



SUNSTONE

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

My name is Haley West, and I live in Springfield, 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.

Outlined below are very clear reasons why this bill should not pass the senate. I have been practicing as an acupuncturist in the state of Oregon for 7 years. In my clinical practice, I have referred hundreds of patients to physical therapy for appropriate evaluation and treatment, with full awareness that dry needling is not currently within the physical therapy scope of practice. These referrals reflect my respect for the valuable role physical therapists play in rehabilitative care. However, I have serious concerns about the inclusion of dry needling within their scope. As an invasive procedure, it requires in-depth anatomical knowledge, extensive hands-on training, and a strong understanding of patient-specific risk factors. Without this foundation, I do not believe dry needling can be performed safely or responsibly in the context of physical therapy.

Our training includes an extensive 2500-3500 hour program alongside 800 hours of supervised clinical training. In contrast, a dry needling certificate can be obtained by a physical therapist in just 20 to 100 hours. That is a vast difference, and lowering the training requirements for needling puts patients at an increased risk of harm as well as jeopardizes safety and devalues the protections currently in place.

As an acupuncturist, I recognize that needling is a precise and impactful therapeutic technique—not without risk. It frequently involves inserting needles into muscles and areas near critical anatomical structures like the lungs, major blood vessels, and nerves. Without proper training and technique, complications such as pneumothorax, nerve injury, or vascular damage can occur. This is why rigorous education, anatomical knowledge, and clinical experience are essential for ensuring both safety and efficacy in treatment.

I strongly support the collaborative spirit of modern healthcare. Interdisciplinary cooperation is vital to delivering safe, effective, and patient-centered care. That’s precisely why medical

specialties exist—each profession brings distinct training, clinical judgment, and expertise to the table.

Dry needling, often framed as a physical therapy modality, is in practice a form of invasive needling. It involves penetrating the skin and underlying tissues—often near vulnerable anatomical structures such as the lungs, major blood vessels, and nerves. Safe and effective application requires extensive anatomical education, clinical training, and a deep understanding of tissue depth, contraindications, and patient variability—competencies that are foundational to the scope of practice for licensed acupuncturists.

Physical therapists already refer to acupuncturists in complex cases where needling near sensitive regions is required. This reflects a recognition of our specialized expertise. However, proposals to expand dry needling privileges to physical therapists without mandating equivalent, comprehensive training risk undermining this collaborative dynamic. It is not an expansion of care, but rather a duplication of services without the appropriate safety framework.

From a policy standpoint, such expansion raises serious concerns about patient safety, professional accountability, and public trust. Ensuring that any practitioner performing invasive procedures meets rigorous, standardized educational and clinical benchmarks is not merely a professional boundary issue—it is a matter of public health. Collaboration should never come at the cost of safety or reduced standards. True interprofessional respect means recognizing when specialized knowledge is essential—and protecting the public by upholding those standards.

I respectfully urge the committee to amend HB 3824 by removing all references to "needle insertion." Let us uphold Oregon's longstanding commitment to high standards in healthcare and patient safety—not compromise them.

Thank you for your time, attention, and dedication to safeguarding the well-being of Oregonians.

Sincerely,

Haley West L.A.c

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