

May 5, 2025

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**Oregon State Senate Healthcare Committee  
Oregon House of Representatives  
900 Court St NE  
Salem, OR 97301**

**RE: Opposition to House Bill 3824**

Dear Sen. Patterson and esteemed members of the Oregon State Senate Healthcare Committee:

Thank you for the opportunity to contribute written testimony on House Bill (HB) 3824. As a clinical researcher and Oregon Licensed Acupuncturist, **I submit my testimony in opposition to HB 3824 as it is currently written, as it proposes to expand the Physical Therapy scope of practice to include “needle insertion.”** In the proposed bill, Section 9.9.b (page 3, line 37) reads as follows:

*Alleviating impairments [and], functional limitations [by designing, implementing, administering and modifying physical therapy interventions.] and disabilities, promoting health and preventing disease by designing, implementing and modifying treatment interventions such as therapeutic exercise, needle insertion, patient-related instruction, therapeutic massage, airway clearance techniques, integumentary protection and repair techniques, debridement and wound care, physical agents and modalities, mechanical and electrotherapeutic modalities, manual therapy including soft tissue and joint mobilization and manipulation, functional training in self-care and home, community or work integration or reintegration, prescription application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective or supportive devices and equipment.*

**I strongly oppose the inclusion of “needle insertion” within the scope of this bill, as its definition lacks clarity.** The current language could be interpreted as allowing Oregon Licensed Physical Therapists to provide vaccines, trigger point injections, and dry needling to Oregonians. If passed in its current form, **this nebulous language may authorize dry needling by Physical Therapists**, and allowing Physical Therapists to practice dry needling is problematic for multiple reasons.

**1. The safety of dry needling must be considered.** Dry needling is the “intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger

points, muscular, and connective tissues...” according to the American Physical Therapy Association.

Dry needling risks include bleeding, bruising, pain, nerve damage, organ puncture, and pneumothorax (i.e. the puncture of a lung). Acupuncture is also known as a low-risk needling therapy with a very low risk of pneumothorax. **In a study of 229,230 patients who received nearly 2,000,000 acupuncture treatments, only two patients experienced a pneumothorax due to acupuncture.** ([Forsch Komplementmed. 2009 Apr;16\(2\):91-7](#). Two cases have been published on pneumothorax caused by dry needling ([Acupunct Med 2014; 32: 517–519](#); [J Am Osteopath Assoc 2019; 119: 59–62](#)). However, [Bontninck et al](#) described seeing “four young women suffering from pneumothorax after dry needling of the shoulder and neck region” in a single hospital emergency department over 14 months. The authors concluded, “**pneumothorax is a considerable risk of dry needling procedures in the neck, shoulder, or chest region.**” There is a concern that dry needling being performed by practitioners who lack sufficient training, skill, and experience will result in increased risks to Oregonians, with special concern for increased cases of pneumothorax.

**2. There is no training or regulatory framework outlined in this bill. Continuing education programs for dry needling are no more than 50 didactic hours without any supervised clinical component.** In contrast, **Licensed Acupuncturists complete** at least a [master’s degree in acupuncture](#) with **1,905 hours of training**, including anatomy, physiology, needling techniques, and safety, **with at least 660 hours of supervised clinical training.** Quite often, Licensed Acupuncturists have substantially more training. For example, I have more than 6,000 hours of training, including my master’s, postgraduate doctorate, and post-doctoral training.

**3. Prior scoping precedents have already ruled against other provider types attempting to expand their scope of practice to include dry needling.** The **Board of Chiropractic Examiners** proposed to expand its scope to include dry needling in 2010. **The Court of Appeals found dry needling was outside the Chiropractic scope of practice.** (Oregon Association of Acupuncture and Oriental Medicine v. Board of Chiropractic Examiners). The court issued a stay, and the expansion of the Chiropractic scope was not allowed to include dry needling.

Further, the Oregon Medical Board regulates acupuncture and has asserted that **dry needling is acupuncture.** They concluded that only Licensed Acupuncturists and medical doctors may practice in the state under their respective scopes of practice. (Letter dated Dec. 7, 2011)

Additionally, the Oregon Department of Justice provided their opinion when requested on whether Dry Needling was considered part of the Physical Therapy Scope of Practice. **The General Counsel found that dry needling is NOT in the Physical Therapy scope of practice.** (Opinion Request OP-2017-2).

**4. Adding dry needling to Physical Therapy's scope of practice will increase healthcare costs for patients.** Payers and consumers reimburse Physical Therapists at a higher rate than Licensed Acupuncturists. This, in turn, will drive up healthcare reimbursement expenditures for all dry needling, reducing covered services, and ultimately increasing premiums, copays, and co-insurance fees.

In conclusion, **I urge the Senate Committee on Health Care to reject HB 3824 as currently written due to the vague and overly broad inclusion of “needle insertion” within the Physical Therapy scope of practice.** This terminology, lacking a precise definition, opens the door for unsupervised and inadequately trained individuals to perform invasive procedures like dry needling—posing serious safety risks to the public. Existing legal precedents, regulatory opinions, and established training disparities underscore that dry needling is not within the current scope of Physical Therapy and should remain the domain of highly trained professionals such as Licensed Acupuncturists and medical doctors. Expanding this scope without proper safeguards would endanger patient safety and increase healthcare costs systemwide. For the protection of Oregonians and the integrity of our healthcare system, I respectfully urge a “no” vote on HB 3824 in its current form.

Sincerely,

A handwritten signature in black ink, appearing to read 'LR', with a horizontal line extending to the right.

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