

Submitter: Scott Klein
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 Scott Klein LAc I am in The Dalles Oregon, 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.

I will comment that there isn't a safety net in place this isn't the first time that this has come up and been turned down. Acupuncturists have a limited skill set under the law including needle insertion, Chinese medicine, heat, herbs, exercise and bodywork/massage the main things that we are able to get paid on by insurance is needling and massage. We do acupuncture points as well as local points that are similar to dry needling these are called in our medicine “ashi” points.

By allowing an already glorious scope of practice of physical therapy, to do needling, it will speed the demise of Acupuncture and Chinese medicine, most likely destabilizing patient care as insurance agencies will most likely NOT pay for an acupuncture session or PT visit on the same day if the PT does dry needling depending on who gets their billing in first. We currently see this if a patient gets separate massage from a massage therapist the same day.

No safety net - by allowing this in PT scope the livelihoods of both professionals may be upset due to insurance payor definitions and rules not being set up first prior to this. Both professionals have a lot of medical education debt. The difference here is employment options, PT's have more options in scope already, plus a much bigger support structure nationally for employment in mainstream medicine.

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: