

Submitter: Travis Kern  
On Behalf Of:  
Committee: Senate Committee On Health Care  
Measure, Appointment or Topic: HB3824

Members of the Senate Committee on Health Care,

My name is Travis Kern, and I'm writing from Portland to urge you to oppose HB 3824, specifically the proposed addition of "needle insertion" to the physical therapy scope of practice (Page 3, Line 37). On the surface, this might seem like a technical adjustment. But scratch a little deeper and you'll find both legal conflict and real concerns for public safety—alongside a troubling pattern of professional overreach.

Let's be honest: we all understand that healthcare can be a tough business. Reimbursements are shrinking, administrative burdens are growing, and providers—especially small, independent ones—are looking for ways to survive. But survival shouldn't come at the cost of someone else's scope of practice, and it certainly shouldn't come at the expense of patient safety. This bill reflects an uncomfortable trend: if a procedure looks billable, someone will try to claim it, training be damned.

Dry needling, no matter what you call it, involves inserting acupuncture needles into the body to stimulate muscles or nerves. That's not a new therapy. That's acupuncture—and in Oregon, it's regulated for good reason. Licensed acupuncturists undergo between 2,500 and 3,500 hours of training, including close to 1,000 hours of supervised clinical practice. Compare that to the 20–100 hours of weekend courses that physical therapists typically receive for dry needling, and you start to see the problem.

The data supports our concern. A 2014 survey of 20,000 dry needling sessions found that over one-third caused adverse effects, including major complications like pneumothorax and nerve injuries. Other studies report hospitalization, nerve palsy, and life-threatening complications—many of which stem from lack of anatomical training or insufficient needling technique.

Oregon law is clear: acupuncture involves the insertion of needles and falls under the jurisdiction of the Oregon Medical Board (ORS 677.757). Physical therapists are not regulated by this board. Letting them practice needling under a different name doesn't solve a problem—it creates one. This bill sidesteps a well-established system of oversight, undermining both the Acupuncture Advisory Committee and the licensing structures designed to protect the public.

Changing language in a statute doesn't change what the technique is. Allowing physical therapists to insert needles under the label of "dry needling" is not a

harmless modernization of scope—it's a quiet encroachment into another profession's domain. It's tempting to expand what you do as a medical professional, especially if insurance companies are willing to pay for it. But we all have professional lanes for a reason. Acupuncturists don't walk into physical therapy clinics and start manipulating joints after a weekend seminar. And we wouldn't expect them to. The same respect should apply in return.

Greed and good intentions often travel together in healthcare. But when it comes to putting needles into people's bodies, we need more than good intentions. We need training, oversight, and clear boundaries between professions.

I urge you to remove the language permitting "needle insertion" from HB 3824. Let's protect public safety, preserve the integrity of licensure systems, and keep Oregon healthcare accountable—not opportunistic.

Thank you for your time and consideration.

Citations:

ORS 677.757–677.785: Licensing and regulation of acupuncture in Oregon  
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Majchrzycki M, et al. Adverse Reactions to Dry Needling Therapy: Insights from Polish Practitioners. MDPI. 2022.  
Sahin 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.