

Submitter: Jacqueline Landrum  
On Behalf Of: Brilliant Health Medicine  
Committee: Senate Committee On Health Care  
Measure, Appointment or Topic: HB3824

Chair Patterson, Vice Chair Hayden and members of the committee,  
For the Record my name is Jacqueline Landrum. I'm a licensed acupuncturist, small business owner in Klamath Falls, and a member of the Oregon Acupuncture Association. I'm here to express strong opposition to the inclusion of the term "needle insertion" in HB 3824

While the bill doesn't explicitly mention "dry needling," it's clear from the supporting testimonies submitted by physical therapists that expanding access to dry needling is a central goal. The language being used creates a backdoor to broaden physical therapy scope without transparency or proper oversight.

Dry needling is not a new or separate technique—it's acupuncture. The points being used are well-established in Chinese medicine, and the tools, techniques, and even electrical stimulation devices used are the same as in acupuncture. Calling it something different doesn't change what it is.

In Oregon, acupuncture is defined as the insertion of filiform needles to produce a physiological response. That's also how the APTA describes dry needling. It's important to note that in 2017, Oregon's Attorney General confirmed dry needling is not within the physical therapy scope.

There are no training standards or oversight mechanisms included in this bill. Other healthcare professionals are required to undergo hundreds of hours of training to perform similar procedures. PTs should be held to the same standard.

I respect and have worked alongside physical therapists, but this bill doesn't solve access issues—it simply lowers the bar for delivering acupuncture under a different name. Oregon should not lower its medical standards in such a cavalier bill that requires no educational or regulatory standards. Medicine is collaborative, it is not redundant. No single provider can do everything safely or effectively.

I'd like to bring up another point. Each acupuncture point has a long list of indications. To my knowledge, PT's are not educated on these point indications. In the spirit of "doing no harm" it could be said that physical therapists inserting needles into these points could very well be doing harm. To them, it may be a needles inserted behind the left shoulder blade into the infraspinatus. But this point could also trigger and release deep emotional trauma for the patient. Are PT's prepared, educated and equipped to handle this sort of situation? Is this good practices? Does this break the

code of ethics of the Hippocratic oath? I personally don't feel comfortable with PTs inserting needles into acupoints with very limited education. What if a patient goes into a state of deep depression or anxiety? The PTs are using a method that they are not fully educated in. They have twisted it for their own "use", without respecting and learning the entire body of medicine in a complete manner, therefore rendering themselves a danger to the patients health.

Please remove the term "needle insertion" from this bill. Thank you.