

Whitney Green Bautista, LAc, Dipl.OM, MAcOM, DAOM

Owner and Acupuncturist

Pinnacle Wellness Center

7405 SW Beveland Road

Tigard, OR 97224

5/8/2025

Senate Committee on Health

Oregon State Legislature

RE: Opposition to HB 3824 — Inclusion of “Needle Insertion” in PT Scope of Practice

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

My name is Whitney Green Bautista. I am a native Oregonian and a licensed acupuncturist practicing in Tigard since 2013. I specialize in pain management and injury recovery using acupuncture techniques, including dry needling, myofascial release, and trigger point therapy. I am deeply committed to collaborative care and regularly work alongside providers such as physical therapists to help patients achieve their health goals.

As a mother of two young children and a long-standing community member — past president of the Tigard Rotary Club and current board member of the Tigard Chamber of Commerce — I care deeply about the future of Oregon’s healthcare.

I am writing to respectfully express my strong opposition to HB 3824, particularly the provision that would expand the scope of practice for physical therapists to include "needle insertion."

While I fully support interdisciplinary care and deeply value the role of physical therapists, I have serious concerns about this provision for the following reasons:

1) Public Safety Risks

Needle insertion procedures — including vaccinations, injections, and dry needling — are invasive and carry significant risks. Comprehensive training is critical to prevent serious complications such as nerve injury, pneumothorax, and infection.

Licensed acupuncturists in Oregon undergo more than 2,500 hours of education, covering gross and surface anatomy, needle technique, risk management, and living anatomy (NCCAOM, 2021; Oregon Medical Board, 2024). This intensive and specific training ensures safe and precise needle placement.

While physical therapists receive anatomical education, they do not receive hands-on needle insertion training in their core programs. Needle-specific clinical expertise — including three-

dimensional anatomical understanding, needling depth, angulation, and tissue resistance — is developed through extensive supervised clinical practice, not theoretical coursework.

Without this rigorous, specialized training, the risk of patient harm increases significantly.

2) Expanding Scope Without Adequate Training Sets a Dangerous Precedent

Expanding scope without proportionate education undermines Oregon’s commitment to high healthcare standards. Oregon ranks #8 nationally for healthcare access and quality (*U.S. News & World Report*, 2023) — a testament to our strong regulatory protections.

Allowing minimally trained providers to perform invasive procedures would compromise Oregon’s values and send the wrong message about our priorities.

Oregonians deserve better. We must uphold our regulatory and educational standards to safeguard patient care.

3) Importance of Medical Specialization and Collaboration

No single provider should perform every procedure. Acupuncturists refer when care exceeds their scope, and physical therapists should similarly recognize that needle-based interventions are specialized.

Dry needling requires:

- Advanced knowledge of subcutaneous anatomy
- Thorough understanding of neurovascular structures
- Competency in real-time risk assessment and management

This is an invasive procedure that demands deep, ongoing education on par with other needle-based medical interventions. Reducing it to a convenience undermines patient safety.

4) Potential to Reduce Access to Care

Allowing physical therapists to perform dry needling raises serious concerns about unintended consequences for patient access to care. It is unclear how these procedures would be billed and implemented.

If physical therapists bill under existing acupuncture procedural codes (97810, 97811, 97813, 97814), this could exhaust benefits intended for acupuncture performed by licensed acupuncturists. Many insurance plans limit annual acupuncture visits — meaning patients could be left unable to complete treatment plans or access needed care.

This lack of clarity risks:

- Reducing patient access to acupuncture

- Creating administrative confusion
- Undermining coordinated, collaborative care models

Collaboration among qualified providers — not competition for limited resources — should be prioritized.

In Closing

I urge you to prioritize patient safety, access, and legal clarity by opposing the inclusion of "needle insertion" in HB 3824. At a minimum, I respectfully request that this language be removed or revised to require appropriate training, certification, and oversight by the Oregon Medical Board for all invasive needle procedures.

Thank you for your time and thoughtful consideration of this important issue.

Sincerely,

Whitney Green Bautista, LAc, Dipl.OM, MAcOM, DAOM

Owner and Acupuncturist

Pinnacle Wellness Center

Sources

National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). 2021 Candidate Handbook.

Oregon Medical Board. Licensing Requirements for Acupuncturists, 2024.
Boyce, D., et al. (2011).

Oregon Association of Acupuncturists (OAA). *Oregon Acupuncture: National Leader in Integrative Standards*, 2023.

U.S. News & World Report. *2023 Best States Rankings: Health Care*.

Dommerholt, J. (2011). *Dry needling — peripheral and central considerations*. *Journal of*

Manual & Manipulative Therapy, 19(4), 223–227.

MacDonald, A., et al. (2017). *Needle placement precision and adverse events in dry needling: a systematic review*. *Physical Therapy Reviews*, 22(1), 68–78.