

Opposition to HB 3824 - Risks to Patient Safety and Regulatory Standards

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

My name is Jenny Curto, and I am a licensed naturopathic doctor and acupuncturist (ND, LAc) practicing in Portland, Oregon. My clinical focus is on treating digestive disorders and chronic pain, and I regularly perform precise needling techniques that require detailed anatomical understanding. I am writing in opposition to HB 3824 because it significantly expands the scope of practice for physical therapists without aligning with the standards of training, oversight, and licensure required for invasive procedures.

Needle Insertion Requires Advanced Clinical Training

Dry needling involves inserting filiform needles into muscular and fascial tissue-often near nerves, blood vessels, or the lungs. These are not low-risk procedures. Oregon-licensed acupuncturists like myself complete over 2,500 hours of education, including extensive training in anatomy, physiology, and hundreds of hours of supervised clinical needling. By contrast, physical therapists may receive dry needling instruction through short-format courses with minimal hands-on training. This creates a safety gap that cannot be ignored.

The Bill Lacks Adequate Regulatory Oversight

HB 3824 proposes to authorize needle insertion by physical therapists without the oversight of the Oregon Medical Board or a comparable regulatory body trained to evaluate competency in invasive procedures. This undermines Oregon's existing licensure protections and creates new liabilities for patients without appropriate public safeguards in place.

Legal and Clinical Inconsistencies Across States

Dry needling remains legally and clinically controversial. Several state courts have determined that it falls outside the legal scope of physical therapy due to inadequate training and risk to patients.

Where dry needling has been allowed, it has often followed lobbying pressure rather than careful clinical evaluation. Oregon should not follow this path without a clearly defined, evidence-based regulatory framework.

Existing Standards Already Support Interdisciplinary Care

As a clinician, I frequently refer patients to physical therapists for movement therapy and rehabilitation. Similarly, I receive referrals from PTs when precise anatomical needling is indicated. This collaborative model already serves patients well. Expanding physical therapists' scope to include invasive procedures without equivalent training does not improve outcomes; it increases risk and blurs professional accountability.

Conclusion

HB 3824 would allow physical therapists to perform invasive procedures without meeting the rigorous training, education, and oversight that such interventions demand. It weakens Oregon's commitment to patient-centered, evidence-based care and introduces unnecessary risk. I respectfully urge you to reject this bill in its current form to preserve the integrity and safety of Oregon's healthcare system.

Thank you for your time and dedication.

Sincerely,

Jenny Curto, ND, LAc

Portland, Oregon