

Submitter: Joel Swensen  
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 Joel Swensen, and I'm from Portland. I'm here to strongly oppose HB 3824 — specifically the inclusion of “needle insertion” on Page 3, Line 37. This language refers to dry needling, an invasive procedure that uses acupuncture needles to penetrate muscle or nerve tissue. No matter what you call it, dry needling is acupuncture under Oregon law.

#### Legal Conflict and Loophole

ORS 677.757(1)(a) clearly defines acupuncture as the insertion of needles to stimulate points on the body — exactly what dry needling does. Oregon law also allows acupuncture only by those licensed through the Oregon Medical Board. HB 3824 would open the door for physical therapists, who are not OMB-regulated, to perform what the law recognizes as a medical procedure. That's not just a bad idea — it's a direct violation of Oregon statute.

This bill creates a legal loophole that undermines the Acupuncture Advisory Committee, which was established specifically to protect the public by setting clear training and licensure standards. Letting an entirely different profession bypass that process is reckless and sets a dangerous precedent.

#### Training Disparity and Patient Risk

Licensed acupuncturists complete 2,500 to 3,500 hours of training — including up to 1,000 hours of supervised clinical work. Dry needling courses for physical therapists often involve as little as 20 hours of weekend training. That gap is not minor — it's life-threatening.

Speaking personally, I've found tremendous benefit in acupuncture and have deep respect for the level of training that licensed acupuncturists undergo. Knowing that my provider has completed thousands of hours of rigorous education gives me confidence and peace of mind. The thought that someone could insert needles into my body after only a short weekend course — without the same depth of skill or oversight — frankly makes me feel unsafe. As patients, we deserve to know that anyone performing such an invasive procedure has been properly trained and held to the highest standards.

The data is alarming:

36.7% of dry needling treatments lead to adverse events, including punctured lungs and nerve damage (Brady et al., PM&R, 2014).

A Polish study found 3% of treatments caused pneumothorax, 14% nerve palsy, and 1% required hospitalization (Majchrzycki et al., MDPI, 2022).

Multiple case reports confirm serious, sometimes life-threatening complications — including bilateral pneumothorax (Sahin et al., JournalAgent, 2020; Boissonnault et al., Western Journal of Emergency Medicine, 2013).

Allowing dry needling under HB 3824 puts patients at unnecessary risk, disregards existing safety standards, and invites legal chaos. This is not a harmless adjustment — it's a move that trades public safety for professional overreach.

I urge you to strike “needle insertion” from this bill. It's dangerous, it's unlawful, and it's a direct threat to the integrity of Oregon's health care system.

Thank you for your time.

#### 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.

Sahin 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.