

Submitter: Emily Teso  
On Behalf Of:  
Committee: Senate Committee On Health Care  
Measure, Appointment or Topic: HB3824

Dear Members of the Senate Committee on Health Care,

My name is Emily Teso and I live in Washougal, Washington. I am a Licensed Acupuncturist in the state of Oregon. I am writing to express my opposition to HB 3824, particularly the inclusion of the term “needle insertion” on Page 3, Line 37, as part of the physical therapy scope of practice. This language refers to the use of acupuncture needles to penetrate the skin and stimulate tissue—commonly known as dry needling. This technique is functionally and legally equivalent to acupuncture as defined by Oregon state law.

#### Conflict with Existing Oregon Statutes

Oregon Revised Statute (ORS) 677.757(1)(a) defines acupuncture as stimulating specific points on the body by inserting needles. The law also includes the use of mechanical or electrical devices, whether or not needles are used—tools often involved in dry needling practices.

Under ORS 677.759, only individuals licensed by the Oregon Medical Board (OMB) may legally practice acupuncture in Oregon. Any unlicensed needle insertion is considered unauthorized practice of medicine under ORS 677.765 and carries legal consequences.

Allowing physical therapists—who are not regulated by the OMB—to perform procedures that involve needle insertion directly contradicts these laws. HB 3824 effectively redefines acupuncture without adhering to the existing licensure and oversight structure established for public safety.

#### Oversight and Public Protection

The Acupuncture Advisory Committee, authorized by ORS 677.780–785, exists to ensure rigorous standards for training and practice. HB 3824 circumvents this established regulatory framework by allowing needle-based procedures without OMB involvement.

#### Training Disparities and Safety Concerns

Licensed acupuncturists in Oregon complete between 2,500 and 3,500 hours of formal education, including 800 to 1,000 hours of supervised clinical training. In contrast, dry needling certification for physical therapists often involves as little as 20 to 100 hours of instruction. This stark gap in training has real-world implications for patient safety.

Evidence of harm associated with dry needling by undertrained providers includes:

- A 2014 prospective study (Brady et al., PM&R) found that 36.7% of dry needling treatments resulted in adverse effects, including 20 serious complications like pneumothorax and nerve injuries.
- A 2022 Polish survey (Majchrzycki et al., MDPI) reported pneumothorax in 3% of cases, nerve palsy in 14%, and hospitalizations in 1%.
- Multiple case studies (S,ahin et al., 2020; Boissonnault et al., 2013) have documented life-threatening outcomes, including bilateral pneumothorax.

Given these legal, regulatory, and safety issues, I strongly urge the removal of “needle insertion” from HB 3824. The proposed language is inconsistent with Oregon law, presents significant risks to public health, and undermines established licensing standards designed to safeguard patients.

Thank you for considering my testimony.

References:

- ORS 677.757–677.785: Oregon acupuncture licensure and regulation
- Brady S, et al. PM&R, 2014
- Majchrzycki M, et al. MDPI, 2022
- S,ahin N, et al. JournalAgent, 2020
- Boissonnault WG, et al. Western Journal of Emergency Medicine, 2013