

Testimony in Opposition to HB 3824

To: Members of the Oregon State Senate

From: Dr. Amber Reding-Gazzini, LAc

Date: 5/1/25

Members of the Senate Healthcare Committee:

I respectfully submit this testimony in strong opposition to House Bill 3824, due to significant concerns regarding patient safety, scope of practice encroachment, and the absence of adequate educational and regulatory safeguards within the proposed legislation.

While multiple provisions in HB 3824 warrant scrutiny, I am particularly alarmed by the language in *Page 3, Section 9*, which seeks to incorporate “needle insertion” into the authorized scope of practice for physical therapists. The terminology employed here is misleading. What is referred to as “needle insertion” is widely known in clinical settings as **dry needling**—a procedure that is both functionally and legally analogous to acupuncture.

Dry needling involves the insertion of acupuncture needles into muscle motor points to elicit a physiological response. By both definition and practice, this procedure constitutes a form of acupuncture. Oregon law defines acupuncture as:

“An Oriental health care practice used to promote health and to treat neurological, organic or functional disorders by the stimulation of specific points on the surface of the body by the insertion of needles.”

This statutory definition aligns precisely with the practice of dry needling, albeit under a different nomenclature. Furthermore, the motor points targeted in dry needling often correspond directly with acupuncture points, albeit described using Western anatomical terms.

This issue transcends professional boundaries and speaks directly to the standards of medical care and public health oversight. In Oregon, licensed acupuncturists must complete over 2,500 hours of formal education, pass multiple national board examinations, and maintain licensure through the Oregon Medical Board—a body that enforces rigorous standards of ethics, safety, and clinical competence.

By contrast, the educational pathway for physical therapists seeking to perform dry needling may consist of a brief continuing education course, often totaling no more than 27 to 30 hours, with no uniform requirement for clinical competency assessment or examination. Even more troubling is that HB 3824 imposes **no mandatory minimum training or education in needling techniques**, nor does it establish a neutral regulatory entity to ensure safety and accountability.

Instead, the bill delegates oversight of this invasive procedure to the Physical Therapy Licensing Board—a body comprised of stakeholders with a direct professional interest in expanding the PT scope of practice. This presents a clear conflict of interest and fails to provide the independent regulatory scrutiny necessary to protect public health. In contrast, acupuncturists

are overseen by the Oregon Medical Board, which does not include licensed acupuncturists and therefore offers a higher degree of impartiality and public trust.

It is also important to highlight the legal precedent in this matter. In 2017, an Oregon court ruled that dry needling does not fall within the scope of practice for physical therapists. HB 3824 seeks to overturn this judicial decision through legislative action—effectively granting authority to perform an invasive medical procedure without requiring practitioners to meet equivalent training, licensure, or oversight standards as those currently mandated for other needle-based interventions.

While acupuncture, when properly administered, is widely regarded as safe, it is not without risk. Improper needling techniques—especially those performed without sufficient training—can result in serious complications, including pneumothorax, nerve damage, and tissue trauma. The public has a right to expect that any provider inserting needles into the body has met rigorous clinical standards and is subject to meaningful regulatory oversight.

It is also important to mention that this is not a turf war! The Oregon Association of Acupuncturists, our only professional association in Oregon, was never approached during the drafting of this bill to help mitigate patient safety and professional issues. In contrast, when we were approached by NAYA when drafting the 5NP bill, HB 2143, we were happy to work with them to create a safe option for needle insertion with clear language and proper systems placed to ensure adequate training.

In summary, HB 3824 poses an unacceptable risk to patient safety, undermines Oregon's existing regulatory framework, and erodes the integrity of scope of practice boundaries by authorizing invasive procedures without adequate training or neutral oversight. I respectfully urge the Committee to strike or substantially amend the provision expanding physical therapists' authority to perform needle insertion.

Thank you for your attention and for your commitment to protecting public health and upholding the integrity of evidence-based medical regulation.

Respectfully,
Amber Reding-Gazzini
Doctor of Acupuncture and Chinese Medicine
amber@hillsborowellness.com

503-312-4549

Board President

Oregon Association of Acupuncturists