

Submitter: Tara Gregory

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 Tara Gregory. I am from Portland, and I am writing in opposition to HB 3824, specifically the inclusion of “needle insertion” (Page 3, Line 37) in the physical therapy scope of practice. The term refers to dry needling, a technique that uses acupuncture needles to penetrate the skin and stimulate muscle or nerve tissue—functionally equivalent to acupuncture, as defined in Oregon law.

In Oregon, acupuncture may only be practiced by those licensed by the Oregon Medical Board under ORS 677.759. Unauthorized practice of acupuncture—including any unlicensed needle insertion—is considered the unauthorized practice of medicine under ORS 677.765 and is subject to penalties.

As a licensed acupuncturist with over 3,500 hours in training and 12 years in clinic practice, I have strong concerns about patient safety in regards to this measure. One of the major concerns with dry needling is the minimal training required to perform it. In many states and countries, physical therapists can begin performing dry needling after as little as 20–100 hours of instruction. Due to the limited training in anatomy and needling depth, dry needling can carry a higher risk of complications. These include punctured lungs (pneumothorax), nerve injury, and infections. Acupuncturists, on the other hand, undergo rigorous clinical training and are taught to avoid these risks through careful technique and deep anatomical knowledge.

Acupuncture is a licensed and regulated profession in most states, with standardized certification exams such as those from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). Dry needling, however, lacks consistent regulation and oversight, meaning that training quality and safety standards vary widely.

Many professional acupuncture organizations argue that dry needling is essentially acupuncture being performed under another name—often without proper licensing. This can pose legal and ethical concerns, especially when patients assume they are receiving care from a fully trained acupuncture professional. Dry needling often focuses narrowly on symptom relief (e.g., muscle knots), potentially overlooking broader health issues that trained acupuncturists are equipped to address.

For these reasons, the term “needle insertion” should be removed from HB 3824. It is legally inconsistent with Oregon law, compromises patient safety, and bypasses established licensure and oversight standards put in place to protect the public.

Thank you for your time and consideration.  
Tara Gregory