March 3, 2026

Dear Chair Klein and Senators of the Commerce and Consumer Protection Committee,

As a licensed acupuncturist, I strongly support SF1946/HF1806 and the expansion of nonpharmacological pain management options. I respectfully ask that you adopt acupuncture coverage as a specific covered benefit for the treatment of pain (SF1560/HF2873).

Many of my patients benefit significantly from acupuncture. Access to a full range of pain-management tools is essential to providing responsible, patient-centered care. Acupuncture should be available as an option for all patients; however, many currently do not have meaningful access to it due to lack of coverage.

Historically, acupuncture has been used for pain treatment in the United States since the 1700s. In a 1993 report on acupuncture needles,[i] the Food and Drug Administration noted that French physicians were instrumental in introducing acupuncture to the United States, and numerous medical publications since that time have documented its clinical use. The practice has been part of the U.S. medical landscape far longer than many people realize.

Acupuncture's presence in the United States is also deeply connected to immigrant communities, where it has been practiced for generations as an essential component of culturally rooted healthcare. Over time, it has become increasingly integrated into the broader U.S. healthcare system, reflecting both its longstanding cultural significance and its continued role in supporting patient well-being.

Since 1972, the Internal Revenue Service[ii] has recognized acupuncture as a medical expense for federal income tax purposes. Insurance coverage[iii] began expanding in the 1970s, a period marked by renewed national awareness following President Nixon's visit to China. During that time, early U.S. research[iv] began demonstrating clinical benefits, particularly for pain management. Coverage gradually expanded, including Medicaid[v] coverage in Minnesota in the 1980s and inclusion within Minnesota's workers' compensation system.[vi] Most recently, Medicare[vii] began covering acupuncture for certain conditions in 2020.

Today, acupuncturists practice within major medical systems, including Allina Health, Mayo Clinic, Hennepin Healthcare, and Veterans Health Administration facilities. The Veteran's Administration has incorporated acupuncture into both in-clinic care and Community Care programs. By 2011, more than 40% of VA clinics[viii] were offering acupuncture services, and expanded community access increased further following implementation of the Veterans Choice Program and subsequent reforms.

In 1996, the acupuncture needles were formally classified by the Food and Drug Administration[ix] [x]as medical devices for use by licensed practitioners, establishing clear regulatory oversight. Prior

to that clarification—particularly from the 1970s through the early 1990s—importation barriers created challenges in accessing sterile, approved needles, resulting in inconsistent supply channels.[xi] Federal regulation resolved these issues and strengthened safety standards.

Across cultures, distinct needling traditions have developed, including American, French, Chinese, Japanese, Korean, and broader European styles. The needles themselves remain fine, non-cutting instruments with handles, manufactured in varying lengths and gauges to support different treatment strategies. Techniques range from shallow insertion to deeper applications depending on therapeutic goals, and needles may be retained for varying periods to achieve clinical effect.

In addition, surveys conducted at the Hennepin County Fair[xii] and among candidates running for public office[xiii] in 2024 demonstrate clear and consistent support for acupuncture as a covered treatment option for pain management. These findings reflect both broad community endorsement and meaningful policy-level recognition of acupuncture's role in addressing pain and improving patient well-being.

Taken together, this evidence shows strong alignment between community members and prospective policymakers: both recognize acupuncture as an important, effective, and widely supported option for pain management. Expanding coverage would respond directly to this public interest and ensure that patients across Minnesota have access to comprehensive, nonpharmacological care options.

Thank you for your consideration.

Bonnie Bolash, L.Ac.

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[ii] IRS Rule 72-593 https://babel.hathitrust.org/cgi/pt?id=uc1.b3296944&seq=194

[iii] Get Punctured. You Get Paid. The El Dorado Times. (January 31, 1973). . Newspapers.com. Retrieved February 24, 2026, from https://www.newspapers.com/article/the-el-dorado-times/107016121/

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[v] State Register 10 October 1988 Volume 13, Number 15
revisor.mn.gov/state_register/13/15/?search="Acupuncture

[vi] State Register Monday 22 September 1986 VOLUME 11, NUMBER 12
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[vii] **Centers for Medicare & Medicaid Services. (n.d.).** *Acupuncture (30.3).* Medicare Coverage Database. https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=373

[viii] Reddy KP, Drake D, Kligler B. Acupuncture and Whole Health in the Veterans Administration. Med Acupunct. 2018 Oct 1;30(5):225-227. doi: 10.1089/acu.2018.29096.rdk. Epub 2018 Oct 15. PMID: 30393506; PMCID: PMC6206594

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[xi] A Black Market in Needles. The San Francisco Examiner, October 7, 1979, Page 9. via Newspapers.com https://www.newspapers.com/article/the-san-francisco-examiner-acupuncture/121501324/ accessed February 24, 2026

[xii] **Acupuncturists for a Healthy Minnesota.** (2024). Hennepin County Fair survey (2024). https://acupuncturists4healthymn.wordpress.com/wp-content/uploads/2024/10/hennepin-county-fair-survey-2024.docx

[xiii] **Acupuncturists for a Healthy Minnesota. (2024).** *Candidate & community survey of acupuncture* (Updated 8/13/2024). https://acupuncturists4healthymn.wordpress.com/wp-content/uploads/2024/10/candidate-community-survey-of-acupuncture-updated-8.13.2024-final.pdf