



I am writing on behalf of the American Society of Acupuncturists, we urge you to oppose Maryland SB 711, and HB 1016, Dry Needling Registration which would allow athletic trainers to provide the invasive procedure of dry needling, This is effectively a scope of practice change for athletic trainers without due diligence.

Allied health professionals have successfully rebranded acupuncture and attempted to use the term 'dry needling' with the purpose of bypassing the extensive requirements required for licensed acupuncturists to ensure patient safety and clinical efficacy. Without these educational, training and examination requirements, patients in Maryland risk of multiple adverse outcomes including punctured lungs, infection, nerve damage, and more. This was just published today, detailing a case of pneumothorax, punctured lung, from an under trained provider: [Dry Needling Causes Pneumothorax](#)

We note that the same CPT code identified for both Dry needling and trigger point acupuncture, dry needling is acupuncture and its providers be held to the same high standards in order to practice it.

Licensed acupuncturists are highly trained, skilled providers in the use of filiform needles. According to the National Certification Commission of Acupuncture and Oriental Medicine (NCCAOM), the minimum training to be certified is a 3 year Master's degree program. In addition to a minimum required 660 supervised clinical hours in the use of needles, licensed acupuncturists are required to have a minimum of 450 hours of biomedicine. The NCCAOM also administers 4 psychometric exams prior to a candidate obtaining Certification. Diplomate must also take and pass a clean needle technique, CNT as well. This is juxtaposed to the proposed 40 hours of supervised needling proposed in this legislation, with no didactic training standards, no third party psychometrically valid examination, requirement of Certification, or continuing education. Please know that while some programs claim to "certify" Providers of Dry needling, there is a big difference between the requirements and standards for a certificate obtained in a weekend program vs. a true Certification:

https://drive.google.com/file/d/1SLYLzlrn1F_57S57P19CpeSNL6FkhVxt/view?usp=drivesdk

The American Society of Acupuncturists, ASA position statement on dry needling reminds us that "The US Food and Drug Administration (FDA) defines the acupuncture needle as a Class II medical device, and has explicitly stated that the sale of acupuncture needles 'must be clearly restricted to qualified practitioners of acupuncture as determined by the States.' As 'dry

needling' is acupuncture, it presents the same inherent risks including but not limited to perforation of the lungs and other internal organs, nerve damage, and infection. Recent reports of serious and potentially life-threatening injuries associated with 'dry needling' include pneumothoraces and spinal cord injury. These and other injuries support the statement that 'dry needling' presents a substantial threat to public safety when performed without adequate education, training, and independent competency examination. Adequate training and competency testing are essential to public safety."

As noted from the Maryland Board of Physicians Athletic Trainer Advisory Committee meeting notes from Tuesday, January 12, 2021, "Health Occ. §14-5D-1(m)(3) states that the practice of athletic training does not include the practice of physical therapy, and if dry needling falls within the scope of practice of physical therapy than it cannot be included in the scope of practice of athletic training." Ms. Darin, esq. also noted "adding dry needling to the scope of practice would require a change to the statute."

Additionally, many physician groups have already issued statements going back to 2012 regarding invasive procedures being allowed by providers with minimal training, no third party examination and no regulations due to concerns for patient safety.

According to AMA policy H-410.949 from 2016, "Our AMA recognizes dry needling as an invasive procedure and maintains that dry needling should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists."

The American Academy of Medical Acupuncture issued a statement in 2016 with the following conclusion: "To include dry needling into the scope of practice by physical therapists is unnecessarily to expose the public to serious and potentially hazardous risks. Because of this we feel a duty to inform legislators and regulating bodies about the inherent danger to the public of this practice. Therefore, the AAMA strongly believes that, for the health and safety of the public, this procedure should be performed only by practitioners with extensive training and familiarity with routine use of needles in their practice and who are duly licensed to perform these procedures, such as licensed medical physicians or licensed acupuncturists. In our experience and medical opinion, it is inadvisable legally to expand the scope of physical therapists to include dry needling as part of their practice.

The American Academy of Physical Medicine and Rehabilitation issued the following in 2012: "The American Academy of Physical Medicine and Rehabilitation recognizes dry needling as an invasive procedure using acupuncture needles that has associated medical risks. Therefore, the AAPMR maintains that this procedure should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed acupuncturists or licensed medical physicians."

Furthermore, the recent acceptance of acupuncture by CMS for treatment of low back pain states the following regarding requirements for practice: "Physicians (as defined in 1861(r)(1) of the Social Security Act (the Act) may furnish acupuncture in accordance with applicable state requirements. Physician assistants (PAs), nurse practitioners (NPs)/clinical nurse specialists (CNSs) (as identified in 1861(aa)(5) of the Act), and auxiliary personnel may furnish acupuncture if they meet all applicable state requirements and have:

- a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM); and,

- a current, full, active, and unrestricted license to practice acupuncture in a State, Territory, or Commonwealth (i.e. Puerto Rico) of the United States, or District of Columbia."

In addition to the requirement that non-physician providers have a minimal Masters level training in acupuncture or Oriental Medicine, "All types of acupuncture including dry needling for any condition other than cLBP are non-covered by Medicare." CMS considers dry needling to be the practice of acupuncture.

For all of these reasons, We urge you to oppose SB711/HB1016.

Respectfully,
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