

Submitter: Bijana Kadakia
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 Bijana Kadakia. I am a licensed acupuncturist based in Tigard, OR, and I have served patients across the Portland metro area—including Columbia, Multnomah, Washington, and Clackamas counties—for 17 years. I am writing to express my strong opposition to HB 3824, specifically the inclusion of “needle insertion” (Page 3, Line 37) within the physical therapy scope of practice.

“Needle insertion,” commonly referred to as dry needling, uses acupuncture needles to stimulate muscles or nerves. By definition, this practice is functionally equivalent to acupuncture, and under Oregon law, it is acupuncture.

Legal Conflict with Existing Law

- ORS 677.757(1)(a) defines acupuncture as the insertion of needles into specific points on the body to stimulate healing. This definition explicitly includes the use of mechanical or electrical devices, which are also used in dry needling protocols.
- Under ORS 677.759, only those licensed by the Oregon Medical Board (OMB) may practice acupuncture.
- Performing acupuncture without a license is considered unauthorized practice of medicine (ORS 677.765), and is subject to penalties.

Allowing physical therapists—who are not licensed by the OMB—to perform “needle insertion” would therefore directly contradict Oregon law and circumvent existing licensure and safety regulations.

Public Safety Concerns

- Licensed acupuncturists undergo 2,500 to 3,500 hours of education, including 800–1,000 hours of supervised clinical training. In contrast, dry needling courses for physical therapists typically offer only 20–100 hours of training.
- Studies have shown that insufficient training in needle techniques increases the risk of serious adverse events, including pneumothorax, nerve damage, and hospitalization. Pneumothorax is potentially life threatening and nerve damage can be permanent.

The Acupuncture Advisory Committee was created specifically to develop standards

that protect the public. HB 3824 undermines this regulatory framework by expanding needle-based procedures to providers outside of this oversight.

Conclusion

For these reasons, I respectfully urge the Committee to amend HB 3824 and remove the term “needle insertion.” Its inclusion is inconsistent with existing Oregon law, threatens patient safety, and bypasses important oversight mechanisms.

Thank you for your time and your commitment to public safety.