Chair Patterson, vice-Chair Hayden, and Members of the Committee,

My name is Jennifer Briggs, and I'm a licensed acupuncturist with over 400 hours of advanced training specifically in orthopedic acupuncture—a specialty within our profession that focuses on treating injured or tight tissues to restore full range of motion and reduce pain. I am asking you to remove the language "needle insertion" from HB3824, for the following reasons.

Acupuncture is a medically recognized therapy that increases circulation, reduces inflammation, and releases endorphins in the brain to relieve pain. Orthopedic acupuncture uses precise anatomical knowledge and advanced needling techniques to treat the same conditions that dry needling (DN) aims to address. The only difference? One group—licensed acupuncturists—has extensive, rigorous training. The other—physical therapists—does not.

Dry needling is acupuncture. It uses the same tools, the same methods, and has the same clinical goals. It is invasive and carries risks. And yet, while acupuncturists are required to complete over 1,600 hours of needling education, including anatomy, safety, and clinical competencies—plus a minimum of 250 supervised treatments and national board certification—physical therapists can become certified in dry needling with as little as 52 hours of training.

That is not equivalent. That is not safe.

Proponents have cited dry needling's safety profile. However, that safety profile is based on the excellent historical safety record of acupuncturists, since we use the same tools. A 2024 study in Belgium by Bontinck et al found that in just 15 months, a single hospital in a region where physiotherapists were practicing dry needling treated four cases of pneumothorax—collapsed lungs—caused by physical therapists. The same study contains a review from Chinese medicine literature, which found an average of 2 cases of pneumothorax in 230,000 treatments by licensed acupuncturists. That difference matters.

Furthermore, Tuesday's testimony claimed that DN is allowed in 47 states. That's simply incorrect. According to the American Physical Therapy Association's own website, DN is allowed in 37 states, explicitly prohibited in 5, and unregulated in 8. This push for expanded scope has not emerged from better patient care, but from louder voices. There are nearly 234,000 physical therapists in the U.S. compared to only 35,000 licensed acupuncturists. In many states, there are too few acupuncturists to meet demand. But Oregon is not one of those states. Here, we have a relatively balanced provider base—with about 1,500 licensed acupuncturists and 3,100 physical therapists. We already have strong, collaborative care. Why undermine that?

WHO recommends 250 to 2,500 hours of training to safely learn dry needling. Physical therapists are asking to bypass that—allowing providers with 52 hours of

training to perform invasive procedures near lungs, organs, and nerves. That should concern all of us.

This bill also delegates educational oversight to the Physical Therapy Board—a board that, notably, did not take a supportive stance on the bill. Additionally, dry needling is not currently taught across all PT schools, and there is no unified standard in place.

Let me be clear: physical therapy is a vital profession. Their three years of doctoral education prepare them well for their scope—exercise therapy, manual therapy, and rehabilitation. But dry needling is not a basic skill. It is a specialized, invasive procedure requiring deep understanding of human anatomy, patient safety, and clinical nuance. It belongs under the purview of those specifically trained to perform it: licensed acupuncturists and medical doctors.

No single provider can safely do everything. That is why we have medical specialties, and why collaborative care—not scope expansion without training—is the gold standard.

Oregon is nationally recognized for high-quality, integrative care. Let's keep it that way!