

Submitter: Daniel DeSurra
On Behalf Of:
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: HB3824

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Oregon State Legislature
900 Court Street NE
Salem, OR 97301

RE: Opposition to HB 3824 – Inclusion of “Needle Insertion” in Physical Therapy
Scope of Practice

Dear Chair and Members of the Committee,

I am writing to express my strong opposition to HB 3824, specifically the provision that includes “needle insertion” (Page 3, Line 37) within the scope of practice for physical therapists. This language effectively authorizes the use of dry needling, a procedure that is functionally indistinguishable from acupuncture as defined by Oregon law, and poses serious legal and public safety concerns.

Legal and Regulatory Conflict

According to ORS 677.757(1)(a), acupuncture is defined as the stimulation of specific points on the body through the insertion of needles. This definition encompasses techniques used in dry needling, including those involving electrical or mechanical stimulation. Under ORS 677.759, only individuals licensed by the Oregon Medical Board (OMB) are permitted to practice acupuncture. Any unlicensed use of needle insertion constitutes unauthorized practice of medicine under ORS 677.765 and is subject to enforcement and penalties.

By allowing physical therapists, who are not regulated by the OMB, to perform dry needling, HB 3824 directly conflicts with existing state law. Moreover, it undermines the role of the Acupuncture Advisory Committee, established under ORS 677.780–785, which is responsible for advising the OMB on appropriate standards for acupuncture education, licensure, and scope of practice to protect public safety.

Education and Patient Safety

There is a significant disparity in training requirements between licensed acupuncturists and physical therapists who perform dry needling. Oregon acupuncturists must complete between 2,500 and 3,500 hours of education, including 800–1,000 hours of supervised clinical experience. In contrast, dry needling certification for physical therapists often requires only 20 to 100 hours of training which is insufficient for the safe use of invasive techniques.

Research underscores the risks associated with inadequately trained providers performing dry needling:

A 2014 study (Brady et al., PM&R) found that 36.7% of dry needling treatments resulted in adverse events, including 20 serious complications such as pneumothorax and nerve injury.

A 2022 Polish study (Majchrzycki et al., MDPI) documented pneumothorax (3%), nerve palsy (14%), and hospitalizations (1%) resulting from dry needling. Additional case reports describe life-threatening outcomes, including bilateral pneumothorax and prolonged nerve damage (JournalAgent, 2020; Western Journal of Emergency Medicine, 2013).

Such data underscore the critical need for rigorous education and oversight when performing needle-based procedures. HB 3824 circumvents these safeguards and puts patients at unnecessary risk.

For these reasons, I respectfully urge you to remove the term “needle insertion” from HB 3824. Its inclusion is not only legally inconsistent with Oregon law, but it also compromises patient safety and undermines existing licensure structures designed to protect the public.

Thank you for your time and consideration.

Sincerely,

Daniel DeSurra, L.Ac. M.Ac.O.M