

Submitter:

Dr Johnny Finn

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 Dr. Johnny Finn, I am a physical therapist from Boston, MA, 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.

- 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.

- 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.

- For a PT to get certified in dry needling, all they have to take is a 14 hour weekend course taught by another PT. When I was in school, one of my supervisors who was performing dry needling admittedly only had it described to him on a lunch break.

- I kept getting the same script in school/clinic that they seem to give everyone: that acupuncture needles only go into the skin and not into muscle tissue, acupuncture is called wet needling because the needles are coated with “medicine,” that acupuncture is better at treating internal imbalances than it is at treating pain, or acupuncture deals with “energy” not anatomy. I’ve speculated that it’s due to the PT profession as a whole realizing how helpful acupuncture is at treating pain so they wanted to be able to use the techniques while discrediting acupuncturists. They spread the information so much that it’s creating a huge misconception of what

acupuncture is and what it's used for.

- Acupuncture is one of the most widely studied medical interventions, and much of the literature used to justify the clinical legitimacy of "dry needling" is drawn from acupuncture research studies.

- There are no objectively determined standards of education, curriculum, standardized national examination, or requisite knowledge, skills, and abilities (KSAs) in place for "dry needling." There are no standards for clinical mentorship. In short, there is no current definition of the practice referred to "dry needling" and no standardized system of demonstrating either minimal competency or safety.

- 93-95% of trigger points overlap with acupuncture points. So acupuncture is almost always directly treating trigger points in some way whether it's for pain or another condition.

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