

**Testimony in Opposition to HB 3824 – 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 for nearly 20 years. I firmly oppose HB 3824. HB 3824 proposes a massive, unregulated expansion of the physical therapy scope, including the following high-risk additions: Needle insertion (dry needling) with no minimum training hours required, vaccination and medication administration, including to minors, without medical oversight, sonographic imaging (ultrasound) for internal diagnostics without required licensure, physical exams for children such as sports clearance evaluations that involve much more than musculoskeletal injury expertise, manual joint manipulations, prescription and use of durable medical equipment potentially beyond their scope of training and delegation of procedures to PT assistants, often under remote supervision. This bill bypasses critical medical licensing safeguards and allows invasive, risk filled procedures without appropriate education or regulation. **It's not just scope expansion but is deregulation disguised as access.**

Specifically, I am in opposition to Inclusion of “Needle Insertion” in Physical Therapy Scope of Practice.

Direct response to previous testimony:

In reference to the number of states allowing dry needling by non acupuncturists:

In at least five states, courts have explicitly ruled that dry needling is outside the scope of physical therapy. While some form of dry needling is allowed in many states, the majority of those laws passed with significant influence from large, well-funded lobbying organizations. Physical therapists outnumber acupuncturists more than 6 to 1, giving them a disproportionately louder voice. We are asking for equity in representation and a regulatory approach that prioritizes patient safety over professional convenience.

In reference to the teacher that compared the educational requirements between acupuncture and PT programs: acupuncture education includes over **1,300 hours specific to acupuncture** — with **705 hours** of classroom instruction and **660** hours of supervised clinical experience with actual needle insertion.

In reference to the man who suggested that PTs and acupuncturists have the same severe adverse reaction statistics: this was selective reporting. A combination of the

International Journal of Physical Therapy and the British Medical Journal showed that **over 50% of patients who undergo dry needling by PTs experience adverse events** compared to **9% with acupuncturists**. Additionally, the rate of **serious adverse events**, including pneumothorax and nerve injury is reported as **10x higher when performed by physical therapists** compared to licensed acupuncturists. See more below.

In reference to the man who was helped by dry needling: that's because acupuncture works. Perhaps he needed a different acupuncturist or the acupuncturists needed a different approach, or perhaps it was the acupuncture that paved the way for the remaining trigger point insertion done by the PT to help, but it certainly does not mean that PT's have to perform acupuncture without being acupuncturists. I have been to many PT appointments that did not help and I have also treated SEVERAL patients after dry needling injuries.

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, and 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.

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 2,800 underutilized licensed acupuncturists** in Oregon without waiting lists, so many that some insurance panels are saturated. Instead of redundancy, let’s encourage **collaborative care**, where each provider brings the full value of their training to patient outcomes. This bill is in bad faith.

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 lacking Western science 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 more systemic issues with more thoroughness and greater safety. 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.

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 and clinical implementation
- 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
- Minimal practice with actually inserting needles in bodies

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 Boyce et al. in the International Journal of Physical Therapy (2020), **over 50% of patients who undergo dry needling by PTs experience adverse events.**

Additionally, the rate of **serious adverse events**, including pneumothorax and nerve injury is reported as **10x higher when performed by physical therapists compared to licensed acupuncturists.**

Acupuncture:

In contrast, the systematic review and meta-analysis by Bäuml et al. (BMJ Open, 2021) reports that **acupuncture-related adverse events** occur in only **9%** of patients and the serious adverse events are **10x lower** compared with the report in the INJPT above. This demonstrates a significantly lower risk profile for acupuncture. 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.

Safety Is Not Optional

Dry needling is not benign. The **risks are not hypothetical** but 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.

Healthcare is strongest when it is **multidisciplinary**, not when providers seek to do it all or go well beyond their scope and history, 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 **oppose HB 3824 and** at the least **remove “needle insertion.”** 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,
Dr. Jen Kearns
Portland, Oregon