Members of the Senate Committee on Health Care,

My name is Kristina Higuchi. I am from Redwood City California and practice in San Carlos, 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.

Bottome line, other branches of medicine are seeing the true efficacy and power of acupuncture medicine and are trying to take it as their own by changing the words used. They are downgrading the education that licensed acupuncturists receive during their 3-4 years or more of training. We are a highly skilled and educated group of practitioners who have invested years to learn and use this medicine properly and safely to treat pain as well as many other conditions. There is and already has been a pathway to be licensed to use acupuncture, and this should be upheld across the board to those interested in practicing this form of therapy.

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.

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.

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).
- 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 (Şahın 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.

Şahın N, et al. A Rare Complication Caused by Dry Needling: Bilateral Pneumothorax. JournalAgent. 2020.