

Submitter: Charles Pyle
On Behalf Of:
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: HB2143
Chair Patterson, Vice-Chair Hayden and Members of the Senate Committee on Health Care:

Re: Statement in Support of HB 2143 A

I am a retired federal judge from Tucson, Arizona. In 2021 I successfully advocated for a change in Arizona law to allow anyone to be trained to provide the 5-Needle Point ear acupuncture protocol (5NP). While I have no health background, since the law was changed in 2021 and I was trained in the NADA Protocol in December 2021, I have been providing 5NP on a frequent basis, including at a corrections halfway house, employee wellness events, homeless services sites, and other community events. Currently, I provide the 5-needle protocol (5NP) every Sunday afternoon at a free community drop-in clinic and every Monday afternoon at the Goodwill Youth Engagement Program. On March 15, 2025, myself and people I have trained were at a neighborhood event sponsored by the City of Tucson Violence Interrupter teams. Beginning April 2, 2025, community members began providing 5NP treatments twice a month at a residential substance misuse treatment facility and on April 15, 2025 my wife, Nobi Pyle, L.Ac., and I traveled to Sells, Arizona for the second time in 3 months to attend a Tohono O'odham Nation Wellness Event. We plan to train 11 Tohono O'odham Nation members and employees to provide 5NP this summer.

In addition to providing free 5NP treatments, my wife and I hold 4-5 training sessions each year to teach both health professionals and community members with no health background how to provide 5NP treatments. Nobi and I have participated in over 20 training sessions, including 3 on the Navajo Nation. We are both POCA certified 5NP trainers. . In our experience, people without a health background learn safe placement and removal of the needles as readily as those with a health background.

Our last training cohort in the first week of February this year had 10 people: 6 women and 4 men; 7 out of 10 are Black, Latinx or Indigenous; one is gender non-binary; 4 had a prior health background while 6 did not; 10 out of 10 intend to use 5NP to serve medically underserved populations. These are the trusted members of marginalized communities that can use 5NP to provide relief and hope to people suffering from trauma, despair and hopelessness.

While the crisis of homelessness, opioid addiction and fentanyl overdoses is well known, there is a related and broader crisis involving trauma. People who are unhoused, justice-system involved, misusing substances or in substance misuse

treatment, and their family members, as well as correctional officers, first responders, nurses, providers of social services and many others are encountering trauma and secondary trauma, feelings of hopelessness and burnout. There is no single response to this crisis, but 5NP can play a unique and important role in reaching people who are otherwise unwilling to engage. 5NP is unquestionably safe, inexpensive and easily taught. It is a nonverbal, non-diagnostic treatment, so no stigmatizing or triggering questions are asked and no improper advice is given. 5NP is the quintessential community driven therapy that always “meets the patient where they are.” The provisions of HB 2715 would allow communities throughout Illinois to have this calming and self-healing modality more widely available in clinical settings, but also in community centers, church halls, worksite conference rooms, and a wide array of community events and programs, with 5NP being delivered by people who are known and trusted.

I strongly believe that passage of HB 2715 will benefit the people of Illinois throughout the state. I urge its passage.

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