

Submitter: Elizabeth Sullivan  
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 Elizabeth and I'm in Portland, OR, and I'm here today to respectfully voice my opposition to HB 3824—specifically to the inclusion of “needle insertion” (Page 3, Line 37) in the proposed expansion of the physical therapy scope of practice. This language refers to dry needling, a technique involving acupuncture needles inserted into the skin to stimulate muscle or nerve tissue. In both form and function, this procedure aligns with the legal definition of acupuncture under Oregon law.

### Legal and Regulatory Concerns

Oregon statute ORS 677.757(1)(a) clearly defines acupuncture as the stimulation of specific points on the body “by the insertion of needles.” The law further states that acupuncture may also involve mechanical or electrical stimulation—with or without needles—which are frequently part of dry needling techniques.

Under ORS 677.759, only individuals licensed by the Oregon Medical Board may practice acupuncture. Performing acupuncture—or any needle insertion that meets this definition—without a license constitutes the unauthorized practice of medicine and is subject to enforcement under ORS 677.765.

HB 3824, by allowing physical therapists—who are not regulated by the Oregon Medical Board—to perform procedures that meet the statutory definition of acupuncture, creates a direct legal conflict with existing law.

Furthermore, the Acupuncture Advisory Committee (ORS 677.780–785) was established to help ensure public safety by setting appropriate standards for education, licensure, and scope of practice. This bill would undermine that oversight framework by allowing a parallel pathway that circumvents those protections entirely.

### Education and Patient Safety

The difference in training between licensed acupuncturists and physical therapists who practice dry needling is significant. Acupuncturists in Oregon complete between 2,500 and 3,500 hours of education, including 800 to 1,000 hours of supervised clinical training. In contrast, dry needling courses for physical therapists typically range from just 20 to 100 hours, with minimal hands-on supervision. This gap has real safety implications.

Several studies have highlighted the risks of adverse outcomes when dry needling is performed by providers with limited training:

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

A 2022 Polish study (Majchrzycki et al., MDPI) reported 3% pneumothorax, 14% nerve palsy, and 1% hospitalization rates.

Case reports have documented life-threatening complications, including bilateral pneumothorax and long-term nerve damage (S,ahin et al., JournalAgent, 2020; Western Journal of Emergency Medicine, 2013).

Given these safety concerns and the legal inconsistencies with Oregon law, I respectfully urge the Committee to remove the term “needle insertion” from HB 3824. This change would maintain the integrity of Oregon’s licensure framework, reduce the risk of patient harm, and uphold standards established to protect public health.

Thank you for your time and thoughtful consideration.

#### 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; Western Journal of Emergency Medicine, 2013.