

Members of the Senate Committee on Health Care,

My name is Michael McMahon. I am an acupuncturist and educator in Portland, OR, and I am writing 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 have kept what is listed below that was prepared by the Oregon Association of Acupuncturists as it most accurately states relevant legal issues way better than I ever could. I am first and foremost a clinician charged with delivering the best possible patient care I can in an increasingly complex healthcare environment.

I am happy to call a number of Physical Therapists both friends and trusted colleagues. I refer to them frequently for what falls squarely within their training and knowledge base. In my professional opinion this is the assessment and treatment of injuries and pain conditions with therapeutic exercise and manual therapies.

I do not, in my practice, find it useful to approximate physical therapy work by teaching my patients therapeutic exercises nor do I offer assessments that fall outside of my core training. I prefer to offer my patients what is at the center of my expertise and refer out to other experts for what should be in the center of their licensure and expertise. In my opinion, this offers the public the best care possible and protects the integrity of both fields of licensure, training and practice.

I am a continuing education provider as well as one who regularly takes continuing education to stay current in my field. For example, I am taking a course in Ehlers Danlos Syndrome and Hypermobility Spectrum Disorder. The faculty and most participants are P.T.s I am there to learn about a complex disease category and increase my treatment efficacy AND my ability to provide collaborative care with other providers with other licensure. The healthcare needs of our time demand collaborative care not scope creep. We all need to be doing the best work possible and deepening our skills within our fields rather than adding skills tangential to the core knowledge bases of our profession.

What is written below speaks much better to the legal and safety issues than I can.

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.

Michael McMahon, [L.Ac](#) and LMT #14129

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.
- Şahin 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.