Office of Professional Licensure Review
UTAH DEPARTMENT OF COMMERCE

2025 Periodic Review

Acupuncture

Published January 2026

Executive Summary

Background

Licensed acupuncturists (LAcs) are postgraduate-level healthcare professionals who engage in the practice of acupuncture. The practice of acupuncture involves inserting very fine needles into specific points of the body associated with the flow of energy, or "qi", to "open the blockage or reduce the excess of qi" and to restore wellness.

Utah and forty-six other states license LAcs. Licensure requirements, including graduation from an accredited acupuncture program and passing an examination, are relatively standard throughout the U.S. The scope of practice differs between states however. Ten states, including Utah, allow LAcs to perform injection therapy, and 2 states explicitly allow LAcs to order diagnostic testing. Delegation provisions also differ, and at least eight states allow LAcs to delegate tasks to an assistant.

Regulatory Model Recommendation: *Continue to license LAcs*

- LAcs provide care that, in rare cases, may result in serious bodily damage and requires immediate medical intervention.
- Acupuncture occurs in a private setting where the patient may be undressed. This setting has implications for the risk of ethical and sexual misconduct.
- LAcs operate independently with little oversight except state licensing.

Recommended Regulatory Adjustments: *None*

- Given indications of safe practice and few concerns regarding patient access, OPLR does not recommend significant adjustments to the current licensing model.

Additional Recommendations:

1) *Allow LACs to delegate low-risk tasks to an unlicensed aide*
    a) At least eight other states explicitly allow LACs to delegate supportive tasks
    b) Provides LACs with more flexibility in practice and allows them to work to the top of their license without compromising safety
2) *Expand injection therapy provisions*
    a) Utah's injection therapy provisions are restrictive compared to the other states which allow injection therapy
    b) OPLR also recommends formalizing the requirement for training or education to perform injections
3) *Enable LAcs to order certain diagnostic laboratory tests*
    a) LAcs are trained and tested on the use and interpretation of diagnostic tests, and they actively use test results to inform patient care
    b) LAcs' inability to order imposes additional cost (in time and copays) to patients by requiring patients to request an order from their physician and then share results with their acupuncturist.

Context

Consistent with its legislative mandate,[1] the Office of Professional Licensure Review (OPLR) reviewed Utah's licensing laws for acupuncturists. The review evaluated how well current regulations:

1. Protect the public from present and consequential physical and financial harm
2. Balance public and practitioner access to the occupation
3. Limit the economic impact of regulation on consumers, practitioners and the state[2]

OPLR's research for this review included analysis of Utah's current laws and rules, licensing and complaint data from the Division of Professional Licensing (DOPL), academic literature, national workforce data, as well as laws and policies in other states. OPLR also conducted interviews with practitioners, DOPL employees, and other state regulatory agencies. See Appendix 1.1 for more information.

Background

Profession Overview

Licensed acupuncturists (LAcs) are postgraduate-level healthcare professionals who engage in the practice of acupuncture. The practice of acupuncture involves inserting very fine needles into specific points of the body associated with the flow of energy, or "qi", to "open the blockage or reduce the excess of qi" and to restore wellness.[3] It is one component of the broader practice of Eastern medicine (EM), a traditional theory of medicine focused on restoring balance to a person's holistic health by engaging their "qi".[4] Many Western LAcs emphasize the role of physiological mechanisms and incorporate modern research alongside traditional practices.

To perform acupuncture, LAcs evaluate their patients, perform physical examinations, interpret examination or lab test results, and create a treatment plan consistent with EM. The system of medicine and philosophy underpinning the practice of acupuncture differentiates it from similar Western techniques like dry needling. Beyond the act of placing needles, LAcs may inject sterile substances into acupuncture points,[5] perform moxibustion,[6] and recommend or provide herbs, supplements, or homeopathics according to a patient's treatment plan, allowed scope of practice, and a LAc's training.

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[1] UCA 13-1b-203(2)
[2] UCA 13-1b
[3] Van Hal et. al. (2023) Acupuncture
[4] Other modalities within EM include, but are not limited to, moxibustion, gua-sha, cupping therapy, and the practice of herbal medicine and injection therapy.
[5] Injectable substances include sterile water, sterile saline, dextrose, vitamins, homeopathics, and local anesthetics, among others. States differ on whether LAcs may perform injection therapy and what substances they allow LAcs to inject.
[6] Moxibustion is a type of heat therapy where the herb moxa, or dried mugwort, is is burned on or above the skin to warm and stimulate an acupuncture point

Acupuncture is used to treat a wide range of conditions related to orthopedic, neurological, gastrointestinal, and reproductive health, although it is most commonly utilized for chronic pain.[7,8] The number of individuals using acupuncture for pain management has increased significantly over the past twenty years.[9] Acupuncture services may be covered by insurance, although this is not common and is typically limited to specific conditions, like chronic lower back pain.[10,11]

LAcs tend to be self-employed in small private outpatient clinics.[12] A minority work in larger multidisciplinary health clinics and a very small number work in outpatient hospital clinics and acute settings.[13] A majority own their own practice.

Profession in Utah

There are 226 LAcs in Utah.[14] To practice acupuncture, an individual must be licensed through Utah's Department of Professional Licensing (DOPL), which requires either active certification from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) or a license in good standing from another jurisdiction.[15] Certification through NCCAOM requires 1) graduating from a program accredited by the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM) or completing a combination of formal education and an apprenticeship, 2) passing three exams: Foundations of Oriental Medicine; Acupuncture with Point Location, and Biomedicine, and 3) passing the Clean Needle Technique certification course. Accredited acupuncture graduate degree programs require a minimum of 3-years to complete.[16]

LAcs must renew their license with DOPL every two years. To renew, an acupuncturist must show documentation of active NCCAOM certification or otherwise prove that they have met the same requirements as those who are actively certified.[17] Active NCCAOM certification requires completion of 60 Professional Development Activities (PDA) units, similar to continuing education units (CEUs), every four years.[18]

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[7] Acupuncture typically addresses chronic pain as it relates to migraines, headaches, and musculoskeletal issues such as back, neck, and joint pain.
[8] NCCAOM (2025) Job Analysis for Profession of Acupuncture and Herbal Medicine
[9] Smith et. al (2024) The State of 21st Century Acupuncture in the United States
[10] Medicare covers acupuncture for chronic back pain, although acupuncturists can not be reimbursed directly. See: Medicare (2025) Acupuncture
[11] A little under half of acupuncturists report being compensated through health insurance. Nearly all report being compensated out of pocket. See: NCCAOM (2025) Job Analysis for Profession of Acupuncture and Herbal Medicine
[12] NCCAOM (2025) Job Analysis for Profession of Acupuncture and Herbal Medicine
[13] Ibid.
[14] DOPL Active Licensee Count; accessed September 26, 2025
[15] UCA 58-72, UAR R156-72
[16] NCCAOM Certification Eligibility
[17] UCA 58-72
[18] NCCAOM Certification Eligibility

Utah's Acupuncture Practice Act allows a fairly broad scope of practice for LAcs, including not just insertion of needles, but EM practices such as injection therapy for a limited set of substances, moxibustion and the provision of herbs, supplements and homeopathics.[19]

Approaches in Other Jurisdictions

All but three states in the U.S. require a license to practice acupuncture.[20]

The requirements for licensure are fairly standardized across states, with a majority (including Utah) requiring NCCAOM certification.[21] Although education standards do differ across states,[22] nearly every state requires an applicant to pass at least one NCCAOM exam, which functionally requires applicants to meet, at a minimum, the same education requirements. California is the main exception, as they require applicants to complete a course of education that is at least 3,000 hours and pass a California-specific exam.

States vary somewhat in their definition of the scope of practice for LAcs. Although the core of acupuncture practice (i.e. needling) is defined consistently, states differ on whether they allow LAcs to perform other modalities within EM (namely injection therapy and herbal medicine), order diagnostic tests, and/or delegate to unlicensed supportive staff.[23] States with more extensive education requirements tend to allow LAcs a broader scope of practice.

Regulatory Model Assessment & Recommendation

The Framework

In an effort to standardize how appropriate regulatory models are determined for each profession (e.g. license, registry, no regulation, etc.), OPLR developed a framework which incorporates its statutory review criteria.[24] Appropriate models are determined principally by an evaluation of the potential for harm and related factors that may aggravate or mitigate the potential for harm. These factors include the availability of consumer choice, vulnerability of patients, and independence of practice. See Appendix 2.1 for potential regulatory models and the factors in OPLR's framework.

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[19] See Utah's Acupuncture Practice Act, UCA 58-72, for more information.
[20] OPLR Policy Scan. Oklahoma, South Dakota, and Alabama do not require a license. This does not necessarily mean anyone may practice as an acupuncturist in these states. For example, Alabama severely restricts the practice, allowing only physicians to practice it, while Oklahoma has no laws regulating acupuncture.
[21] NCCAOM (2021) State Licensure Requirements Interactive Map
[22] Ibid. For example, Florida, New Mexico, and Nevada require that licensure applicants receive a 4-academic-year masters of oriental medicine, with at least 2,400 hours of education. They acknowledge this increased requirement by naming the license an "Acupuncture Physician" or "Doctor of Oriental Medicine". On the other hand, Washington only requires completion of a 2-year program and Montana requires 1,000 hours of education, both of which are lower than the standards set by NCCAOM.
[23] OPLR Policy Scan
[24] Among other criteria, OPLR is required to evaluate "whether the regulation of the occupation is necessary to address a present, recognizable, and significant harm to the health, safety, or financial welfare of the public" and consider "potentially less burdensome alternatives to the… existing regulation". UCA 13-1b-302

Recommendation

OPLR determined that licensing is an appropriate form of regulation for acupuncture. Significant considerations for this recommendation include: the potential for harm inherent in the practice of acupuncture, the prevalence of solo practice, and limited nature of other forms of oversight.

Potential for Harm

Acupuncture involves inserting needles millimeters, or even centimeters into the body. In addition to light bleeding, an acupuncturist can cause infection or spread blood-borne disease (i.e. HIV, Hep B.) without proper training or precautions, even when using single-use needles. It is also possible to puncture a vein, nerve, or organ by inserting a needle too deeply, especially in the chest and abdominal regions. For example, pneumothorax, or a collapsed lung, is one of the more commonly reported severe adverse events related to acupuncture. While this is a rare occurrence for trained professionals, it can result in death if not treated immediately.[25] It should be noted that O*Net ranks the consequence of error for acupuncture as relatively low for a health care practitioner (57). This may be due to high industry practice standards and the low likelihood of serious injury by trained acupuncturists.

Acupuncture also occurs in a private, one-on-one setting, where the patient may be in various states of undress. This setting is necessary to practice acupuncture and increases the risk of harm from abuse or misconduct.

Related Harm Factors

LAcs operate with complete independence and little oversight. Almost all LAcs work as sole proprietors; the majority are owners of their practice setting, and few practitioners consider themselves employees.[26] There is very little oversight from employers as a result and no government oversight beyond that provided through occupational licensure.[27]

Consumer oversight mitigates some risk, as individuals may choose their practitioner based on reviews or word of mouth. However, consumer oversight of acupuncture does not adequately mitigate the risk of harm enough to consider deregulation. While the CSPA and courts are avenues for pursuing consumer harm, professional licensing enables a practitioner's license to be revoked. The NCCAOM, as the primary certifying body, may also discipline LAcs and revoke their certification for unethical or unprofessional behavior, but they lack the State's enforcement power.

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[25] Xu et. al (2013) Adverse Events of Acupuncture: A Systematic Review of Case Reports

[26] NCCAOM (2025) Job Analysis for Profession of Acupuncture and Herbal Medicine 70% of survey respondents indicated they were sole proprietors. 53% of survey respondents indicated they were an owner, and less than a quarter indicated that they worked *any* hours as an employee. These are national estimates that OPLR applied to Utah, as no Utah-specific estimates on employment or practice setting exist.

[27] The Salt Lake Health Department does not conduct any inspections on acupuncture clinics or businesses, and this is likely the case for the rest of the state given the small number of practitioners and businesses.

For more detail on OPLR's analysis of acupuncture according to OPLR's review framework, see Appendix 2.2

Regulatory Model Adjustments & Recommendations

Framework

After determining an appropriate regulatory model, OPLR's framework also evaluates whether adjustments should be made within a recommended model to address any material and existing safety and access issues affecting the Utah public and practitioners. Regulatory model adjustments may include changing entry qualifications, the scope of practice, unprofessional or unlawful conduct, and/or supervision and independence provisions (see Appendix 3.1).

Safety Issues

OPLR did not find evidence that LAcs are currently causing serious or widespread harm to the public. OPLR analyzed complaint data from the Department of Professional Licensing (DOPL) and found that LAcs had among the highest rates of substantiated complaints among all the professions reviewed this year.[28] Although initially concerning, a review of all case notes associated with those complaints revealed that this number was inflated by one individual and one clinic, whose complaints accounted for two-thirds of the total and were primarily based on misrepresentation of qualifications rather than direct patient harm.[29] Furthermore, the majority of other complaints were due to the use of incorrect titles by licensees, and only two complaints alleged actual client harm. One complaint included minor and temporary physical harm, while the other involved criminal behavior that may have resulted in emotional harm, but OPLR did not find this individual's actions to be indicative or representative of the profession or the potential for harm. Although title issue complaints do stem from licensees violating the Acupuncture Practice Act, OPLR does not consider complaints of this nature to reflect systemic harm committed against the public.

OPLR also utilized disciplinary data published by the NCCAOM, which lists practitioners on "Disciplinary Alert". Only one of 364 practitioners on this list practiced in Utah.[30]

Access Issues

OPLR found no evidence to suggest that access to acupuncture services is severely constrained in Utah, though reliable and recent data is limited. Neither the Utah Department of Workforce Services (DWS) nor the Health Resources and Services Administration (HRSA)

[28] DOPL Complaint Data. Between 2017 and 2022, 11 substantiated complaints were made against acupuncturists, for a rate of 4 complaints per 100 practitioners.
[29] When adjusted, the complaint rate decreased to 2.6 complaints per 100 practitioners. Due to the small size of the profession, one individual's actions can highly inflate the overall complaint rate. See Appendix 3.2 for more information about how OPLR uses DOPL complaint data.
[30] NCCAOM (2025) Acupuncture Practitioners on Disciplinary Alert, Accessed September 2026

collect data on LAcs, and the Bureau of Labor Statistics provides only limited information. National data from the NCCAOM indicates that Utah has about ~0.7% of all certified acupuncturists in the U.S., which is lower than the national share of adults working in Utah.[31] The most recent available information on the number of LAcs in each state comes from 2018, which similarly indicated that the number of LAcs per 100,000 in Utah fell a little below the national median.[32] At the same time, between 2014 and 2024, the number of LAcs in Utah grew ~4.5% on an annualized basis,[33] far above the growth in Utah population,[34] thereby increasing the density of practitioners.[35] Additionally, no practitioners OPLR spoke with raised access issues, although some noted that certain limitations in scope may impact patients in Utah by restricting the care LAcs can provide.[36]

Despite the lack of information regarding access to services, OPLR did find that individuals face moderate barriers to entering the occupation. There are approximately 50 accredited or pre-accredited acupuncture programs in the U.S., but none in Utah.[37] Similar to other graduate programs, acupuncture education can be costly and time-consuming. Accredited master's level graduate programs require students to have completed at least two years of college before admittance and must be at least three academic years in length.[38,39] Program costs for accredited institutions near Utah range between $60k-$72k.[40] Education debt could be difficult to pay down, as LAcs have a lower median income than similarly educated healthcare practitioners,[41] but OPLR was unable to find any information validating the burden of debt. Despite education requirements imposing some, potentially unnecessary burden,[42] OPLR found no evidence that LAcs face disproportionately large barriers to entry compared to other healthcare practitioners.

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[31] The civilian labor force in Utah represents 1.08% of the national civilian labor force. Estimates from the BLS labor force data last updated as of September, 2025. See: BLS (2025) Civilian Labor Force and Unemployment by State, seasonally adjusted

[32] Fan et. al (2024) Distribution of licensed acupuncturists and educational institutions in the United States at the start of 2023, during the late stage of the COVID-19 pandemic. This data has limitations. Certification is an imperfect estimate of the licensed workforce and data from 2018 is outdated.

[33] DOPL Licensee Data. See Appendix 3.3

[34] In the same time period, Utah's population grew by ~1.8% on an annualized basis. OPLR used the annual Utah population estimates from the IBIS Query Builder using Kem C. Gardner Policy Institute Population Estimates. See: https://ibis.utah.gov/ibisph-view/query/builder/pop/PopKemG/Count.html

[35] Recalculating the density for Utah in 2025, using current estimates of Utah's population and number of licensees, the density has increased from 5.5 per 100,000 in 2018 to 6.3 today.

[36] OPLR Stakeholder Engagement

[37] The closest programs are in Nevada and Colorado. See: ACAHM Directory, Accessed September 2026

[38] ACAHM Comprehensive Standards and Criteria: Admissions and Student Services

[39] ACAHM Comprehensive Standards and Criteria: Program of Study

[40] Information from program websites from the three accredited programs in Nevada and Colorado. Program costs from a random selection of 5 accredited institutions ranged between $44k-$79k, so the price of education in these neighboring states is likely in-line with the rest of the nation.

[41] $78,220 is the median annual income estimate from BLS. NCCAOM survey information suggests the median annual income ranges between $25k-$50k, but this is likely because nearly two-thirds of respondents reported working less than full time. See: NCCAOM (2025) Job Analysis for Profession of Acupuncture and Herbal Medicine

[42] It is not clear that 5 years of education is strictly necessary for safe practice of acupuncture as opposed to the broader practice of Eastern medicine. There have been proposals to create a short-course in acupuncture in dramatically less time.

Recommendation

OPLR does not recommend making any significant adjustments to the current licensing model for acupuncture due to the lack of pressing concerns related to safety or access. However, OPLR does recommend some adjustments in supervision and scope to grant LAcs more flexibility in practice. These changes appear to align with acupuncture education and practice in other states. The recommendations are outlined in the following section.

Additional Recommendations

OPLR proposes the following changes to increase the flexibility of acupuncture practice while maintaining safe practice:

Recommendation #1: Allow LAcs to delegate low-risk tasks to an unlicensed aide

Currently, Utah does not explicitly allow LAcs to delegate basic tasks to unlicensed individuals or aides, differentiating it from other professions like physical and occupational therapy. OPLR recommends adjusting the status quo to allow LAcs to delegate low-risk supportive services to supervised unlicensed aides. This change, outlined below, could free up practitioner time and may contribute to increased access to services.

Similar to physical therapy aides, unlicensed acupuncture aides should have a limited scope of practice. The specific tasks included in this scope should be determined in rule to allow for input from the DOPL Acupuncture advisory board. However, the tasks should include supportive activities such as gathering patient information and removing needles that have been placed by the LAcs. To maintain patient safety there should also be specific acts that aides are prohibited from engaging in. These are acts that require elevated judgment or skill, including: evaluating, interpreting, designing, or modifying a patient's treatment plan, point location, needle insertion and electrical stimulation.

A supervising acupuncturist should be physically present in the place of practice, but should not be required to provide direct supervision. The supervisor should be responsible for the education and training of their aide and first evaluate the aide's performance in a task before authorizing it.[43] To protect patients' health and safety, OPLR recommends requiring that aides hold a certification in Clean Needle Technique issued by the Council of Colleges of Acupuncture and Herbal Medicine (CCAHM), or other training deemed equivalent by DOPL in rule.

[43] Colorado uses the following language, which OPLR supports adopting: "The supervising acupuncturist is responsible for evaluating and determining that the aide possesses the necessary education, training, or experience to perform each delegated service. This evaluation must include a personal assessment of diplomas or certificates and "over-the-shoulder, direct observation" of the aide's performance before authorizing them to perform the service without the acupuncturist's immediate physical presence." See: 4 CCR 738-1.13]

Enabling LAcs to delegate low-risk tasks to unlicensed aides provides LAcs with more flexibility in practice, allowing them to work to the top of their license and focus on higher complexity tasks. This may allow LAcs to treat more patients, thereby increasing access to acupuncture services. If DOPL receives a complaint and finds that a LAc did not perform an evaluation of an aide's competency, that licensee would be held accountable. Tying a LAc's license to proper supervision of an aide introduces ramifications for poor or incompetent supervision, likely incentivizing conservative use of delegation.

At least 8 states explicitly allow LAcs to delegate supportive tasks; see Appendix 4.1 for more information.

Recommendation #2: Expand injection therapy provisions

OPLR recommends expanding the scope of injection therapy while also requiring formalized training. This change would bring Utah's regulations in line with other states that allow injection therapy.

Injection therapy involves the subcutaneous, intramuscular, and intradermal injection of sterile substances "to stimulate meridians, acupuncture points, ashi points, motor points, trigger points and other nonspecific points throughout the body."[44]

Utah currently allows LAcs to perform injection therapy, but the requirements and scope in statute are restrictive, both in terms of the location and type of substances. Statute prohibits licensees from injecting substances into "a vein, joint, artery, blood vessel, nerve, tendon, deep organ, or the spine" and allows only the following substances to be injected: a nutritional substance, a local anesthetic, autologous blood,[45] sterile water, dextrose, sodium bicarbonate, and sterile saline. To perform injection therapy, Utah requires licensees to have a clean needle technique certification approved by the NCCAOM.[46]

In contrast, nine other states allow LAcs to engage in injection therapy, and none of those states explicitly excludes injection into tendons or joints.[47] Herbs, vitamins, and homeopathics are also widely accepted within injection therapy. Of the nine states, every one explicitly allows for the injection of at least some vitamins and every state except one allows for all homeopathics and herbs to be injected.[48]

Unlike other excluded injection therapy locations, such as nerves and veins, EM identifies acupuncture points along tendons and joints.[49] Multiple LAcs believe the restrictions on injection

[44] Washington State Department of Health, Point Injection Therapy, Accessed September 2025
[45] An acupuncturist must have a phlebotomist certification to do this
[46] Acupuncture Practice Act
[47] OPLR Policy Scan
[48] OPLR Policy Scan.
[49] Atlas of Acupuncture Points (2007)

therapy in these two widely accepted acupuncture points restrict the care LAcs are able to provide patients.[50]

Data on the safety of the locations and substances for injection therapy is extremely limited. OPLR had to make this recommendation using judgment about acupuncture practice and the safety of injection therapy generally.[51,52] As a result, OPLR recommends expanding the scope of practice to include injection into joints and tendons (and only those), and allowing the following additional substances to be injected: sterile herbs, vitamins, homeopathics (which appear to be accepted within injection therapy) and other substances as defined by DOPL in rule.

With this expansion, OPLR also recommends removing the requirement for clean needle technique certification and instead requiring supervised, hands-on training on injection therapy. To perform injection therapy in Utah currently, a LAc must have received the Clean Needle Technique (CNT) certification, which is related to the safe practice of acupuncture in general and not specific to injection therapy. Additionally, CNT certification is already a prerequisite to becoming certified as an acupuncturist by the NCCAOM. Instead, requiring supervised, hands-on training (specifically in injection therapy) ensures that a licensee has demonstrated experience and competence in injection therapy, which should enhance safety. Training requirements will need to be established by DOPL in rule. Requirements should be approved or aligned with standards from certifying or accrediting bodies, such as NCCAOM or ACAHM.[53]

Recommendation #3: Enable LAcs to order certain diagnostic laboratory tests

Utah statute does not allow LAcs to order diagnostic laboratory tests. OPLR recommends expanding scope of practice to allow LAcs to order diagnostic laboratory tests, such as thyroid or comprehensive metabolic profile panels, as long as the test relates to the practice of acupuncture and the licensee has passed the NCCAOM's biomedicine exam or received equivalent approved training.[54] This recommendation may improve incremental inefficiencies in current practice and is not anticipated to adversely affect patient health.

LAcs evaluate patients, make diagnoses consistent with EM, and craft a plan of care (which may include acupuncture) according to those findings. Diagnostic laboratory tests provide LAcs with an additional source of data, alongside other traditional methods of evaluation such as direct observation and physical examination. LAcs in Utah use results from lab tests in their patient evaluations currently.[55] However, LAcs' inability to order introduces inefficiencies in treatment by requiring patients to request an order from their physician and then share results with their acupuncturist. Even with this change, LAcs may not use any findings to make formal medical diagnoses.

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[50] OPLR Stakeholder Interviews
[51] Xu et al. (2023) Adverse Effects Associated with Acupuncture Therapies: An Evidence Mapping from 535 Systematic Reviews
[52] T. et al (2016) An Update on Acupuncture Point Injection
[53] See Appendix 4.2 for information on training requirements in states that allow LAcs to perform injection therapy.
[54] OPLR recommends allowing DOPL to accept other competency measures deemed equivalent to passing this exam. For example, completing extensive continuing education on this topic.
[55] OPLR stakeholder interviews

OPLR does not anticipate this change will risk patient health. LAcs are trained and tested on the use and interpretation of diagnostic lab test results in evaluating patients and providing care. ACAHM accreditation standards require accredited acupuncture programs to include "interpreting relevant findings from laboratory tests" in their curriculum.[56] The NCCAOM's biomedicine exam, one of the three exams required for certification, includes questions on indications for common laboratory tests and the clinical significance of abnormal findings.[57] Although "ordering" diagnostic labs is not directly addressed, OPLR considers training on diagnostic testing and how to contextualize findings sufficient to demonstrate competency in ordering, as LAcs are familiar with the different types of tests and how to use them. Unfortunately, safety-related data is not available for OPLR to evaluate. However, LAcs already use test results to inform patient care, and OPLR found no information to suggest systemic incompetence in their ability to do so. Additionally, overutilization of ordering may expose patients to minimal financial harm, but it does not entail the same physical risk as practices such as overimaging.

At least two other states allow this practice. See Appendix 4.3 for more information.

Rule Review

In accordance with Utah Code 13-1b-203(5), OPLR conducted an in-depth review of DOPL's acupuncture rules, found in R156-72.

The rule review covered potential rule changes needed to:

1. address specific rules that may be overly burdensome (e.g., for individuals seeking to practice a profession or given the potential risk to public safety from a profession, etc) or insufficient (e.g., to ensure safe practice);
2. address rules misaligned with statutory language, clarify language, and correct references to statute or other rules; or
3. support OPLR's recommendations

OPLR's review of R156-72 found:

1. There are two rules that may be overly burdensome for LAcs, which are discussed in Appendix 5
2. No incorrect references to statute. However, the NCCAOM is changing their name to the National Certification Board for Acupuncture and Herbal Medicine (NCBAHM) in 2026 and this must be updated in rule.[58]
3. New rules regarding proper supervision of acupuncture aides, ordering tests, injection therapy substances and training for injection therapy should be added to R156-72.

[56] ACAHM Comprehensive Standards and Criteria: Standard 7
[57] NCCAOM (2020) Biomedicine Exam Content Outline
[58] NCCAOM Name Change to NCBAHM: Frequently Asked Questions

Appendix

Contents

1. Context

1.1 General Research Methodology

OPLR's methodology combines qualitative and quantitative methods with robust stakeholder engagement. Methods include:

- Analyzing data from workforce surveys administered by the Department of Professional Licensing (DOPL) as part of licensure renewal
- Conducting quantitative analysis of DOPL licensee and complaint data and publicly available data from other state and federal government entities (e.g., DWS, BLS) as well as relevant industry associations (NCCAOM)
- Reviewing academic literature and reports on a profession's practice, efficacy and safety
- Scanning education and credentialing requirements, programs and content
- Reviewing state occupational regulation policies across the U.S.
- Engaging with a wide range of stakeholders, including: Utah and other state governments and agencies, industry organizations, researchers, practitioners, and business owners and employers within a variety of settings

1.2 Acupuncture Policy Scan

To better understand the regulatory environment for acupuncture, OPLR conducted a review of state occupational regulation in the U.S., which made use of the deep research function of Gemini 2.5 Pro (Google's AI tool). OPLR then validated the Gemini information by the methods mentioned below. The validated sources were then used to map the national policy landscape, find patterns in regulation, make cross-state comparisons, and discover outliers. OPLR also used the data to help inform recommendations.

OPLR used the deep research function of Gemini primarily to determine how jurisdictions differed on the scope of practice for LAcs, specifically as it relates to injection therapy, the ability to order diagnostic lab tests, and delegation authority. The following is an example of a prompt used to research injection therapy:

"*Please answer the following questions. For all U.S. states that allow acupuncturists to perform injection therapy, what is the definition? What is the scope of what an acupuncturist is allowed to do? Are there extra requirements to be fulfilled to legally engage in it? What substances are allowed to be injected? Use only state websites, state administrative code, state administrative rules, and national industry organization websites to research this. Do not use Reddit, blogs, or other non-verifiable sources. Please give me answers for all 50 states and D.C. (just note the states that do not allow or are silent on it), and read each state's statute AND administrative/rule governing acupuncture licensing. Provide answers in a chart format, where there is a column for state, the definition/scope, requirements to engage in injection therapy, injectable substances, and the full URL link. You do not need to provide a prose summary/synthesis, I only need the chart.*"

OPLR manually verified Gemini's results for all states on the topic of injection therapy and verified Gemini's results for all states which allow delegation authority or the ability to order diagnostic lab tests. Verification involved OPLR analysts reading the state's statute and administrative rules and fixing any mistakes or filling in missed information.

Gemini was also used to help find academic sources on the safety of injection therapy. OPLR analysts verified all academic sources by reviewing the abstract and determining its relevance for the topic. All other literature reviews were conducted manually by searching journal databases and Google Scholar.

This review does contain limitations related to normal human error. It is possible that there is slight misreporting of some data due to limited accessible state information, errors in data entry, or mistakes made by Gemini that were not caught by OPLR's manual verification. Potential bias or measurement error introduced by these limitations likely did not substantially alter any information, as the Gemini-assisted review was utilized to find patterns rather than report exact numbers.

2. Regulatory Model Assessment and Recommendations

2.1 Menu of Regulatory Models

Please see **this working document**, OPLR's Occupational Regulation Framework, for a more detailed explanation of OPLR's approach to assessing occupational regulation and evaluating different regulatory models.[59]

2.2 Model Assessment of Acupuncture

The following tables summarize OPLR's analysis of acupuncturists according to factors that OPLR determined should influence the appropriate regulatory model for an occupation. Factors that OPLR considered particularly determinative in its assessment are highlighted in bold.

Model Assessment of Acupuncture	
Harm Factors	
Mechanism of Harm	Infection, spreading blood-borne disease, lung or organ puncture
Severity, Permanence, and Likelihood of Harm	**There is a low likelihood of severe harm and a moderate likelihood of temporary harm. The likelihood of severe harm**

[59] The document is also available on OPLR's website in the "About OPLR" section, accessible here: https://oplr.utah.gov/about-oplr/

	would increase if individuals are untrained and don't fully understand the correct location or depth of needle placement.
Consequence of Error	57 out of 100*
Downstream Impact	Immediate medical intervention may be required.
Consumer & Setting Factors	
Patient Vulnerability	Low to moderate patient vulnerability. Acupuncture is typically performed on an adult population of average health. However, some acupuncturists do treat children, the elderly, pregnant women, and those with more serious conditions.
Frequency of Physical Touch	**Acupuncture requires frequent physical touch and often requires the patient to remove some articles of clothing.**
Frequency of Private Setting	**Acupuncture often requires one-on-one, completely private care**
Information Asymmetry	There are high levels of information asymmetry. A patient is unlikely to know what "proper" acupuncture entails. Additionally, the practice often causes some low-level pain, so patients may be harmed but believe it to be a natural consequence.
Related factors	
Level of Independence	***Structural:* High. The majority of acupuncturists own their own business or work as independent contractors. Fewer than one quarter consider themselves employees, and even those individuals typically work in acupuncture clinics, which are small and independent.**[60] *Clinical:* High. Acupuncturists do not work under the supervision of other practitioners and determine the patient plan of care using their own judgement.
Patient Choice	Patients choose the acupuncturist they want to see.
Information Availability	Moderate. Patients can use Google, ask friends, look up an acupuncturist's certification status through NCCAOM, among other methods, to make an informed choice about their provider.
Level of Oversight	***Employers:* Low. Nearly all acupuncturists work for themselves or for small acupuncture businesses.**

[60] NCCAOM (2025) Job Analysis for Profession of Acupuncture and Herbal Medicine 70% of survey respondents indicated they were sole proprietors. 53% of survey respondents indicated they were an owner, and less than a quarter indicated that they worked *any* hours as an employee. These are national estimates that OPLR applied to Utah, as no Utah-specific estimates on employment or practice setting exist.

	Government: **Outside of licensure, the Utah Consumer Sales Practice Act (CSPA) or tort law are the only avenues. Low levels of reimbursement mean low payor oversight.** ***Private Bodies:*** **Moderate. The NCCAOM requires continuous certification, disciplines certification holders and can strip individuals of their certification**

* O*Net Consequence of Error Ranking

3. Regulatory Model Adjustments & Recommendations

3.1 Possible Adjustments

Please see **this working document**, OPLR's Occupational Regulation Framework, for a more detailed explanation of how OPLR approaches whether adjustments should be made within a recommended regulatory model.[61]

3.2 DOPL Complaint Data

The Division of Professional Licensing (DOPL) receives complaints from individuals, other state agencies, co-workers, professional associations, and licensing boards. DOPL is required to "investigate unlicensed practice in regulated professions, acts or practices inconsistent with recognized standards of conduct, allegations of gross negligence or incompetence, and patterns of gross negligence or incompetence".[62] Violations that meet the criteria for investigation are then prioritized and assigned to an investigator. DOPL may resolve investigations in a variety of ways, including: closing an investigation due to a lack of evidence; referring the case to another agency or to law enforcement if appropriate; carrying out informal or formal administrative sanctions or stipulated agreements; issuing a citation; or denying, suspending, or revoking an individual's license.

To analyze complaints sent to DOPL, OPLR used My License Office (MLO) to access closed complaints investigated by DOPL between 2017-2022 for all licenses/professions. This data contains information on the license name, the complaint type, and the disposition of the complaint, among many other data fields not relevant to OPLR's analysis. DOPL personnel helped code the complaint dispositions as either substantiated, unsubstantiated, or no jurisdiction. Substantiated complaints are those where a disposition includes some type of disciplinary action, whether formal or informal (e.g., letter of concern, verbal warning, surrender of license). Unsubstantiated complaints have dispositions without a disciplinary action (e.g., dismissed, lack of evidence, unfounded). 'No jurisdiction' complaints are complaints that may or may not have basis, but DOPL was not able to take action on the case.

[61] The document is also available on OPLR's website in the "About OPLR" section, accessible here: https://oplr.utah.gov/about-oplr/
[62] DOPL, An Explanation of the Complaint Handling Process for the Division of Occupational and Professional Licensing

OPLR filtered complaints to exclude any likely duplicates and then used substantiated complaints to calculate the number of complaints per license type or profession. OPLR estimated the complaint rate for each license type by dividing the number of substantiated complaints by the number of unique individuals who held that license type over the same period.

Complaint Case Notes Analysis

A more detailed analysis of historical case notes was conducted on all acupuncture complaints categorized as substantiated, pending, or no jurisdiction,[63] closed between 2017-2022. Of the 13 complaints, 11 were substantiated, 1 was pending, and 1 was no jurisdiction. OPLR analysts read through the case notes for each complaint and summarized the issue, noted whether or not client harm occurred or potentially occurred, and if harm was present, noted the type and severity.

Limitations

There are significant limitations to this analysis, and the information collected should not be interpreted as a precise estimate of harm caused by acupuncturists. DOPL data likely underestimates true harm, as many instances of harm may be handled in other ways (e.g., directly by employers), reported to other entities, or may never be reported. Additionally, some unsubstantiated complaints may have resulted in harm but the necessary evidence was not produced.

There could also be latent factors correlated with both the likelihood of complaint and the profession, systematically biasing the comparisons across professions. This is especially true in healthcare, as certain professions, by their nature, include a greater potential for harm and may generate more complaints. For example, surgeons have a higher likelihood of causing severe harm to a patient than acupuncturists because surgery is inherently far riskier, not because surgeons are “less safe” or less competent than acupuncturists.

Additionally, small professions (like acupuncture) may end up with “inflated” complaint rates due to multiple complaints sent in against one practitioner or clinic, as happened in this review. In large professions, this is unlikely to significantly affect the rate. However, in a profession of only ~200 individuals, the difference between 4 and 8 complaints is substantial. The actions of one “bad actor” should not reflect upon the profession as a whole, and in these instances a larger complaint rate may not indicate any systematic issues.

For these reasons, OPLR uses DOPL complaint data as directionally informative, but avoids direct comparisons across professions wherever possible. Fine comparisons across professions are unwarranted and unsupported by these data.

[63] No jurisdiction complaints were included in the case note analysis and not the complaint rate analysis because they are not complaints where DOPL took an action, but they may include legitimate client harm that DOPL had to refer to another agency. Although they can not be classified as “substantiated”, OPLR felt these complaints could help contextualize client harm resulting from LAcs

3.3 DOPL Licensee Data

OPLR used DOPL licensee data queried in January of 2025 to conduct analyses on the number of licensees per year, inflow and outflow of licensees, overlap of licenses, and time with license. The dataset included individuals first licensed after 1970 to those actively licensed as of January 2025. Each row in this dataset was a unique combination of individual and license type and contained information regarding when the license was issued, the status of the license, the date the status was last updated, and the sex and year of birth of the individual. OPLR estimated the number of licensees in each year by summing the number of unique individuals whose licenses were active during any point in each year. Additionally, OPLR excluded any individual with a null or incorrect value for their license issue date and license expiration date, as OPLR could not determine how long or for what years they were actively licensed. License counts may slightly underestimate the true number of licensees due to this, but the effect is fairly negligible given OPLR's use of the data to determine trends over time rather than estimate with precision for specific dates.

4. Regulatory Model Adjustments & Recommendations

4.1 Recommendation 1: Other state approaches on delegation[64]

At least eight states allow acupuncturists to delegate tasks to an assistant. At least three states allow for delegation of tasks to individuals under supervision.[65] Five states have defined an acupuncture assistant or aide role in statute or rule and require some amount of training.[66] Of these, Arizona, Colorado, and Massachusetts require light training and leave requirements largely up to the supervising acupuncturists, while California requires extensive and defined training. The last state, Rhode Island, requires an acupuncture assistant to be licensed, which also requires extensive training.

4.2 Recommendation 2: Other state approaches on injection therapy[67]

Besides Utah, there are nine other states that allow acupuncturists to perform injection therapy.[68] Of these, four states require 60 hours of training,[69] three states require 24 hours of instruction with 8 hours of hands-on training, and two states require training but do not specify

[64] OPLR Policy Scan
[65] The three states are: Wisconsin, Kansas, and Iowa
[66] The five states are: Arizona, Colorado, Massachusetts, California, and Rhode Island
[67] OPLR Policy Scan
[68] These states are: Arizona, Colorado, Florida, Montana, Nevada, New Mexico, South Carolina, South Dakota, and Washington.
[69] According to practitioners, two of these states (Arizona and South Carolina) may be switching from the 60-hour requirement to requiring the NCCAOM's Acupuncture Injection Therapy Certificate of Qualification.

hours or content.[70] OPLR recommends taking the approach of Colorado and South Dakota and leaving training requirements aligned with NCCAOM or ACAHM standards or left entirely up to rule.

OPLR assumed that any state which does not explicitly include injection therapy in the scope of acupuncture prohibits it.

4.3 Recommendation 3: Other state approaches on ordering diagnostic testing[71]

The vast majority of states remain silent on the issue of allowing LAcs to order diagnostic laboratory tests, neither allowing nor disallowing it. Two states, California and Florida, specifically allow LAcs to order diagnostic testing. California requires it to be taught in acupuncture program curriculum but does not have specific provisions requiring education or testing beyond that.[72] The Board of Acupuncture in Florida published a statement clarifying that they considered ordering diagnostic testing in the scope of acupuncture, and they don't require additional training for ordering, but they do require individuals to complete a longer educational program than is required by NCCAOM.[73]

At least three other states (Illinois, New Jersey and Minnesota) have recently proposed bills to expand the scope of LAcs to include ordering diagnostic tests, indicating that this is a policy being genuinely considered by multiple states.[74]

5. Rule Review

5.1 Potentially Burdensome Rules

OPLR found two potentially overly-burdensome rules:

a. DOPL recognizes the ACAHM as the only accreditor for education programs and NCCAOM as the only certifying body for LAcs. This is somewhat appropriate as ACAHM is the primary accreditor and NCCAOM is the primary certifying body, but OPLR recommends allowing for the possibility of accepting other accreditors, certification bodies, or educational programs, should they be created, to avoid a monopoly by statute. OPLR is pursuing this recommendation globally for all occupations in this review.

[70] For states requiring 60 hours of training, three refer to the 60-hour Acupuncture Point Injection Therapy (APIT) certification course established by the NCCAOM. The other (New Mexico) requires LAcs to complete 8 hours of education in pharmacology, 2 in drawing substances, 14 in evaluation, 2 in the practice of vapocoolant, and 28 hours of theory and practice of injection therapy. New Mexico technically requires 58 hours, not 60.
[71] OPLR Policy Scan.
[72] California Board of Acupuncture (2025) Laws and Regulations Relating to the Practice Of Acupuncture
[73] Florida Board of Acupuncture (2020) Board Statement
[74] IL HB3344, NJ A5948, MN HF1270

b. Requirements around patient documentation may be overly burdensome. R156-72-302c requires LAcs to maintain patient records for seven years. OPLR recommends reducing this requirement to a maximum of five years.

6. Stakeholder Outreach

6.1 OPLR Interview Series

OPLR relied heavily on stakeholder engagement and qualitative interview data, combined with OPLR's other analysis, to conduct this review and develop recommendations. OPLR engaged with LAcs, industry associations, Utah legislators, and Utah and other state regulators. OPLR prioritized diversity of perspective and relevance to the industry in selecting stakeholders.

Interviews were conducted in person, over the phone, and via video conferencing using semi-structured interview methods; they were conducted one-on-one and with multiple members. Extensive notes were taken for all interviews.

OPLR conducted initial interviews to understand the acupuncture industry, determine the largest issues related to safety and access, and identify potential areas for change. OPLR engaged with stakeholders later in its review to test initial findings from analysis and preliminary recommendations. OPLR reflected on and synthesized feedback across multiple discussion sessions to develop clear and achievable evidence-based recommendations.

Limitations

This interview sample was not randomly selected and, therefore, is not completely representative. OPLR spoke to individuals most likely to represent the broad aims and concerns of their groups. Additionally, OPLR did not contact consumers of acupuncture, so their perspectives were not incorporated into this review. Thus, the stakeholder engagement and findings from these interviews should not be understood to be fully representative of the views of all Utahns, LAcs, or any other person, group, or population.

Note that stakeholders' views are not always reflected in OPLR's recommendations. OPLR is directed by Utah Code 13-1b-302 to apply specific review criteria. These can and do lead to recommendations that diverge from stakeholder preferences. A stakeholder's appearance here is not an endorsement of OPLR's recommendations as such.

6.2 Stakeholder Engagement Summary

Stakeholder Engagement Summary - Acupuncture	
Government Stakeholders	
Utah Department of Commerce	**Margaret Busse**, Executive Director

	Carolyn Dennis, Deputy Director **Jacob Hart**, Deputy Director **Mark Steinagel**, Director, Division of Professional Licensing **Lisa Martin**, Bureau Manager, Division of Professional Licensing **Mark Baca**, Investigator
Division of Professional Licensing (DOPL) Board	**Heather Seay,** Past Vice Board Chair, Massage Therapy and Acupuncture Board
Other State Governmental Agencies	**Carla Kruger,** Public Information Officer, Alabama Board of Medical Examiners
Industry Stakeholders	
Industry Associations	**Mina Larson**, Chief Executive Officer, NCCAOM **Olga Cox**, Chief Operations Officer, NCCAOM **Tuesday Wasserman**, State Relations and Certificate Programs Liaison, Manager of New Program Development, NCCAOM **Chris Thompson**, National Disciplinary Database Manager, NCCAOM
Subject-Matter Experts	
Academics, Researchers, & Clinicians	**Kris Justesen**, Acupuncturist, Alpine Wellness Center **Roxene Bates**, Acupuncturist, Cache Valley Integrative Medicine

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