

Submitter: Qing Fruehauf
On Behalf Of:
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: HB3824

Testimony in Opposition to HB 3824
Submitted to the Senate Committee on Health Care
By Qing Fruehauf, Corbett, Oregon

Chair and Members of the Committee,

My name is Qing Fruehauf, and I come before you not just as a resident of Corbett, but as a citizen deeply committed to safeguarding the integrity of health care standards in Oregon. I urge you to reconsider the inclusion of “needle insertion” (Page 3, Line 37) in the scope of practice for physical therapists as outlined in HB 3824.

This phrase, while seemingly technical, refers directly to a procedure known as dry needling. This technique involves the insertion of fine, filiform needles into muscle or connective tissue, with the intention of altering physiological function—precisely the work that acupuncture has long defined and regulated. In both method and intent, dry needling is not merely similar to acupuncture; it is acupuncture in practice, if not in name.

A Matter of Clarity, Patient Safety, and Public Trust
Oregon law, through ORS 677.757(1)(a), provides a clear and comprehensive definition of acupuncture, recognizing it as the insertion of needles to stimulate specific points on the body. The same statute acknowledges that this includes procedures involving electrical or mechanical stimulation—tools also used under the umbrella of dry needling.

Critically, Oregon has established a high standard for who may perform such procedures: only those licensed by the Oregon Medical Board under ORS 677.759. This standard was not set arbitrarily. It exists to protect public safety, ensure rigorous training, and uphold accountability.

To now expand this practice to professionals who are not subject to the same licensure or oversight by the Medical Board is not only a legal contradiction—it is a step backward in our shared commitment to evidence-based, patient-centered care. It risks undermining the trust that patients place in clearly defined scopes of practice and in the protections afforded to them by state law.

Conclusion

This is not a question of turf; it is a question of principle, legality, and the public good. When we blur lines between disciplines without due diligence or respect for existing regulatory frameworks, we risk confusion, diminished care quality, and legal conflict. I urge you to stand for clarity, consistency, and the rule of law. Please amend HB 3824 to remove “needle insertion” from the proposed scope of practice for physical therapists.

Thank you for your time and your service to the people of Oregon.

Respectfully,
Qing Fruehauf
Corbett, Oregon