

May 5, 2025

Members of the Senate Committee on Health Care,

My name is Jenny Stewart. I have been practicing Acupuncture for over 13 years in the state of Oregon, including Orthopedic Acupuncture which is often used interchangeably with dry needling. I am from Portland, Oregon, 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.

## Legal and Regulatory Conflict

Under **ORS 677.757(1)(a)**, “**acupuncture**” is explicitly defined as the stimulation of specific points on the body “**by the insertion of needles**”. The statute further affirms that acupuncture includes the use of **electrical or mechanical devices with or without needles**, which are also marketed under dry needling protocols.

In Oregon, acupuncture may only be practiced by those licensed by the **Oregon Medical Board** under **ORS 677.759**. Unauthorized practice of acupuncture—including any unlicensed needle insertion—is considered the **unauthorized practice of medicine** under **ORS 677.765** and is subject to penalties.

This bill therefore 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**.

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 OMB oversight entirely.

*Additionally, the Oregon Department of Justice provided their opinion when requested on whether Dry Needling was considered part of the Physical Therapy Scope of Practice. The General Counsel found that dry needling is NOT in the Physical Therapy scope of practice. (Opinion Request OP-2017-2).4. Adding dry needling to Physical Therapy's scope of practice will increase healthcare costs for patients. Payers and consumers reimburse Physical Therapists at a higher rate than Licensed Acupuncturists. This, in turn, will drive up healthcare reimbursement expenditures for all dry needling, reducing covered services, and ultimately increasing premiums, copays, and co-insurance fees.*

## Education and Patient Safety

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. This bill is vague and lacks regulatory structure for training and safety protocols giving Physical Therapists unrestricted access to needling in any form without any structure regarding training. There are several risks associated with needle insertion including organ puncture including pneumothorax, nerve injury, bleeding and bruising.

In a study of 229,230 patients who received nearly 2,000,000 acupuncture treatments, only two patients experienced a pneumothorax due to acupuncture. (Forsch Komplementmed. 2009 Apr;16(2):91-7. Two cases have been published on pneumothorax caused by dry needling (Acupunct Med 2014; 32: 517–519; J Am Osteopath Assoc 2019; 119: 59–62). However, Bontninck et al described seeing “four young women suffering from pneumothorax after dry needling of the shoulder and neck region” in a single hospital emergency department over 14 months. The authors concluded, “pneumothorax is a considerable risk of dry needling procedures in the neck, shoulder, or chest region.” There is a concern that dry needling being performed by practitioners who lack sufficient training, skill, and experience will result in increased risks to Oregonians, with special concern for increased cases of pneumothorax.

Numerous other 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).
- A Polish study reported **3% pneumothorax**, **14% nerve palsy**, and **1% hospitalization** (Majchrzycki et al., *MDPI*, 2022).
- Multiple case reports confirm life-threatening events, including **bilateral pneumothorax** and prolonged nerve damage (Şahin et al., *JournalAgent*, 2020; *Western Journal of Emergency Medicine*, 2013).

**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.

Thank you for your time and consideration.

#### **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.
- Şahin N, et al. *A Rare Complication Caused by Dry Needling: Bilateral Pneumothorax. JournalAgent.* 2020.
- Boissonnault WG, et al. *Traumatic Pneumothorax Following Acupuncture: A Case Series. Western Journal of Emergency Medicine.* 2013.

**Thank you for putting patient safety and regulation at the forefront of your decision regarding HB3824.**

Sincerely,

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