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Licensed Acupuncturist

Dear Committee Members. I have been in practice as an acupuncturist for 30 years In Portland Oregon.

I am writing to express my strong opposition to House Bill 3824, specifically the inclusion of “needle insertion” on page 3, line 37, which would permit physical therapists to perform dry needling. This language is deeply problematic as it conflicts with existing Oregon law, compromises patient safety, and bypasses the regulatory structures designed to protect the public. HB 3824 proposes allowing physical therapists to perform “needle insertion” (see page 3, line 37), a practice explicitly defined as **acupuncture** under Oregon law. This proposal undermines licensure requirements, endangers patient safety, and violates state statute.

ORS 677.759(1) states:

“No person shall practice acupuncture without first obtaining a license to practice medicine and surgery or a license to practice acupuncture from the Oregon Medical Board...”

ORS 677.757(1)(a) defines acupuncture as:

“...the stimulation of specific points on the surface of the body by the insertion of needles.”

Opposition to HB 3824: Inclusion of “Needle Insertion” in Physical Therapy Scope of Practice

I respectfully urge lawmakers to oppose the inclusion of “needle insertion” (Page 3, Line 37) in HB 3824. This language refers to the practice of dry needling, a technique that involves the insertion of acupuncture needles into the skin to stimulate muscle or nerve tissue. Functionally and mechanically, this practice is equivalent to acupuncture as defined under Oregon law.

Legal and Regulatory Conflict

Allowing physical therapists to perform “needle insertion” would create a serious conflict with existing acupuncture regulations. Acupuncturists in Oregon undergo rigorous education, clinical training, and licensing standards to ensure public safety and therapeutic efficacy. Permitting another profession to use the same tools and techniques without meeting comparable educational requirements undermines the regulatory framework established to protect patients.

The proposed language in HB 3824 therefore creates a direct conflict with established law. The Acupuncture Advisory Committee, created under ORS 677.780–785, exists to ensure safe and regulated practice through proper education, licensure, and oversight. HB 3824 would sidestep this framework entirely, undermining both public trust and patient protections.

This is not the first attempt by the physical therapy profession to expand their scope to include needling techniques. Similar efforts have been introduced and rejected in previous legislative sessions, and for good reason. The use of acupuncture needles demands a deep understanding of anatomy, meridian theory, and potential risks—training that physical therapists do not currently receive to the same extent as licensed acupuncturists. Under ORS 677.757(1)(a), acupuncture is defined as the stimulation of specific points on the body “by the insertion of needles,” a definition that precisely describes dry

needling. Moreover, ORS 677.759 clearly states that only individuals licensed by the Oregon Medical Board (OMB) may practice acupuncture. Allowing physical therapists—who are not OMB-regulated—to perform needle insertion constitutes unauthorized practice under ORS 677.765, potentially subjecting them to penalties.

Professional Boundaries and Patient Safety

No single profession should have the authority to adopt specialized techniques from another field and practice medicine without adhering to the same educational and licensing standards. Doing so sets a dangerous precedent, dilutes professional boundaries, and compromises patient safety.

Education and Patient Safety

Licensed acupuncturists in Oregon are required to complete 2,500–3,500 hours of training, including 800–1,000 hours of supervised clinical practice. In contrast, dry needling certifications for physical therapists typically involve only 20–100 hours of instruction, often without rigorous oversight or standardized curriculum.

This stark discrepancy in training has serious safety implications. Adverse event data includes:

- A 36.7% adverse event rate in dry needling treatments, including 20 major complications such as pneumothorax and nerve injury (Brady et al., PM&R, 2014).
- A Polish study reporting pneumothorax (3%), nerve palsy (14%), and hospitalization (1%) due to dry needling (Majchrzycki et al., MDPI, 2022).
- Multiple case reports of life-threatening events such as bilateral pneumothorax and long-term nerve damage (Şahin et al., JournalAgent, 2020; Boissonnault et al., Western Journal of Emergency Medicine, 2013).

These risks are unacceptable, particularly when associated with providers lacking comprehensive needle-based training.

For these reasons, I strongly oppose the inclusion of “needle insertion” in HB 3824 and ask that this language be removed from the bill.

Thank You for your time and attention.

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