

To the Chair and Members of the Committee,

I write today a testimony in complete opposition to HB 3824A and its encroachment upon the scope of practice governed by the Oregon Medical Board's regulations pertaining to the administration of acupuncture techniques ([ORS 677.757–677.770](#)). The vague language within the bill (ie, “needle insertion”) is license to normalize using increasingly invasive medical procedures with insufficient training and oversight. I testify as a graduate candidate of Chinese Medicine and soon to be clinician under the supervision of professionally licensed acupuncturists, that this is a dangerous precedent. One of the many ways that this bill, if enshrined into law, could cause major safety hazards and harm within healthcare, is in the wholesale and unchecked use of insertive needling with as little as 27 hours of training in a weekend workshop. Of course, I am referring to the concept of “dry needling”, which IS acupuncture, because it involves the insertion of filiform needles for therapeutic effect. The language in this bill would permit increasingly more people with insufficient training to use filiform needles invasively. The safety risks of dry needling are well documented, involving puncturing the lungs (pneumothorax), nerve damage, infection, and more. There are many studies that show practitioners with insufficient training causing major health problems for patients (example: Boyce et al., 2020, courtesy of my esteemed colleague Tanya Snyder).

The public implications of permitting increased medical safety hazards to patient well-being are enormous. What is to become of public trust in public healthcare and safety? If even the statistical, legal and historical ramifications are not enough to convince you that this can be problematic, I urge to consider whether or not you would allow someone who just learned how to needle over the past weekend before your appointment with them, to insert a 1-3 inch needle within centimeters to millimeters of your lungs, or any other major organ that may not appreciate puncture, or infection. How about your parents? Children? The list goes on and on. If the committee allows the use of needles with inadequate training by permitting this kind of vaguely written bill to pass, then it will also be allowing room for further expansion into uses of invasive techniques that can cause even more harm.

Should physical therapists wish to use filiform needles to create therapeutic effects (aka, acupuncture), they should use the legal pathway to acupuncture licensure to do so. Using such vague language to expand the PT scope of practice to include techniques such as acupuncture with minimal training is a recipe for disaster, not only in public health, but also in terms of professional respect and boundaries. Acupuncture needles are Class II medical devices according to the FDA. My colleagues and I have had to undertake over 3,000 hours of training and countless other hours preparing for board examinations and needle safety certifications to do insertive needling. We take the use of filiform needling seriously

because we know and have seen the harm improper use of such techniques can do. This bill is a domino effect in the making, one that compels professional overreach into scope of practice: invasive techniques that should never be flippantly engaged without thorough and long time training. Our patients are not practice experiments for weekend workshops, and it would be highly damaging for my profession, as well as for the medical field at large, to permit unchecked expansion into the use of such potentially dangerous medical techniques.

For the sake of patient care, public health and public safety, I strongly urge the committee to reject the bill. Thank you for your time and consideration on this very important matter.

Sincerely,

Anne Lu

*Master of Acupuncture and Chinese Herbal Medicine*

*Graduate Research Student and Student Clinician*

*National University of Natural Medicine*