

Submitter: Dr. Angela Lipson
On Behalf Of:
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: HB3824

Dear Members of the Senate Committee on Health Care,

I am writing to respectfully express my strong opposition to HB 3824, specifically the inclusion of “needle insertion” (Page 3, Line 37) within the physical therapy scope of practice. This language refers to dry needling—a technique involving acupuncture needles inserted into the skin and underlying tissues to stimulate muscle or nerve responses. Functionally and legally, this is acupuncture, as already defined under Oregon law.

Legal and Regulatory Conflict

Under ORS 677.757(1)(a), "acupuncture" is clearly defined as the stimulation of specific points on the body “by the insertion of needles.” This includes the use of mechanical or electrical stimulation devices, many of which are used in dry needling protocols.

Only practitioners licensed by the Oregon Medical Board (OMB) under ORS 677.759 are legally authorized to perform acupuncture. Any unauthorized needle insertion—including dry needling by physical therapists—constitutes the unlicensed practice of medicine under ORS 677.765 and is subject to penalties.

HB 3824 conflicts directly with these established statutes by seeking to allow non-OMB-regulated practitioners (physical therapists) to engage in procedures that Oregon law reserves exclusively for licensed acupuncturists.

Patient Safety and Standards of Care

Dry needling weekend courses, often totaling only 20-50 hours, are not comparable to the thousands of hours of rigorous training required of licensed acupuncturists. Acupuncturists are thoroughly educated in anatomy, orthopedic needling, musculoskeletal assessment, and patient safety. This depth of training enables them to safely and effectively perform needling techniques—even in complex or high-risk cases.

By contrast, dry needling training for physical therapists lacks the breadth and depth needed to ensure patient safety, potentially leading to complications such as nerve damage, infections, or pneumothorax.

Collaborative Care and Best Patient Outcomes

Acupuncturists already work alongside physical therapists, physicians, and other

healthcare providers to deliver integrative, patient-centered care. Allowing inadequately trained practitioners to perform invasive needling undermines this collaborative model and may compromise patient outcomes.

Conclusion

For the safety of Oregon patients, the integrity of state law, and the preservation of high standards of care, I respectfully urge you to remove “needle insertion” from HB 3824. Needling techniques should remain exclusively within the scope of licensed acupuncturists as defined and regulated under existing Oregon law.

Thank you for your time and consideration. I am available to provide further information or clarification at your convenience.

Sincerely,

Dr. Angela Lipson, Doctor of Chinese Medicine, Licensed Acupuncturist