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Dear Members of the Senate Committee on Health Care,

My name is Meghan Nolan and I am a Doctor of Acupuncture and former Oregon resident where I also had a private practice in the city of Portland. I now reside in Denver CO, 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.

As it relates to patient safety, scope of practice and expertise, it is my professional opinion that only licensed acupuncture practitioners should be able to perform needle insertion. The rigorous educational and clinical standards for which acupuncturists study in order to safely and effectively apply needles for therapeutic effect are indeed informed by industry standards of study in Western medical anatomy, physiology and pathology, in addition to the principles of Chinese medicine theory from which acupuncture originated. Acupuncture and needle insertion must be protected as a holistic practice that is delivered from highly educated and specialized professionals who have received proper supervision and training. In addition, needle insertion should only be performed by an individual who can demonstrate seamless mastery over Western and Eastern traditions for optimal patient care and outcomes. Repercussions from the fractioning of this traditional medicine will downgrade the acupuncture profession and reflect poorly on the practice of needle insertion as a whole when patients receive care without proper context and evaluation, along with a higher risk of encountering adverse effects from a non-licensed acupuncture practitioner. Please see below for more supporting information.

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 (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.

Best,

Dr. Meghan Rose Nolan, LAc, DAcCHM



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.

Boissonnault WG, et al. *Traumatic Pneumothorax Following Acupuncture: A Case Series. Western Journal of Emergency Medicine.* 2013.