

Submitter: Jennifer Buys  
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 Jennifer Buys. I am a state board licensed acupuncturist from Corvallis, in practice for over 20 years. I was also the contract acupuncturist for Oregon State University for 5 years. I am here in strong 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.

Under ORS 677.757(1)(a), “acupuncture” is explicitly defined as the stimulation of specific points on the body “by the insertion of needles”. The statute further affirms that acupuncture includes the use of electrical or mechanical devices with or without needles, which are also marketed under dry needling protocols.

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.

This bill therefore directly conflicts with established state law by proposing to allow non-OMB-regulated practitioners (physical therapists) to perform a procedure that falls squarely within the legal definition of acupuncture.

Licensed acupuncturists in Oregon must complete 2,500 to 3,500 hours of training, including 800–1,000 hours of supervised clinical education. This far exceeds the 20–100 hours of training typically offered in dry needling courses for physical therapists. This discrepancy has serious implications for patient safety.

Numerous studies highlight increased risks of adverse events when dry needling is performed by inadequately trained providers:

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

I personally know of one case in my community, a physical therapist that had just completed a 100 hour “dry needling” course, and promptly caused a pneumothorax in one of his patients. The high number of these incidents amongst those not sufficiently trained gives a bad name to something that any layperson would label “acupuncture,” regardless of the specifics of how much training the person

administering has received, or what the technical term used is. When administered with the level of education and clinical experience required to practice acupuncture in the state, there are very few adverse incidents, and it is remarkably effective as a system of healthcare, for not only musculoskeletal complaints, but as a complete system of internal medicine.

Amongst non-acupuncturists who receive only minimal training, there are many case reports that confirm life-threatening events, including bilateral pneumothorax and prolonged nerve damage (Sahin et al., JournalAgent, 2020; Western Journal of Emergency Medicine, 2013).

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.

Jennifer Buys, LAc, LMT