

Testimony in Opposition to HB 3824 – Inclusion of “Needle Insertion” in Physical Therapy Scope of Practice
Submitted to the Senate Committee on Health Care
By Jen Kearns, Portland, Oregon

Chair and Members of the Committee,

My name is Jen Kearns and I am a licensed acupuncturist. I have owned and worked collaboratively in multidisciplinary clinics that see hundreds of patients weekly on both the East and West coast since the inception of my licensure in 2006. I am here to express my firm opposition to HB 3824 – Inclusion of “Needle Insertion” in Physical Therapy Scope of Practice. The inclusion of this term would represent a dangerous expansion of scope for physical therapists (PTs) without proper training, oversight, or licensure.

Let’s be Clear, Dry Needling *Is* Acupuncture

Dry needling is not a distinct, novel procedure. It is **acupuncture** — using the same FDA-regulated acupuncture needles, targeting the same anatomical structures, and aiming for the same therapeutic effects. The distinction drawn by proponents of dry needling is disingenuous and misleading. It’s also legally incorrect under **ORS 677.757(1)(a)**, which defines acupuncture as the stimulation of specific points on the body “by the insertion of needles.”

This terminology sleight-of-hand feels not only dishonest, but unethical — a way of bypassing training requirements and licensure while still engaging in invasive medical procedures. The **FDA** has explicitly stated that acupuncture needles are to be used only by “qualified practitioners of acupuncture as determined by the States.”

Legal and Regulatory Conflict

Oregon law currently permits only licensed acupuncturists, governed by the **Oregon Medical Board (OMB)**, to perform acupuncture. Allowing physical therapists to insert needles would:

- Violate **ORS 677.759**, which limits acupuncture practice to OMB-licensed practitioners
- Undermine the authority of the **Acupuncture Advisory Committee** (ORS 677.780–785)
- Constitute **unauthorized practice of medicine** under **ORS 677.765**

Regulatory boards cannot override statute, and administrative rules must align with legislative intent. HB 3824 sidesteps this legal structure and opens the door for invasive procedures to be performed by individuals without the necessary credentialing, education, or oversight.

Education & Training Discrepancies

Acupuncturists undergo **2,500–3,500 hours of training**, including over **1,300 hours specific to acupuncture** — with **705 hours of classroom instruction** and **660 hours of supervised clinical experience**. This includes:

- Western and Eastern medical sciences
- Layered, 3D anatomical dissection
- Risk management, depth control, clean needle technique
- Emergency preparedness for adverse reactions

In stark contrast, dry needling training for PTs often consists of **12–100 hours**, with minimal supervision and no standardized curriculum. There is:

- **No independent oversight**
- **No board-certified competency examination**
- **No uniform clinical requirement**
- **No training in emergency medical procedures** for needle-based complications

This is a major public safety concern. Several studies show that **when acupuncture is performed by non-acupuncturists**, the **rate of severe injury more than doubles**, with **nine times greater risk of life-threatening events**. Dry needling often targets deep anatomical compartments near vital structures — including lungs, arteries, and nerves — where precision is absolutely critical.

The comparison between the adverse event rates for dry needling by physical therapists (PTs) and acupuncture as highlighted by the sources you provided reveals a significant disparity in the safety profiles of the two practices.

Dry Needling by Physical Therapists:

According to the source you mentioned, **over 50%** of patients who undergo dry needling by PTs experience adverse events, with **36.7%** of treatments leading to an adverse event. Additionally, the rate of **serious adverse events** is reported as **0.1%** (or 1 in 1,000 treatments). These statistics suggest that dry needling, when performed by physical therapists, carries a much higher risk of complications, with a substantial proportion of treatments resulting in patient harm.

Acupuncture:

In contrast, the systematic review and meta-analysis by Bäumler et al. (BMJ Open, 2021) reports that **acupuncture-related adverse events** occur in **9%** of patients and **7%** of treatments. However, the rate of **serious adverse events** is much lower at **1 per 10,000 patients** and **7.98**

per 1 million treatments. This demonstrates a significantly lower risk profile for acupuncture, even though it still involves needle insertion.

Key Differences:

- **Adverse Event Frequency:** Over 50% of dry needling patients experience adverse events, compared to 9% for acupuncture patients. The rate of adverse events per treatment is also much higher for dry needling (36.7%) than for acupuncture (7%).
- **Serious Adverse Events:** The rate of serious adverse events in dry needling is **0.1%** (1 in 1,000 treatments), which is considerably higher than the rate for acupuncture, where serious events occur in **1 per 10,000 patients** or **7.98 per 1 million treatments**.
- **Patient Safety:** This contrast clearly shows that acupuncture, despite being an invasive procedure, is associated with far fewer adverse events and much lower rates of serious harm compared to dry needling performed by physical therapists. The higher incidence of adverse events in dry needling, particularly serious ones, underscores the risks involved when this procedure is performed by individuals without sufficient specialized training.

Conclusion:

The data supports the argument that acupuncture is a safer procedure than dry needling when performed by licensed acupuncturists, who undergo years of rigorous training in anatomy, safety protocols, and clinical practice. On the other hand, the higher adverse event rates associated with dry needling performed by physical therapists highlight the risks of expanding their scope of practice to include such invasive procedures without the necessary training and oversight. This stark difference in safety profiles reinforces the importance of preserving the integrity of specialized healthcare practices and ensuring that procedures like needle insertion are performed by those with the requisite expertise.

Safety Is Not Optional

Dry needling is not benign. Complications include:

- **Pneumothorax** (lung puncture)
- **Nerve injury**
- **Vascular trauma**
- **Infection**

These are **not hypothetical risks** — they are **documented and real**, with numerous case reports and published studies describing permanent injury and emergency room visits due to improperly performed dry needling. The **AMA**, **AAPMR**, and even the **American Academy of Medical Acupuncture** affirm that **only those with substantial training in invasive techniques** should perform this procedure.

Healthcare must not compromise patient safety in the name of convenience or billing expansion.

Collaboration, Not Redundancy

I have seen physical therapists for body mechanics, and I appreciate their expertise. But I would never allow one to insert needles into my body — whether for acupuncture, vaccinations, or any other purpose. Physical therapists are trained in movement, not invasive procedures.

The American Physical Therapy Association itself defines PTs as improving health through “prescribed exercise, hands-on care, and patient education.” Nowhere do they claim expertise in needle-based medical procedures. If a PT believes a patient would benefit from needling, they should **refer to a licensed acupuncturist** — not attempt to duplicate the role with a weekend course.

There are **over 1,200 underutilized licensed acupuncturists** in Oregon, many unable to join insurance panels due to saturation. Instead of redundancy, let’s encourage **collaborative care**, where each provider brings the full value of their training to patient outcomes.

Cultural Competency and Respect

It is offensive and factually incorrect to reduce acupuncture to esoteric concepts like “qi” and “meridians” without recognizing its deep anatomical and physiological basis. Acupuncture points correspond to **muscles, joints, nerves, and connective tissue**, and are used to treat **musculoskeletal, neurological, and internal organ dysfunctions**. Acupuncture training includes **Western medical sciences** and is **evidence-based**.

To dismiss this system as unscientific while co-opting its methods under a different name is not only inaccurate, but **culturally insensitive and professionally unethical**.

Insurance Waste and Patient Burden

If PTs begin needling during standard sessions, they may exhaust patients’ limited insurance-covered visits. That leaves fewer visits available for trained acupuncturists, who could have addressed the issue more thoroughly and safely. This is **inefficient, costly**, and ultimately **harmful to the patient**.

It's not just about safety — it's about honesty. This bill appears to be more about expanding billing codes than addressing patient needs.

Final Thoughts

Healthcare is strongest when it is **multidisciplinary** — not when providers seek to do it all, but when they **work together**. True excellence in care comes from respecting each specialty's depth of training and collaborating for patient-centered outcomes.

Allowing physical therapists to perform dry needling:

- **Violates Oregon law**
- **Erodes public trust**
- **Jeopardizes patient safety**
- **Devalues professional integrity**
- **Creates unnecessary duplication and confusion**

I respectfully urge this committee to **remove “needle insertion” from HB 3824**. Uphold the standards that keep Oregon's healthcare system among the best. Protect patients. And preserve the value of true collaborative care.

Thank you for your time and attention.

Sincerely,
Jen Kearns
Portland, Oregon