

Dear Chair Patterson, Vice-Chair Hayden, and Members of the Committee:

My name is Dr. Gwynne Engelking and I live in Portland, Oregon. I am an acupuncturist and a naturopathic doctor who provides integrative care in Portland Oregon. I am writing in strong opposition to HB 3824, specifically the inclusion of “needle insertion” on page 3, line 37, which seeks to expand the scope of practice for physical therapists.

This provision poses serious legal, ethical, and patient safety concerns. It also directly conflicts with existing Oregon law, undermines established regulatory oversight, and significantly lowers standards for invasive medical procedures.

1. Needle-Based Procedures Require Precision and Extensive Training

Needling is not a low-risk intervention. It often involves insertion into muscles, joints, and anatomical regions located near vital structures such as the lungs, major blood vessels, and nerves. Improper technique can cause serious complications—including pneumothorax, nerve damage, and vascular injury.

Licensed acupuncturists in Oregon undergo 2,500–3,500 hours of training, including over 800 hours of supervised clinical practice. In contrast, dry needling certification courses for physical therapists typically range from just 20 to 100 hours. Lowering the training standard for such invasive procedures jeopardizes patient safety and devalues the protections currently in place.

2. Legal Conflict with Oregon Statutes

HB 3824 conflicts with Oregon law in several ways:

- Under **ORS 677.757(1)(a)**, *acupuncture* is defined as the stimulation of specific points on the body “by the insertion of needles.”
- **ORS 677.759** requires that only individuals licensed by the Oregon Medical Board may perform acupuncture.
- **ORS 677.765** states that unlicensed practice constitutes the unauthorized practice of medicine.

Dry needling—as described in HB 3824—is functionally identical to acupuncture under Oregon law. Allowing physical therapists, who are not regulated by the Oregon Medical Board, to perform needle insertion would therefore be inconsistent with current statutes.

3. HB 3824 Undermines Existing Oversight

The Acupuncture Advisory Committee, established under **ORS 677.780–785**, was created to advise the Oregon Medical Board on standards for acupuncture education, licensure, and scope. HB 3824 bypasses this structure entirely by granting an invasive procedure to a profession not subject to OMB oversight.

This undermines the regulatory system that was carefully designed to protect the public from harm and maintain clinical standards.

4. Adverse Event Data Confirms Risk

The data on dry needling risks is clear:

- A 2020 study (Boyce et al., *Int J Sports Phys Ther*) found adverse events in **36.7%** of treatments, including 20 major complications such as pneumothorax.
- A Polish survey (Majchrzycki et al., *MDPI*, 2022) reported **3% pneumothorax, 14% nerve palsy, and 1% hospitalization.**
- Multiple case reports document life-threatening injuries such as bilateral pneumothorax and prolonged nerve damage (Şahin et al., 2020; Boissonnault et al., 2013).

These risks are magnified when performed by providers with limited training in anatomy, palpation, and needling technique.

5. Oregon Should Uphold—not Lower—Its Standards

Oregon has long been a leader in integrative and evidence-informed healthcare. Our acupuncturists are among the most highly trained in the country, contributing significantly to chronic pain management, women's health, and orthopedic care.

Authorizing undertrained practitioners to perform invasive procedures contradicts Oregon's healthcare values and sends the wrong message: that we are willing to compromise safety and quality for convenience.

That is not the Oregon way. Oregon is known for prioritizing patient safety, public oversight, and high professional standards. We do not sacrifice quality to appease special interests or allow unsafe shortcuts in healthcare. Maintaining our integrity means holding all healthcare providers to the same evidence-based, licensure-backed standards.

6. Collaboration, Not Redundancy

Medicine is inherently collaborative. That's why we have medical specialties. Dry needling requires specialized anatomical knowledge—not just of muscles, but of contraindicated zones, tissue depth, and patient-specific risks. Physical therapists already refer to acupuncturists in cases that require this expertise. Expanding their scope without equivalent training isn't collaboration—it's duplication without safeguards.

Conclusion

HB 3824's inclusion of "needle insertion" is:

- **Legally inconsistent** with current Oregon law
- **Medically unsafe**, given the risks and inadequate training standards
- **Regulatorily flawed**, bypassing the OMB and Acupuncture Advisory Committee

Above all, **it abandons the Oregon standard of patient-first care.**

I respectfully urge the committee to amend HB 3824 and **remove all references to “needle insertion.”** Let us uphold Oregon’s values—not weaken them.

Thank you for your time and commitment to protecting public safety in Oregon.

Citations:

- ORS 677.757–677.785 (Acupuncture regulation in Oregon)
- Boyce D, et al. *Int J Sports Phys Ther.* 2020;15(1):103–113
- Brady S, et al. *PM&R.* 2014;6(9):847–852
- Majchrzycki M, et al. *MDPI.* 2022
- Şahin N, et al. *JournalAgent.* 2020
- Boissonnault WG, et al. *Western J Emerg Med.* 2013