Testimony in Opposition to HB 3824A – Concerning Physical Therapist Scope Expansion

Chair and Members of the Committee,

Thank you for the opportunity to submit testimony regarding HB 3824A. I am writing today out of concern not only as a doctoral candidate in Classical Chinese Medicine, a student clinician providing supervised patient care, and a graduate student engaged in clinical research, but as someone deeply invested in maintaining the integrity, safety, and clarity of Oregon's healthcare regulatory system.

On its surface, HB 3824A appears to modernize the physical therapy scope by allowing PTs to administer certain vaccines, sign disability parking applications, use sonographic imaging within their practice, and prescribe durable medical equipment. However, the inclusion of vaccine administration—especially with an amendment allowing PTs to administer to "individuals under the care of a physical therapist for the purposes of physical therapy"—raises significant concerns about how such language might be used to justify further scope expansion into procedures that are invasive and require substantially more training.

While the bill does not explicitly mention "dry needling," this must be viewed in the context of a broader national and regional pattern: the progressive expansion of physical therapy scope to include invasive procedures—especially insertive needling—under ambiguous language. This strategy has been seen in several states, where bills framed around access and modernization quietly lay the groundwork for unlicensed acupuncture practices, often under the term "dry needling."

Why This Matters

Dry needling, despite the semantic rebranding, is fundamentally the insertion of filiform needles into muscle tissue to produce a therapeutic response. This is indistinguishable from several techniques used in acupuncture. The World Health Organization defines such techniques as acupuncture and recommends they be performed only by trained practitioners in accordance with local licensure laws and established safety standards.

This matters because the safety concerns are well-documented and real. As someone actively engaged in clinical research, I find the data difficult to ignore. Dry needling has been associated with serious adverse events such as pneumothorax, nerve damage, and infection, particularly when performed in deep musculature or near sensitive anatomical structures like the thoracic cavity (Peuker & Gronemeyer, 2001; Ahn et al., 2010). A 2020 prospective study of over 20,000 treatments reported multiple major complications—including pneumothorax and nerve injuries—that, while rare, underscore the risks inherent in this invasive procedure when not performed with adequate training (Boyce et al., 2020). More recently, a 2024 review in *Medicina* reported adverse events including subdural hematoma (1.9%), pneumothorax (1.2%), and nerve injuries (0.7%), even in studies with limited bias or underreporting (Medicina, 2024). These are not risks that can be safely managed with minimal training—they require the depth of education and clinical oversight built into acupuncture licensure standards.

Patient safety—not professional politics—must be the priority. Any provider performing invasive procedures should be held to the same standards of safety and competence, regardless of their professional background. Scope expansions should be grounded in clear need, backed by evidence, and accompanied by rigorous training standards. HB 3824A, as written, leaves room for regulatory overreach and circumvents oversight, opening the door to future procedural encroachments—particularly invasive techniques—without requiring the education necessary to ensure patient safety.

Dry needling is one such example. Despite being an invasive procedure involving the insertion of needles into the body, many dry needling certifications for physical therapists consist of as little as 27 contact hours over a weekend (Structure & Function Education, 2024). There is no national licensure or standardized competency assessment for dry needling. In stark contrast, licensed acupuncturists in Oregon must complete over 3,000 hours of education and clinical training, pass national board exams, and demonstrate proficiency in clean needle technique under direct supervision.

The FDA classifies acupuncture needles as Class II medical devices, meaning their use is restricted to qualified practitioners under state law. Allowing another profession to adopt these procedures without equivalent training or regulation not only undermines patient safety, but also erodes public trust and regulatory consistency.

Finally, normalizing vague language—such as allowing vaccine administration to those "under the care of a physical therapist"—sets a dangerous precedent. Once invasive care is introduced without clearly defined competencies, further expansion will inevitably follow. If physical therapists wish to perform insertive techniques, there is a clear and established pathway: complete an accredited acupuncture program and become licensed under Oregon law.

Oregon Can Do Better

Oregon is a national leader in integrative, patient-centered care. Preserving that reputation means upholding consistent professional standards across disciplines, especially when it comes to invasive procedures. No matter how well-intentioned, interventions that involve penetrating the skin must be restricted to providers with comprehensive clinical training and legal licensure to perform them. Physical therapists are not trained or certified to carry out such procedures safely, and expanding their scope to include them—no matter how incremental it may seem—sets a precedent that is both unsafe and difficult to reverse.

This bill does not simply modernize physical therapy—it blurs professional boundaries through vague and expandable language. Insertive care, once introduced without clearly defined competencies, creates a slippery slope that invites further overreach. Rather than narrowing or amending HB 3824A, I urge the committee to reject it in full in order to maintain patient safety, regulatory clarity, and public trust.

In closing, I respectfully urge the committee to vote no on HB 3824A. Oregon's healthcare system must remain grounded in rigorous education, well-defined scopes of practice, and accountability to the public. Invasive procedures should never be authorized through semantic ambiguity or administrative convenience. Let's honor what each profession is uniquely trained to do—and protect the people we serve by refusing to compromise on safety.

Thank you for your time and consideration.

Respectfully,

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