

To The Senate Committee on Healthcare

RE: HB 3824

I am writing to express my strong opposition to HB 3824, which, if passed, would allow physical therapists to perform “needle insertion”. I oppose HB 3824 because “needle insertion” overlaps with the legal definition of acupuncture, undermines the professional standards that licensed acupuncturists uphold, and will endanger the public if passed.

The Oregon Medical Board currently requires all practitioners performing needle insertion to be licensed either as an acupuncturist or as a physician. 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.”

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 Oregon Medical Board oversight entirely.

Acupuncture is an ancient, holistic medicine, traditionally learned in China over years long apprenticeships. Now, in Oregon, licensed acupuncturists must complete 2500-3500 hours of training, including 800-1000 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. Below are three:

- 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)
- Bilateral pneumothorax reported after dry needling (Sahin et al., JournalAgent, 2020).

If physical therapists are allowed to insert needles into their patients, they will be doing so without the rigorous training of a licensed acupuncturist. This will endanger patient safety, erode public trust in the acupuncture profession, and will set a dangerous precedent for bypassing professional licensing requirements.

In addition to the risks of pneumothorax, nerve damage or organ puncture by inadequately trained practitioners, acupuncture is not a “one size fits all” medicine. 5 patients may come in to an acupuncture clinic, all complaining of shoulder pain, but each of those 5 may be given a different kind of acupuncture treatment, based on other signs and symptoms they present with. Acupuncturists are trained to look at all the signs and symptoms a patient presents with as a whole, and to treat them accordingly. Beyond the dangers listed above, an acupuncture treatment

that works well for one person, might make another person feel sick, exhausted, have insomnia, or feel otherwise unwell. Acupuncturists are trained to evaluate the different presentations of patients in order to determine a treatment that will be safe and effective for them. A 20-100 hour dry needling course is completely inadequate. It takes years to learn acupuncture theory and practice, and to perform acupuncture safely.

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 which were put in place to protect the public.

Thank you for your time and consideration.

Sincerely,

Cita Oudijk, LAc

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
- Majchrzycki M, et al. *Adverse Reactions to Dry Needling Therapy: Insights from Polish Practitioners*. MDPI. 2022
- Sahin N. et al. *A Rare Complication Caused by Dry Needling: Bilateral Pneumothorax*. JournalAgent. 2020