

Submitter: Jonathan Luna  
On Behalf Of:  
Committee: Senate Committee On Health Care  
Measure, Appointment or Topic: HB3824  
Testimony Opposing HB 3824 – Needle Insertion in Physical Therapy Scope of Practice

Members of the Senate Committee on Health Care,

My name is Jonathan Luna, and I am a fifth-year doctoral and master's student in acupuncture at the National University of Natural Medicine in Portland. I am here to oppose HB 3824, specifically the inclusion of "needle insertion" (Page 3, Line 37) in the physical therapy scope of practice.

#### Personal Experience and Perspective

For the past five years, I have undergone thousands of hours of training focused on the safe and effective practice of acupuncture. This includes advanced coursework in anatomy, needle techniques, and extensive supervised clinical practice. The precision required to safely insert needles at specific depths and angles is not something learned in a weekend course.

In my clinical rotations, I have treated patients with complex conditions where improper needle technique could result in severe complications. A patient I treated had lingering nerve pain after receiving dry needling from a physical therapist. This is not an isolated incident. Complications like pneumothorax, nerve damage, and infection are real risks without adequate training.

#### Legal and Regulatory Concerns

ORS 677.757(1)(a) defines acupuncture as "the stimulation of specific points on the body by the insertion of needles," which includes mechanical or electrical devices. Dry needling, as proposed in HB 3824, falls under this definition.

Currently, only licensed acupuncturists regulated by the Oregon Medical Board (OMB) can perform acupuncture. Allowing physical therapists to practice needle insertion without OMB oversight creates a dangerous dual standard. This bill bypasses established regulatory safeguards intended to protect patients from unqualified practitioners performing invasive procedures.

#### Patient Safety and Clinical Risk

Research supports the risks associated with insufficiently trained practitioners performing needle insertion:

36.7% of dry needling treatments resulted in adverse events, including 20 major complications like pneumothorax (Brady et al., PM&R, 2014).

A Polish study documented 3% pneumothorax and 14% nerve palsy in dry needling (Majchrzycki et al., 2022).

A case report described a bilateral pneumothorax after dry needling, resulting in hospitalization (Sahin et al., 2020).

These cases illustrate why extensive training in needling is critical to patient safety.

#### Conclusion

HB 3824 presents significant legal, regulatory, and safety concerns. Allowing physical therapists to perform “needle insertion” without the comprehensive training required of acupuncturists not only conflicts with existing statutes but also poses unnecessary risks to patients.

For these reasons, I urge the committee to remove the term “needle insertion” from HB 3824 to maintain consistent safety standards and protect public health.

Thank you for your time and consideration.

Sincerely,

Jonathan Luna

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