

Submitter: kelly ilseman  
On Behalf Of:  
Committee: Senate Committee On Health Care  
Measure, Appointment or Topic: HB3824

I oppose HB3824, specifically the line that proposes potential practice of "needle insertion" by physical therapists.

Under current Oregon law (ORS 677.757(1)(a)), "acupuncture" is explicitly defined as the stimulation of specific points on the body "by the insertion of needles." This statute further affirms that acupuncture includes the use of electrical or mechanical devices with or without needles, which also may be marketed as dry needling products.

In Oregon, acupuncture may only be practiced by those licensed by the Oregon Medical Board (OMB) under ORS 677.759. Unauthorized practice of acupuncture—including any unlicensed needle insertion—is considered the unauthorized practice of medicine under ORS 677.765 and is subject to penalties. This bill therefore directly conflicts with established state law by proposing to allow non-OMB-regulated practitioners (physical therapists) to perform a procedure that falls squarely within the legal definition and regulated practice of acupuncture.

The Acupuncture Advisory Committee (AAC) of the OMB established that ORS 677.780–785 was specifically tasked with recommending standards for education, licensure, and scope of practice in order to protect the public. HB 3824 undermines this structure by bypassing OMB oversight entirely.

#### Education and Patient Safety

Licensed acupuncturists in Oregon must complete 2,500 to 3,500 hours of training, including 800–1,000 hours of supervised clinical education. This far exceeds the 20–100 hours of training typically offered in dry needling courses for physical therapists. This discrepancy has serious implications for patient safety.

Several studies highlight increased risks of adverse events when dry needling is performed by inadequately trained providers. For example, 36.7% of dry needling treatments resulted in adverse events, with 20 major complications such as pneumothorax and nerve injury (Brady et al., PM&R, 2014). A Polish study reported 3% pneumothorax, 14% nerve palsy, and 1% hospitalization from dry needling (Majchrzycki et al., MDPI, 2022). Additionally, case reports confirm life-threatening events, including bilateral pneumothorax and prolonged nerve damage (S,ahin et al., JournalAgent, 2020; Western Journal of Emergency Medicine, 2013).

For these reasons, the term "needle insertion" should be removed from HB 3824. It is

legally inconsistent with Oregon law, compromises patient safety, and bypasses established licensure and oversight standards put in place to protect the public.

Thank you,  
Kelly Ilseman, L.Ac.

References:

- ORS 677.757–677.785: Licensing and regulation of acupuncture in Oregon
- Brady S, et al. Adverse events following trigger point dry needling: a prospective survey of 20,000 treatments. *PM&R*. 2014;6(9):847–852.
- Majchrzycki M, et al. Adverse Reactions to Dry Needling Therapy: Insights from Polish Practitioners. *MDPI*. 2022.
- S,ahin N, et al. A Rare Complication Caused by Dry Needling: Bilateral Pneumothorax. *JournalAgent*. 2020.
- Boissonnault WG, et al. Traumatic Pneumothorax Following Acupuncture: A Case Series. *Western Journal of Emergency Medicine*. 2013.