Submitter:	Sabrina Hicks
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 Sabrina Hicks and I am a licensed acupuncturist from Portland, Oregon. I am deeply opposed to HB3824, specifically that allowing “needle insertion” (Page 3, Line 37) in the physical therapy scope of practice. Physical therapists have advertised this as “dry needling”, and led people to believe that licensed acupuncturists do not do dry needling. Every week I have to explain to patients that we are well trained in dry needling. We, in fact, are much better trained in dry needling, along with thousands of hours more in other helpful needling techniques for our licensure. Allowing physical therapists to offer dry needling is a danger to patients with their lack of proper training, and to my job security. I have $240k in student loan debt earned by committing myself to this field of practice, and to think that someone can advertise improperly that they are able to do my job better with so many fewer ours in training is an atrocity to our education and practice. For more details, please see the letter below from the Oregon Acupuncture Association.

The term “needle insertion” (Page 3, Line 37 of HB3824) 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.

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.

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 (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.

Citations:

* ORS 677.757–677.785: Licensing and regulation of acupuncture in Oregon??
Brady S, et al. Adverse events following trigger point dry needling: a prospective survey of 20,000 treatments. PM&R. 2014;6(9):847–852.