate, and unlicensed, unregulated auriculotherapy shouldn't be a part of the New Hampshire way. SB 290 is unnecessary. Please vote NO.



Adam Learner, L.Ac.

President, New Hampshire Acupuncture and Asian Medicine Association (NHAAMA)
On behalf of the NHAAMA Board and Membership

SB 290-FN - AS INTRODUCED

2022 SESSION

22-2877

04/08

SENATE BILL **290-FN**

AN ACT relative to the practice of auriculotherapy.

SPONSORS: Sen. Reagan, Dist 17; Sen. Soucy, Dist 18; Sen. Avard, Dist 12; Sen. French, Dist 7; Sen. Cavanaugh, Dist 16; Sen. Carson, Dist 14; Rep. McGuire, Merr. 29; Rep. Spillane, Rock. 2

COMMITTEE: Health and Human Services

ANALYSIS

This bill permits, with certain limitations, the practice of auriculotherapy, or the practice of inserting needles into the external human ear.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears ~~[in brackets and struckthrough.]~~
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT relative to the practice of auriculotherapy.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 New Section; Auriculotherapy. Amend RSA 328-G by inserting after section 9-a the following
2 new section:

3 328-G:9-b Auriculotherapy.

4 I. Nothing in this chapter shall prohibit an unlicensed person from engaging in
5 auriculotherapy, an unregulated practice in which needles are inserted into the external human ear,
6 provided such person:

7 (a) Has appropriate training in clean needle technique;

8 (b) Employs sterile, single-use needles, without reuse;

9 (c) Does not purport to treat any disease, disorder, infirmity, or affliction;

10 (d) Does not use any letters, words, or insignia indicating or implying that the person is
11 an acupuncturist; and

12 (e) Makes no statement implying that his or her practice of auriculotherapy is licensed,
13 certified, or otherwise overseen by the state.

14 II. Any person who violates the provisions of this section shall be guilty of a class A
15 misdemeanor if a natural person, and a felony if any other person.

16 2 Effective Date. This act shall take effect January 1, 2023.

**SB 290-FN- FISCAL NOTE
AS INTRODUCED**

AN ACT relative to the practice of auriculotherapy.

FISCAL IMPACT: State County Local None

STATE:	Estimated Increase / (Decrease)			
	FY 2022	FY 2023	FY 2024	FY 2025
Appropriation	\$0	\$0	\$0	\$0
Revenue	\$0	\$0	\$0	\$0
Expenditures	\$0	Indeterminable	Indeterminable	Indeterminable
Funding Source:	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Education	<input type="checkbox"/> Highway	<input type="checkbox"/> Other

COUNTY:

Revenue	\$0	\$0	\$0	\$0
Expenditures	\$0	Indeterminable	Indeterminable	Indeterminable

METHODOLOGY:

This bill contains penalties that may have an impact on the New Hampshire judicial and correctional systems. There is no method to determine how many charges would be brought as a result of the changes contained in this bill to determine the fiscal impact on expenditures. However, the entities impacted have provided the potential costs associated with these penalties below.

Judicial Council	FY 2022	FY 2023
Public Defender Program	Has contract with State to provide services.	Has contract with State to provide services.
Contract Attorney – Felony	\$825/Case	\$825/Case
Contract Attorney – Misdemeanor	\$300/Case	\$300/Case
Assigned Counsel – Felony	\$60/Hour up to \$4,100	\$60/Hour up to \$4,100
Assigned Counsel – Misdemeanor	\$60/Hour up to \$1,400	\$60/Hour up to \$1,400
It should be noted that a person needs to be found indigent and have the potential of being incarcerated to be eligible for indigent defense services. Historically, approximately 85% of the indigent defense caseload has been handled by the public defender program, with the remaining cases going to contract attorneys (14%) or assigned counsel (1%). Beginning in March of 2021, the public defender program has had to close intake to new cases due to excessive caseloads. Due to these closures, the contract and assigned counsel program have had to absorb significantly more cases. The system is experiencing significant delays in appointing counsel and the costs of representation have increased due to travel time and multiple		

appointments.		
Department of Corrections	FY 2022	FY 2023
FY 2021 Average Cost of Incarcerating an Individual	\$54,386	\$54,386
FY 2021 Annual Marginal Cost of a General Population Inmate	\$5,715	\$5,715
FY 2021 Average Cost of Supervising an Individual on Parole/Probation	\$603	\$603
NH Association of Counties	FY 2022	FY 2023
County Prosecution Costs	Indeterminable	Indeterminable
Estimated Average Daily Cost of Incarcerating an Individual	\$105 to \$125	\$105 to \$125

This bill contains penalties that will have an indeterminable impact on the Judicial Branch system. There is no method to determine how many charges would be brought as a result of the changes contained in this bill to determine the fiscal impact on expenditures. In the past the Judicial Branch has used averaged caseload data based on time studies to estimate the fiscal impact of proposed legislation. The per case data on costs for routine criminal cases currently available to the Judicial Branch are based on studies of judicial and clerical weighted caseload times for processing average routine criminal cases that are more than fifteen years old so the data does not have current validity. A new case study is being conducted and updated estimates will be available in the future.

Many offenses are prosecuted by local and county prosecutors. When the Department of Justice has investigative and prosecutorial responsibility or is involved in an appeal, the Department may be able to absorb the cost within its existing budget. However, if the Department needs to prosecute significantly more cases or handle more appeals, then costs will increase by an indeterminable amount.

AGENCIES CONTACTED:

Judicial Branch, Departments of Corrections and Justice, Judicial Council, and New Hampshire Association of Counties