

Members of the Senate Committee on Health Care,

My name is Jennifer Williams. I live in southeast Portland and attend the National College of Naturopathic Medicine (NUNM) as a student of both the naturopathic and Chinese medicine programs. I am writing to you in opposition to HB 3824, 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. I write with genuine concern for patient safety in regards to the discrepancy in study and training hours between physical therapists/non-OMB-regulated practitioners and licensed acupuncturists when it comes to allowing for the practice of needle insertion therapies.

### **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. *Shouldn't we be doing our due diligence to make sure that practitioners seen by patients to therapeutically insert needles into the delicate anatomical and energetic landscape beneath their skin are qualified by upheld regulatory standards to deliver treatment that meets the safe and deeply knowledgeable standards that come along with acupuncture training?*

There are numerous studies highlighting 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).

**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.

#### **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.