

Testimony in Opposition to HB 3824

Submitted by Haekyung Kim, Silverton, Oregon

Members of the Senate Committee on Health Care,

My name is Haekyung Kim. I am a licensed acupuncturist based in Silverton, Oregon, and I appreciate the opportunity to share my concerns regarding House Bill 3824. I am writing in strong opposition to the inclusion of "needle insertion" (Page 3, Line 37) in the physical therapy scope of practice. Though the bill uses vague language, this phrase refers to "dry needling"-a technique that involves inserting acupuncture needles into the body to stimulate muscle or nerve tissue. Functionally and legally, this is acupuncture under Oregon law.

Legal and Regulatory Concerns

Oregon Revised Statute 677.757(1)(a) explicitly defines acupuncture as the stimulation of specific points on the body "by the insertion of needles." The statute further clarifies that acupuncture includes the use of electrical or mechanical stimulation, whether or not needles are used-many of which mirror protocols marketed as dry needling.

Only practitioners licensed by the Oregon Medical Board (OMB) under ORS 677.759 are authorized to perform acupuncture. Any unlicensed practice-including unauthorized needle insertion-constitutes the unlicensed practice of medicine (ORS 677.765), which is subject to enforcement and penalties.

HB 3824 directly conflicts with this legal framework. It attempts to grant physical therapists-who are not regulated by the OMB-permission to perform a procedure that squarely falls within the legal definition of acupuncture. This not only undermines the existing regulatory structure, but also sets a dangerous precedent

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for scope-of-practice overreach.

The Acupuncture Advisory Committee (ORS 677.780-785) was created specifically to advise the OMB on safe and appropriate standards for education, licensure, and clinical practice. HB 3824 disregards this structure entirely by allowing invasive procedures without OMB oversight.

Training Standards and Patient Safety

Licensed acupuncturists in Oregon must complete between 2,500 and 3,500 hours of education, including 800-1,000 hours of supervised clinical training. In contrast, dry needling courses for physical therapists typically require only 20 to 100 hours-sometimes completed over a weekend. This vast discrepancy raises serious concerns about patient safety.

Peer-reviewed studies show significantly higher rates of adverse events when dry needling is performed by inadequately trained providers:

- 36.7% of dry needling sessions resulted in adverse outcomes, including 20 major complications such as pneumothorax and nerve injury (Brady et al., PM&R, 2014).
- A Polish study reported 3% incidence of pneumothorax, 14% nerve palsy, and 1% requiring hospitalization (Majchrzycki et al., MDPI, 2022).
- Case reports document life-threatening complications, including bilateral pneumothorax and prolonged nerve damage (ahin et al., JournalAgent, 2020; Boissonnault et al., Western Journal of Emergency Medicine, 2013).

These risks are unacceptable, especially when patients may not even realize they are receiving a form of

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acupuncture from a provider without the necessary training or licensure.

Conclusion

Allowing physical therapists to perform "needle insertion" as described in HB 3824 is both legally inappropriate and clinically unsafe. It violates existing Oregon statutes, compromises patient safety, and bypasses the regulatory safeguards designed to protect the public.

I respectfully urge the Committee to remove the term "needle insertion" from HB 3824. Thank you for your time and thoughtful consideration.

Citations:

- ORS 677.757-677.785 (Licensing and regulation of acupuncture in Oregon)
- Brady S, et al. PM&R. 2014;6(9):847-852.
- Majchrzycki M, et al. MDPI. 2022.
- ahin N, et al. JournalAgent. 2020.
- Boissonnault WG, et al. Western Journal of Emergency Medicine. 2013.