

Submitter:

Warren Banks

On Behalf Of:

Committee:

Senate Committee On Health Care

Measure, Appointment or Topic:

HB3824

May 9, 2025

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 Warren Banks. I have been living in Oregon since 1983. I have been a client of acupuncture for eight years.

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.” 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 over 2,500 hours of education, including gross and surface anatomy, needle technique, risk management, and living anatomy. This rigorous training ensures safe and precise needle placement. While physical therapists receive foundational anatomical education, their core training does not include hands-on needle insertion or the clinical expertise required for safe practice. Needle-specific competency requires extensive supervised clinical hours and a deep understanding of three-dimensional anatomy, needling depth, angulation, and tissue resistance — not just theoretical knowledge.

2. Expanding Scope Without Adequate Training Sets a Dangerous Precedent.

Expanding scope without proportionate education undermines Oregon’s commitment to healthcare excellence. Allowing minimally trained providers to perform invasive procedures would lower the bar and send the wrong message: that patient safety can be compromised for the sake of convenience.

3. Importance of Medical Specialization and Collaboration

Medical specialties exist for a reason. Acupuncturists regularly refer out when care exceeds their scope — physical therapists should do the same when it comes to invasive needle techniques. Dry needling demands:

Advanced subcutaneous anatomical knowledge.

Understanding of neurovascular structures.

Ongoing competency in risk assessment and management.

Minimizing the complexity of these procedures puts patients at risk and disregards the collaborative model that has made Oregon a leader in integrative care.

4. Potential to Reduce Access to Care.

Oregon has one of the most robust acupuncture communities in the United States. There is no shortage of licensed providers already trained and qualified to perform

both acupuncture and dry needling. Many insurance plans limit acupuncture visits annually, as mine does. This lack of clarity on billing and implementation threatens to: Disrupt care continuity.

Cause administrative confusion.

Undermine collaborative provider relationships

5. Concern Over Process and Timing

I am also concerned that this bill seems to be rushed through the legislative process without sufficient time or attention to address the concerns of acupuncturists and physicians. While I understand that other states may permit physical therapists to perform needle insertion, Oregon is recognized as a national leader in healthcare standards and integrative medicine.

In Closing

I urge you to oppose the inclusion of "needle insertion" in HB 3824. At a minimum, I respectfully suggest that this language be removed and the bill specifically include clearly defined training, certification and regulatory oversight under the Oregon Medical Board. As HB 3824 is currently written I would certainly not seek acupuncture from a physical therapist who does not have the appropriate training, licensing and certification.

Thank you for prioritizing patient safety and accountability in Oregon healthcare.

Sincerely,

Warren Banks

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