

Submitter: Carli Gaines
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 Carli Gaines. I am an acupuncturist in Bend, OR, and 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. This bill 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.

I have worked in health care for the last 17 years in Oregon as both an RN and as an acupuncturist. I feel strongly that it is a privilege to practice medicine and as providers we must do all we can to provide safe and effective patient care. The Oregon Medical Board already has systems in place to ensure that acupuncture providers have adequate education and training to provide safe care with needle insertion to the public. 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).

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. I have tremendous respect for my physical therapy colleagues. However, they already have an exceedingly broad scope of practice and numerous tools to use with patients. I would like to see “needle insertion,” whether dry needling or acupuncture, remain in the hands of acupuncturists who have the education, training, and regulation under OMB to provide safe and effective care and protect the public from harm.

Thank you for your time and consideration.

Carli Gaines, RN, LAc

Brady S, et al. Adverse events following trigger point dry needling: a prospe