

Submitter: Jenny Stewart  
On Behalf Of:  
Committee: Senate Committee On Health Care  
Measure, Appointment or Topic: HB3824  
Members of the Senate Committee on Health Care,

My name is Jenny Stewart. I am from Portland, Oregon, 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.

Oregon has always been a state with high quality healthcare built brick by brick with solid regulatory and professional standards. Patients have come to expect high quality providers with proper training and regulation.

What concerns me about HB 3824 is the lack of clarity in needle insertion. Will PT’s be vaccinating patients? With what training? With what regulation?

Will they be doing prolotherapy? Who will regulate and train them to do so? What is our current professional standard for this technique? Is it being respected?

With dry needling, will they have the absolute minimum standards as suggested by the World Health Organization of 300 clinical and didactic hours? Who will oversee and regulate that these standards are met? HB 3824 does not address this as written.

How are patients who wait weeks to see PT’s going to receive all of these services without added co-pays, deductible expenses, and still be able to receive the physical therapy exercises they originally came for? We have specialties for a reason, so why are we clouding this specialty with other specialties techniques such as dry needling, prolotherapy, and vaccination? The vague term of needle insertion allows for so many other possibilities as written. Will each possibility be regulated with Oregon’s current professional standards and regulations as we have to depend and know? Is safety for the general public being considered in depth? How are PT’s going to implement all of these techniques into their curriculum and practices to the standard Oregon has come to expect?

I ask that you all remove “needle insertion” from this bill until proper definitions, standards of care, expectations and boundaries in training, clinical competency is addressed, and details can be written to ensure the safety of the public at large while

maintaining the integrity of Oregon's reputation for healthcare standards.

Thank you for sincerely considering the safety and repercussions of rushing such a vaguely defined line in this bill.