

Submitter: Brandon Christy
On Behalf Of:
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: HB3824
To: Members of the Senate Committee on Health Care
Re: Opposition to HB 3824 – Inclusion of “Needle Insertion” in PT Scope

My name is Dr. Brandon Christy, DC. I am a chiropractor practicing in Oregon, and I strongly oppose the inclusion of “needle insertion” (Page 3, Line 37) in HB 3824. This language effectively allows physical therapists to perform dry needling—a technique that is functionally and legally equivalent to acupuncture under Oregon law.

Legal Conflict with Existing Statutes

ORS 677.757(1)(a) defines acupuncture as the stimulation of points on the body “by the insertion of needles,” regardless of whether the technique is labeled acupuncture or dry needling. Acupuncture may only be performed by those licensed under ORS 677.759 by the Oregon Medical Board (OMB). Allowing physical therapists to insert needles without this licensure directly conflicts with Oregon law and bypasses OMB oversight.

Under ORS 677.765, unauthorized practice of acupuncture is considered unauthorized practice of medicine and is subject to enforcement. HB 3824 would create a parallel, lower standard of care for an invasive procedure already regulated under existing statute.

Patient Safety and Training Discrepancies

Dry needling involves inserting acupuncture needles into muscular or nerve tissue, often near sensitive anatomical structures. While licensed acupuncturists in Oregon must complete 2,500–3,500 hours of training, including 800–1,000 hours of supervised clinical practice, dry needling courses for physical therapists may involve only 20–100 hours of instruction.

This disparity in education carries significant risk for adverse events, particularly when dry needling is performed by inadequately trained individuals. The following peer-reviewed research highlights these risks:

Brady et al., PM&R (2014): 36.7% of dry needling treatments resulted in adverse events; 20 were classified as major, including pneumothorax and nerve injury.

Majchrzycki et al., MDPI (2022): Among Polish practitioners, complications included 3% pneumothorax, 14% nerve palsy, and 1% hospitalization.

S,ahin et al., JournalAgent (2020) and Boissonnault et al., Western Journal of Emergency Medicine (2013): Documented life-threatening complications from improperly performed dry needling.

These are not rare or harmless outcomes—they are serious and avoidable risks tied to insufficient training in invasive procedures.

Undermining Regulatory Oversight

The Acupuncture Advisory Committee (ORS 677.780–785) was created specifically to help ensure public safety through professional standards, licensure, and oversight. HB 3824 undermines this system by expanding needle privileges to a separate profession regulated by a different board, with different educational standards and no formal training in acupuncture or needling safety.

Allowing this language to remain in HB 3824 would create legal ambiguity, bypass regulatory protections, and expose patients to unnecessary harm.

Conclusion

For legal, ethical, and patient safety reasons, I respectfully urge you to remove “needle insertion” from HB 3824. This provision directly conflicts with Oregon’s legal definition of acupuncture, ignores established licensure requirements, and places patients at risk by allowing minimally trained providers to perform invasive procedures.

Thank you for your time and consideration.

Dr. Brandon Christy, DC
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