

Members of the Senate Committee on Health Care,

My name is Lisa Tongel. I am from Portland, and I am here in opposition to HB 3824, specifically the inclusion of **“needle insertion”** (Page 3, Line 37) in the physical therapy scope of practice. The term refers to **dry needling**, a technique that uses acupuncture needles to penetrate the skin and stimulate muscle or nerve tissue—functionally equivalent to **acupuncture**, as defined in Oregon law.

I have been an acupuncturist in Oregon since 1999 and I feel strongly that retaining our scope of practice as the only professionals in Oregon, along with MDs, who can perform procedures related to dry needling and acupuncture is essential for the integrity of our profession. We protect the public by preventing other professions from doing dry needling and acupuncture without the training that acupuncturists have. I am also a member of the Oregon Medical Board’s Acupuncture Advisory Committee and so very concerned about any decision about acupuncture that would create a risk for Oregonians. Please protect the public by not passing HR 3824.

Legal and Regulatory Conflict

Under **ORS 677.757(1)(a)**, **“acupuncture”** is explicitly defined as the stimulation of specific points on the body **“by the insertion of needles”**. The statute further affirms that acupuncture includes the use of **electrical or mechanical devices with or without needles**, which are also marketed under dry needling protocols.

In Oregon, acupuncture may only be practiced by those licensed by the **Oregon Medical Board** under **ORS 677.759**. Unauthorized practice of acupuncture—including any unlicensed needle insertion—is considered the **unauthorized practice of medicine** under **ORS 677.765** and is subject to penalties.

This bill therefore directly **conflicts with established state law** by proposing to allow non-OMB-regulated practitioners (physical therapists) to perform a procedure that falls squarely within the **legal definition of acupuncture**.

The **Acupuncture Advisory Committee** established in **ORS 677.780–785** was specifically tasked with recommending standards for education, licensure, and scope of practice in order to protect the public. HB 3824 undermines this structure by bypassing OMB oversight entirely.

Education and Patient Safety

Licensed acupuncturists in Oregon must complete **2,500 to 3,500 hours of training**, including **800–1,000 hours of supervised clinical education**. This far exceeds the **20–100 hours** of training typically offered in dry needling courses for physical therapists. This discrepancy has serious implications for patient safety.

Numerous studies highlight increased risks of adverse events when dry needling is performed by inadequately trained providers:

- **36.7%** of dry needling treatments resulted in adverse events, with **20 major complications** such as pneumothorax and nerve injury. Major Complications were 1 per 1,024 TDN treatments, The average ratio of minor AE's for all respondents across all weeks was 0.53 or approximately one event for every two patients (Boyce et al., *Int J Sports Ther*, 2020).
- A Polish study reported **3% pneumothorax, 14% nerve palsy, and 1% hospitalization** (Majchrzycki et al., *MDPI*, 2022).
- Multiple case reports confirm life-threatening events, including **bilateral pneumothorax** and prolonged nerve damage (Şahin et al., *JournalAgent*, 2020; *Western Journal of Emergency Medicine*, 2013).

For these reasons, the term “needle insertion” should be removed from HB 3824. It is legally inconsistent with Oregon law, compromises patient safety, and bypasses established licensure and oversight standards put in place to protect the public.

Thank you for your time and consideration.

Lisa Tongel

Licensed Acupuncturist

Citations:

- ORS 677.757–677.785: Licensing and regulation of acupuncture in Oregon
- Boyce, David et al. “ADVERSE EVENTS ASSOCIATED WITH THERAPEUTIC DRY NEEDLING.” *International journal of sports physical therapy* vol. 15,1 (2020): 103-113.
- Brady S, et al. *Adverse events following trigger point dry needling: a prospective survey of 20,000 treatments. PM&R.* 2014;6(9):847–852.
- Majchrzycki M, et al. *Adverse Reactions to Dry Needling Therapy: Insights from Polish Practitioners. MDPI.* 2022.

- Şahin N, et al. *A Rare Complication Caused by Dry Needling: Bilateral Pneumothorax.* *JournalAgent.* 2020.
- Boissonnault WG, et al. *Traumatic Pneumothorax Following Acupuncture: A Case Series.* *Western Journal of Emergency Medicine.* 2013.