

Submitter:	Jody Mangum
On Behalf Of:	
Committee:	Senate Committee On Health Care
Measure, Appointment or Topic:	HB3824
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Dear Members of the Senate Committee on Health Care,
My name is Jody Mangum and have been a Licensed Acupuncturist since 2000 and have practiced in Brookings, providing safe and affordable care for many people over the last 25 years. I am here 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.

I am also licensed in the State of California, where dry needling has been banned due to injuries and the understanding that dry needling is acupuncture and requires a physical therapist to adhere the same training as an acupuncturist if they want to incorporate inserting acupuncture needles in their clients. After going through the rigors of training and licensing to practice acupuncture, I am very opposed to physical therapist using acupuncture needles without being held to the same standard of training.

Needling with a filiform needle constitutes the practice of acupuncture and there is no basis for allowing physical therapists to practice acupuncture without having the training required for acupuncturists and even medical doctors.

Legal and Regulatory Conflict

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.

The Acupuncture Advisory Committee established in ORS 677.780–785 was

specifically tasked with recommending standards for education, licensure, and scope of practice in order to protect the public. HB 3824 undermines this structure by bypassing OMB oversight entirely.

Education and Patient Safety

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. Adverse events as a result of lack of training impact public trust in one of the best forms of medicine to help people with opiate addiction and those suffering from chronic pain.

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).

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

- Multiple case reports confirm life-threatening events, including bilateral pneumothorax and prolonged nerve damage (S,ahin 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