

Submitter:

Sharone Franzen

On Behalf Of:

Committee:

Senate Committee On Health Care

Measure, Appointment or Topic:

HB3824

I am an acupuncturist in California, but my daughter is under the care of a licensed acupuncturist in Portland, OR. I would like to strongly protest against this bill - 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.

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. **DRY NEEDLING IS ACUPUNCTURE, AND SHOULD ONLY BE PERFORMED BY LICENSED ACUPUNCTURISTS!!!**

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.

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 (S,ahin 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.