

Submitter: RL David

On Behalf Of:

Committee: Senate Committee On Health Care

Measure, Appointment or Topic: HB3824

Members of the Senate Committee on Health Care,

My name is RL David, and I oppose 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.

Under ORS 677.757(1)(a), “acupuncture” is explicitly defined as the stimulation of specific points on the body “by the insertion of needles”. In Oregon, acupuncture may only be practiced by those licensed by the Oregon Medical Board under ORS 677.759. This bill proposes to change this by undermining the Acupuncture Advisory Committee (as established in ORS 677.780–785, specifically tasked with recommending standards for education, licensing, and scope of practice in order to protect the public).

Needless to say, these recommendations are patient-focused and based in extensive global experience with the practice. With 2500-3500 hours of training (800-1000 of which is supervised clinicals), Licensed Acupuncturists (L.Ac.) exceed the 20-100 hours recommended for physical therapists. These heightened standards come out of the experiences of early acupuncture, when a lack of both experience and systematization of the practice cost patient health and lives.

The mistakes of the past are playing out once again in naive needle insertion: 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).

Trained, licensed acupuncture is currently safe, accessible, and cost effective for patients. There is no shortage of services, and thanks to the continued regulation by the advisory board, new acupuncturists are held to the highest standards.

Acupuncturists can (and sometimes do) work in tandem with physical therapists in clinical settings, making the necessity of expanding physical therapy's scope unclear. Should the need arise, a further discussion regarding dry needling regulations (such as the need for clinical apprenticeship, extended education, and skill testing) would be indicated, but currently, there is no gap in patient coverage or access that would necessitate a change in regulations.

Thank you,  
RL David