

Submitter: Krista Bargsten
On Behalf Of:
Committee: Senate Committee On Health Care
Measure, Appointment or Topic: HB3824

Members of the Senate Committee on Health Care,

My name is Krista A Bargsten, LAc. I am from Portland, and I am writing in opposition to HB 3824, specifically the inclusion of “needle insertion” (Page 3, Line 37) in the physical therapy scope of practice. The term "needle insertion" refers to "dry needling." This oddly-named technique, "dry needling," uses acupuncture needles to penetrate the skin and stimulate muscle or nerve tissue. This is functionally equivalent to acupuncture as defined by Oregon state law.

In the state of 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. 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.

Therefore, HB 3824 is in direct conflict with established state law by proposing to allow non-OMB-regulated practitioners (in this case, physical therapists) to perform a procedure that falls definitively 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.

As an acupuncturist licensed in the state of Oregon, I was required to 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.

Numerous studies highlight increased risks of adverse events (AEs) when dry needling is performed by inadequately trained providers:

1) 36.7% of dry needling treatments resulted in AEs, with 20 major complications such as pneumothorax and nerve injury. Major Complications were 1 per 1,024 TDN treatments, The average ratio of minor AEs 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).

2) A Polish study reported 3% pneumothorax, 14% nerve palsy, and 1% hospitalization (Majchrzycki et al., MDPI, 2022).

3) Multiple case reports confirm life-threatening events, including bilateral pneumothorax and prolonged nerve damage (Sahin 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.

I sincerely 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.

- Sahin 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.