

Members of the Senate Committee on Health Care,

Thank you for taking the time to read this letter. I would like to take this opportunity to express my concern and opposition to HB3824. My name is Sarah Ogrizovich. I am an acupuncturist and clinic owner from Bend, OR. I am requesting that the words “needle insertion” to be removed from HB3824, (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.

The details of injuries and adverse events including pneumothorax and nerve injury are significantly increased in studies when dry needling is performed by physical therapists and under trained individuals compared to a licensed acupuncturist. Studies have reported **major complications at a rate of 1 per 1,024 treatments for when performed by physical therapists and similar trained practitioners** compared to studies for acupuncturists which reported major complications at a rate of approximately 0.04-0.08 per 10,000 treatments.

The comparison clearly shows a significant risk to the public to allow under trained individuals to perform dry needling, which is a form of acupuncture under Oregon State law. 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. The gap in training hours significantly increases the risk for injury to the public. We have compiled and included some of the legal, regulatory, and detailed studies that support my opposition to HB3824.

**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 in protecting public safety and our profession in the State of Oregon,

Sarah Ogrizovich, LAc, Clinic Owner Bend, OR

In addition, if PT's truly want to be able to provide vaccinations that could be addressed under public health with the area of the arm being the singular location for injection. The

current bill does not provide the proper education and clarity to be passed to allow PT's to perform needle injection.

### **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. Major Complications were 1 per 1,024 TDN treatments, The average ratio of minor AE's for all respondents across all weeks was 0.53 or approximately one event for every two patients (Boyce et al., Int J Sports Ther, 2020).

- 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).

#### Citations:

- ORS 677.757–677.785: Licensing and regulation of acupuncture in Oregon
- Boyce, David et al. “ADVERSE EVENTS ASSOCIATED WITH THERAPEUTIC DRY NEEDLING.” *International journal of sports physical therapy* vol. 15,1 (2020): 103-113.
- 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.