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Dear Senate Committee on Health Care,

I have grave concerns about the increase in scope of practice that is proposed for Physical Therapists in HB 3824, and oppose passing it. Three of the proposed inclusions are already covered by well qualified professionals in other health fields, and therefore are not improving the health access to consumers in Oregon. Adding additional elements to PT's scope of work dilutes their training and does not help patients.

The first scope conflict is in regard to 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 needles to penetrate the skin and stimulate muscle or nerve tissue—functionally equivalent to **acupuncture**, as defined in Oregon law. Originally, Dry Needling pertained to the use of hypodermic needles to stimulate the belly of muscles that were spasmed. That was painful and unpopular, so the PTs that currently use this procedure switched to using acupuncture needles. The inclusion of needle insertion under the name of "Dry Needling" was brought up and defeated a number of years ago. The same issues that defeated that broadening of practice still apply.

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.

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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.

I have been practicing acupuncture for over 23 years. During the years that I practiced in California, I observed that medical doctors and physicians were allowed to use acupuncture needles with as little training as 20 - 100 hours. The results were not impressive.

Patients that eventually found their way to me reported many problems, and had not gotten the relief that would have been possible if the doctors had been following Chinese Medicine principles. Since the practice of acupuncture involves a very different model than Western medical training, the choices of needle placement are not immediately intuitive and do not follow the Western Biomechanical model.

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 (Şahin et al., *JournalAgent*, 2020; *Western Journal of Emergency Medicine*, 2013).

For these reasons, the term “needle insertion” should be removed from HB 3824, or changed to specify “Needle insertion of hypodermic needles for vaccinations or administration of medications under the supervision of a Doctor of Medicine”.

It should further specify that “Dry Needling and the use of acupuncture needles is NOT allowed”. It is legally inconsistent with Oregon law, compromises patient safety, and bypasses established licensure and oversight standards put in place to protect the public.

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My other objection to this bill is on page 3, lines 38 and 39: in regard to expanding PT practice to include items such as “Airway Clearance Techniques”, “Integumentary protection and repair” (basically skin and circulatory related wound issues), and “Debridement and wound care”, should all be dealt with in a hospital setting, and the writing of the bill should reflect this restriction as a protection to the patients.

I have friends who are Wound Care Specialists in Northern California. They are nurses who have undergone substantial additional training beyond their RN to deal with a specialty in wound care. They see patients at home or in hospital clinics, because wound care patients are often immune compromised. Care at home does not expose the weakened patient to novel bacteria and additional routes of infection. Hospital wound care clinics adhere to increased cleanliness and sanitation protocols. Treating wound care patients at a facility that is essentially equivalent to a gym, with all ages of patients and soft floors and surfaces that are difficult to sanitize seems like an unnecessary risk for both the traditional PT patients and the immune compromised wound care patients. In my opinion, wound care is best done under the supervision of doctors in locations that do not endanger weak patients or expose the healthy population to potentially harmful infections. It is a specialty in its own right.

Thank you for your time and consideration in regard to this bill. I urge you not to pass it.

Sincerely,

Alzada Magdalena, L. Ac.

Prineville, OR

Citations for “Needle insertion”

- 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.