

To whom it may concern,

I am writing to you as a licensed acupuncturist with over 15 years of clinical experience to express my strong opposition to the proposed **House Bill 3824**, which would allow physical therapists to perform **dry needling** in the state of Oregon.

As a practitioner who completed **over 3,000 hours of graduate-level education over four years**, in addition to **hundreds of hours of continuing education**, I am deeply concerned that this bill would not only **undermine the safety and integrity of needle-based therapies**, but would also significantly **impact my professional livelihood and the value of the training that acupuncturists are required to complete** in this state.

Dry needling is acupuncture in both technique and risk profile. While it may be explained using Western biomedical terminology, the practice — the insertion of solid filiform needles into muscle and connective tissue — **originates from and is nearly indistinguishable from trigger point acupuncture**, a technique that has long existed within East Asian medical traditions. Rebranding it as something new **without honoring its origins or requiring similar levels of training** amounts to **cultural and professional appropriation**.

Moreover, allowing PTs to perform this invasive procedure with as little as **20–100 hours of training** raises **significant concerns about patient safety**, especially when compared with the thousands of hours of anatomy, physiology, needling technique, and supervised clinical experience required of licensed acupuncturists. Conditions such as pneumothorax and nerve damage are rare when performed by skilled acupuncturists — but they are real risks that increase with inadequate training.

If this bill is truly about improving patient outcomes, I would advocate instead for **integrated care models** in which physical therapists and licensed acupuncturists **work collaboratively**. PTs are experts in physical rehabilitation and movement, and acupuncturists bring a depth of knowledge in myofascial release, autonomic regulation, and needle-based interventions. Together, we could provide more comprehensive, effective care — without sacrificing safety or the professional standards of either discipline.

The idea that this bill is driven by a desire for better access to care and patient outcomes is refuted by the simple fact that there is no shortage of acupuncturists in Oregon. There is no reason for a PT clinic to not utilize the skills of an actual, trained acupuncturist, rather than simply trying to implement our practice at a more basic level with inferior training.

Passing this bill would set a dangerous precedent — one that devalues my profession, threatens public safety, and ultimately compromises patient care. I urge you to vote **NO** on House Bill 3824, and to support collaborative care models that respect the distinct training and contributions of each licensed profession.

Thank you for your time and attention to this important matter. Please feel free to contact me if you have any questions or would like to discuss this further.

Sincerely,

[Anna Master (Murphy-Moore), L.Ac.]

Licensed Acupuncturist, Oregon