

DN Testimony (1).pdf

Uploaded by: Chris Lacsamana

Position: FAV



Bill: SB 711/HB 1016- Health Occupations- Licensed Athletic Trainers- Dry Needling Registration

Position: Support

Dear Chair, Vice-Chair, and Members of the Committee:

My name is Chris Lacsamana and I am the Senior Associate Athletic Trainer for Football at the University of Maryland. I have been a certified athletic trainer for 25 years. Athletic trainers are licensed, board certified health care professionals with, at minimum, a bachelor's degree in athletic training from an accredited institution. More than seventy percent of the profession has a master's degree or higher level of education, and the profession now requires a master's level degree for entry. Athletic training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations, and disabilities.

I have been certified in dry needling since 2018. I received my certification through a course called Foundations in Dry Needling for Orthopedic Rehab and Sports Performance. The course was over a four day span which involved over 25 hours of coursework and hands on practice which included other health professionals like Physical Therapists and Chiropractors. Prior to my arrival at the University of Maryland, I worked as a Senior Associate Athletic Trainer at the University of Michigan. In the state of Michigan, athletic trainers are allowed to dry needle as part of their state practice act. I was able to make a tremendous impact with the student athletes that I worked with that included Olympic Gold Medalists from Swimming, US National Team Members from Field Hockey, Men's Gymnastics, Water Polo, and future professional baseball players. Dry needling has been a valuable modality that has helped my former student-athletes with great outcomes in their return to play or being able to continue to train for their sport. It has helped them in a variety of ways with their injuries by decreasing pain, swelling, trigger points or improving their recovery for the next practice or game.

Currently, I am unable to use dry needling as a course of treatment for my student-athletes because the state of Maryland does not include it in their state practice act. As a result, I am hindered in my ability to provide a high standard of care to my current student-athletes, and my impression is that athletes are at a disadvantage because they cannot otherwise receive dry needling in a manner that easily accommodates their already demanding class and practice schedules. Passing this bill would allow certain certified and trained athletic trainers to practice dry needling in the State.



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University Health Center
Building 140, Campus Drive
College Park, Maryland 20742
301.314.8180 TEL 301.314.7845 FAX

For these reasons, I respectfully request a favorable vote. Should you have any questions, please feel free to contact me via email at clatc@umd.edu or my cell phone at (202) 360-9254.

Sincerely,

Chris Lacsamana, M. Ed, ATC, LAT, CSCS
Senior Associate Athletic Trainer- Football
University of Maryland

Miraglia 2022 DN Testimony.pdf

Uploaded by: Jane Miraglia

Position: FAV

Good Afternoon Chairman Pinsky, Vice Chair Kagan, and Members of the Committee,

Thank you for your time this afternoon. My name is Jane Miraglia, and I am the Maryland Athletic Trainers' Association Government Affairs Committee Chair. It is my honor to be here to represent the Athletic Trainers of Maryland.

Dry Needling is the use of a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments. It treats all of the muscle including deeper layers of muscles which hands and fingers cannot reach. Deactivation of the trigger points can bring immediate relief of symptoms, which cannot be obtained by any other treatment.

There are currently 26 other states and the District of Columbia where Athletic Trainers, who are properly trained and certified to Dry Needle, are allowed to perform this skill on their athletes. The skill of Dry Needling is one that is shared with other medical professionals such as Physical Therapists, Chiropractors, and Physicians.

This is why the MATA has reached out to these stakeholders in the months leading up to today. We have had discussions with the Maryland Department of Health, Board of Physicians, Athletic Training Advisory Committee, APTA of Maryland, the Maryland Chiropractor Association, and MedChi, the Maryland State Medical Society. Our sponsor, Senator Beidle, was present for many of these meetings where Senate Bill 711 was discussed, and no concerns were made known and none of these stakeholders presented amendments. We reached out to the Maryland Acupuncture Society asked for questions and amendments, but we did not receive anything back.

Patient safety is always paramount. As athletic trainers, we have extensive training in emergency care. In fact, acute care of injuries is one of our national standard core competencies. Immediate emergent management is one of the reasons that athletic trainers are ideal candidates to be certified in Dry Needling.

The national organizations who certify healthcare professionals in Dry Needling set the pre-requisites for the classes. Sue Falsone, a Physical Therapist and Athletic Trainer, founded one the nation's premiere Dry Needling certification programs. She published a peer-reviewed research study which compared Athletic Trainers' education preparation to the professionally-developed guidance from the Federation of State Boards of Physical Therapists. Falsone's study found that 89% of the tasks were provided through entry-level athletic training education. This is very comparable to the results from the Federation of Stated Boards of Physical Therapists which found that 86% of the knowledge requirements needed to be competent in dry needling which is acquired during the course of PT entry-level education, including knowledge related to evaluation, assessment, and plan of care development, documentation, safety, and professional responsibilities. In other words, Athletic Trainers and Physical Therapist have very similar educational backgrounds which prepare us for the advanced training required for Dry Needling certification.

National organizations such Integrative Dry Needling, Structure and Function, and the International Academy of Orthopedic Medicine offer their dry needling courses to Athletic Trainers, Physical Therapists, Chiropractors, Physicians, and Nurse Practitioners. Athletic Trainers take the exact same certification classes for Dry Needling as all other healthcare professionals who are eligible for the certification. In fact, most of the time, these medical professionals are in the same classes at the exact same time. Passing the same skills and competency tests. Performing the exact same skill. This bill, Senate Bill 711, matches the same strict requirements and language that are currently in place for Maryland Physical Therapists. We are proposing the same advanced training requirements of 80 hours of instruction and hands on experience as the other stakeholders who are able to perform the skill of Dry Needling in the state of Maryland.

Thank you for your time today. Please support Senate Bill 711.

SB 711 Testimony20220221_16232079.pdf

Uploaded by: Pamela Beidle

Position: FAV

PAMELA G. BEIDLE
Legislative District 32
Anne Arundel County

Finance Committee

Vice Chair

Executive Nominations Committee



James Senate Office Building
11 Bladen Street, Room 202
Annapolis, Maryland 21401
410-841-3593 · 301-858-3593
800-492-7122 Ext. 3593
Pamela.Beidle@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401
February 22, 2022

SB 711

Health Occupations – Licensed Athletic Trainers – Dry Needling Registration

Good Afternoon Chair Pinsky, Vice Chair Kagan and Members of the Education, Health and Environmental Affairs Committee,

I am happy to introduce SB 711-Health Occupations - Licensed Athletic Trainers - Dry Needling Registration.

This is a very important bill for our state athletic trainers(AT's), athletes, and to the educational institutions in the State. AT's from the Baltimore Ravens, Baltimore Orioles, University of Maryland, United States Naval Academy, and Towson University all support this bill.

Our universities and professional sports teams are recruiting athletic trainers from other states who are certified to dry needle, but once these professionals move to the state, they are unable to practice this modality. This is because the Board of Physicians has said dry needling is not within the current scope of an Athletic Trainer.

My panel will go into further detail, but dryneedling(DN) is a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial triggerpoints, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments. It is used to treat parts of the muscle and deeper layers of muscles which hands and fingers cannot reach, and it works faster than massage at relaxing the muscles. This bill establishes a licensing process for athletic trainers to perform dry needling under the almost identical standards as Physical Therapists.

We have met with representatives from the MD Chiropractic Association, Maryland Physical Therapist Association, and MedChi. These groups understand that this bill requires the Athletic Trainer's to meet or exceed the same requirements as other providers. They did not have any immediate concerns or suggested amendments.

Dry needling is performed, where allowed by state law, by a number of providers including Athletic Trainers, physicians, nurses, physical therapists, chiropractors, and acupuncturists. In fact, Athletic Trainers can already dry needle in 26 other states and the District of Columbia.

For these reasons, I respectfully request a favorable vote on SB 711.

MATA Dry Needling One Pager.pdf

Uploaded by: Sarah Peters

Position: FAV

Support Athletic Trainers' (AT) Ability to Perform Dry Needling in MD



What is dry needling?

The use of a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments. It treats parts of the muscle and deeper layers of muscles which hands and fingers cannot reach, and it works faster than massage at relaxing the muscles. Deactivation of the trigger points can bring immediate relief of symptoms, which cannot be obtained by any other treatment.

Can AT's practice dry needling in MD?

No. But AT's in at least 26 other states and Washington DC can.

7 States allow AT's to dry needle through regulation or the AT practice act. **Arizona, Delaware, West Virginia, Nevada, North Carolina, South Carolina & Illinois**

19 States and DC consider dry needling a method of treatment available to athletic trainers without specific statutory authority

Knowledge and Education

A 2019 study showed that approximately 89% of the skills required for dry needling treatments are taught during professional, entry level AT programs. AT's acquire the remaining 11% of skills through dry needling educational courses.¹ This percentage is higher than Physical Therapists who receive approximately 86% of their skills in said courses.

This bill adds dry needling to the AT's scope of practice using the exact same requirements for a physical therapist to practice dry needling.

Why is it important that MD AT's be able to practice dry needling?

A number of AT's in MD are educated and trained in dry needling but are unable to utilize such skill because it is not in the AT scope of practice. This includes AT's relocating to MD from another state that permits AT's to dry needle.

AT's are interested in adding dry needling to their clinical practice, including those working for MD's professional sports teams, universities, and the armed forces.

Performance of Dry Needling by MD AT's Will Require Demonstration of Sufficient Education, Training, and Physician Direction

The MD Board of Physicians will determine the educational requirements necessary to demonstrate appropriate education and training in dry needling. Based on review of available dry needling courses and precedent set for Maryland physical therapists, MATA proposes 40 hours of dry needling specific instruction through Board of Certification approved courses as a minimum to establish education and training. This is the same requirements as physical therapists.

For more information or to discuss, please contact **MATA Legislative Chair Jane Miraglia** at jane.miraglia@gmail.com or **MATA's Legislative Consultant Sarah Peters** at Speters@hbstrategies.us.

Dry Needling, Combined With Other AT Treatments, Can Help the Following Conditions:

- Acute and chronic tendonitis/tendinosis
- Athletic overuse injuries
- Baseball throwing related tightness/discomfort
- Carpal tunnel syndrome
- Chronic pain conditions
- Frozen shoulder
- Groin and hamstring strains
- Hip pain and knee pain
- IT band syndrome
- Muscle spasms
- Neck and lower back pain
- Repetitive strain injuries
- Shoulder pain
- Tennis/golfer's elbow
- Other musculoskeletal conditions

¹ Hartz, Brian V.; Falsone, Sue; and Tulumieri, Duncan (2019) "Current Athletic Training Educational Preparation for Dry Needling," *Journal of Sports Medicine and Allied Health Sciences: Official Journal of the Ohio Athletic Trainers Association*: Vol. 4 : Iss. 3 , Article 5. DOI: 10.25035/jsmahs.04.03.05

SB 711_Emlly E. Hildebrand, PhD, LAT, ATC_FAV.pdf

Uploaded by: Sarah Peters

Position: FAV



February 21, 2022

To Whom It May Concern:

It is with great pleasure that I write in support of SB 711/HB 1016 – Health Occupations – Licensed Athletic Trainers – Dry Needling Registration. The athletic training profession has been transitioning the entry level degree to the graduate level. This nationwide transition is almost fully complete as baccalaureate programs may not admit, enroll, or matriculate students into the athletic training program after the start of the 2022 fall term. As the athletic training profession advances, it is expected we will be supported by state legislation in our clinical abilities and content knowledge.

The practice of dry needling is a valid and reliable therapeutic intervention commonly used in the physically active population. Athletic training curricula are built on a foundation of evidence-based practice; therefore, we must teach our students about the best available evidence so they are prepared to enter the workforce. Specifically, here at Towson University, athletic training students have designated class sessions to learn foundational knowledge about dry needling, review current research findings, and discuss specific patient outcomes following a dry needling treatment.

Since the practice has been successfully integrated into patient care, it would be a disservice to not advance the state practice act in this manner. Towson University is a leader in athletic training education and it is my hope to offer opportunities for our students to apply what they are learning in the classroom to their clinical practice. With this bill support, recent graduates would be able to pursue a dry needling certification and integrate into their clinical practice in the state they chose to live and work.

Sincerely,

A handwritten signature in black ink that reads 'Emily Hildebrand'.

Department of Kinesiology

8000 York Road
Towson, MD 21252-0001

Emily E. Hildebrand, PhD, LAT, ATC

Director, Athletic Training Program

Towson University

410.704.3174

ehildebrand@towson.edu

[TU Athletic Training Program](#)

Faculty Advisor: [MAATA Student Senate](#)

SB 711_Towson University Matthew Kabay_FAV.pdf

Uploaded by: Sarah Peters

Position: FAV



Bill: SB 711/HB 1016- Health Occupations- Licensed Athletic Trainers- Dry Needling Registration

Position: Support

Dear Chair, Vice-Chair, and Members of the Committee:

My name is Matthew Kabay. I am an athletic trainer from Towson University. I work with dozens of student athletes at Towson University, collaborating with physicians, nutritionists, physical therapists, chiropractors, other athletic trainers on staff, strength coaches, and other healthcare professional to direct, facilitate, and care for these young men and women. I care for orthopedic injuries and collaborate with other healthcare professionals facilitate recovery and nutrition needs. I have taken advanced modality courses for continuing education requirements including dry needling, blood flow restriction training, and joint dysfunctional corrections/manipulations.

Athletic trainers are licensed, board certified health care professionals with, at minimum, a bachelor's degree in athletic training from an accredited institution. More than seventy percent of the profession has a master's degree or higher level of education, and the profession now requires a master's level degree for entry. Athletic training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations, and disabilities. This bill would allow certain certified and trained athletic trainers to practice dry needling in the State.

There are multiple states that already recognize athletic trainers qualified to perform dry needling. Some of those states require less training compared to the requirements for this particular bill. In my previous job at Arkansas State University, I received dry needling certification by Dr. Ma's Integrative Dry Needling in May of 2018. I used this modality for both acute and chronic injuries as well as recovery purposes for patients with delayed onset muscle soreness. In my experience, dry needling has become an essential modality to help patient's recover from injury and training sessions faster, safely.

For these reasons, Matthew Kabay respectfully requests a favorable vote.

Should you have any questions, please feel free to contact Matthew Kabay at mkabay@towson.edu or 724-833-4954.

Sincerely,

Matthew Kabay ATC, MS, CSCS, SMTC
Athletic Trainer
Towson University



SB 711_Wes Robinson ATC PT_Fav.pdf

Uploaded by: Sarah Peters

Position: FAV

February 18, 2022

The Honorable Paul G. Pinsky
Chair, Senate Education, Health, and Environmental Affairs Committee
Miller Senate Office Building, 2 West Wing
11 Bladen St.
Annapolis, MD 21401

Re: **SUPPORT SB 0711** – Health Occupations – Licensed Athletic Trainers – Dry Needling
Registration

Dear Chair Pinsky:

My name is Wes Robinson and I am joining others from across the nation in support of the Maryland Athletic Trainers' Association's efforts to expand Dry Needling to Licensed Athletic Trainers in the state of Maryland.

As a dual credentialed Physical Therapist and Athletic Trainer for over 20 years, I can clearly speak to the link between these two health occupations. While there are significant differences, there are many overlaps. This can be attested to by the cooperation between the two governing bodies – The National Athletic Trainers' Association and The American Physical Therapy Association. Each now working actively together to provide for better patient outcomes for patients of all ages and backgrounds. As these two professions continued to pave the way for collaboration, the MATA would hope the state of Maryland would follow suit and allow Athletic Trainers to perform Dry Needling.

This move would be consistent with many other states and follow in accordance with the training standards set forth by several educational outlets that train health care professionals in the modality of Dry Needling. One must ask, why would a business risk educating an individual in an invasive technique if that individual was not exquisitely qualified to perform the task? Doing so would be a perilous move for these corporations. Yet we see that every day, throughout the United States, groups offering the same Dry Needling certification and education to Athletic Trainers and Physical Therapist alike.

Athletic Trainers have a wide skill set and are clearly educated to a level to perform this task. Certainly, there will be discussion about the need for Doctoral level education as a prerequisite for Dry Needling, as many Physical Therapy Programs now offer a DPT degree. This is a false narrative excuse as there are many Physical Therapist that do not hold a doctorate degree throughout the US and Maryland. These Physical Therapist not only safely practice but perform Dry Needling without a doctorate degree. The writer of this letter is among them. Having twenty years of experience means I graduated well before doctorate degrees in PT were common place. Yet I completed my post graduate training in Dry Needling and safely and effectively perform this modality on my patients. I do this under my physical therapy license, as I cannot currently under my athletic training license. Sadly, many of my constituents are not dual credentialed and therefore their patient population is missing out on this effective modality. To be clear, there is no doctoral degree requirement to perform Dry Needling by any profession, in any state or by any certification course.

In 2010 the physical therapists were on the other side of this fight, working against the acupuncturist to allow for their ability to perform dry needling. I site the decision from the Officially Published Opinion of Attorney General Doug Gansler as it is relevant to our current discussion:

“It is frequently the case that the scopes of practice of two occupations overlap. There is nothing intrinsically amiss about legislative authorization for two separate health occupations to perform some of the same acts.”

“Depending on the statutory scheme, the same activities could fall within the scope of practice of two separate health occupations.”

“The licensing statutes presume that there are areas of overlap among the scopes of practice of various health care professions.”

“In providing for overlapping scopes of practice for various health care professions, the General Assembly has fostered consumer choice in the selection of treatment and practitioner.”

Dry Needling is a tool or modality used by licensed health care providers. It is an advanced technique that requires additional training. That training is required by this proposed legislation and should not be restricted to only certain health care practitioners. It should be limited to those that obtain that certification and there is no justification to limit this modality from Athletic Trainers and their patients. I urge you to support SB 0711 so we can increase the patient population in Maryland that can receive this safe and effective modality.

Thank you for your time.

A handwritten signature in black ink that reads "Wes Robinson". The signature is written in a cursive, flowing style.

Wes Robinson, ATC PT
Past - President
Maryland Athletic Trainers' Association

SB711_Dr. Rooks MD FAAFP_FAV.pdf

Uploaded by: Sarah Peters

Position: FAV



February 13, 2022

Chair Senator Paul G. Pinsky
Vice Chair Senator Cheryl C. Kagan
2 West, Miller Senate Office Building
Annapolis, Maryland 21401

Support: SB 711 Health Occupations- Licensed Athletic Trainers- Dry Needling Registration

Dear Education, Health, and Environmental Affairs Committee:

The most important relationship in organized, high school and college sports is the one between the student athlete and the Athletic Trainer. Healthcare Everywhere, is truly a motto that rings true. The Athletic Trainer provides the preventive, in recreation/competition, with injury and rehabilitation care to millions of people in our country and not just athletes.

Athletic Trainers complete both didactic and clinical requirements to use a variety of manual and equipment directed care for the people they serve. They work in physician offices, rehabilitation centers; for sports teams and educational institutions. They are always advancing in the modalities in which they can provide wellness.

Dry needling involves the use of solid filiform needles for the treatment of musculoskeletal pain and soft tissue dysfunction. The insertion of needles into specific targets may increase local blood flow to tissue and relax trigger point related muscular tension resulting in decreased pain and improved function. Dry needling is a treatment technique that has been utilized by physiotherapists in the United States since 1984. Since that time, there has been a significant increase in dry needling certification programs and continuing education courses.

Athletic Trainers around our country have begun performing Dry Needling. Currently, there is no profession-wide standard that defines athletic trainer competence in dry needling. Prior to performing dry needling, athletic trainers must ensure their state practice act does not prohibit them from performing dry needling as part of the athletic training plan of care. Additionally, athletic trainers must satisfy any requisite educational and training necessary to provide dry needling. Athletic trainers may have to produce evidence of appropriate training and demonstrate knowledge and competency in dry needling. Some states require certification and physician oversight while others may require the completion of certification courses.

I have been a Family Physician and Sports Medicine specialist in the state of Maryland for 24 years providing care for all ages. I rely on the services of the Athletic Trainer to provide the best care they can to the promotion of physical fitness and rehabilitation for my patients. I am enthusiastic in my support for SB 0711 for ATC's to have the ability to perform Dry Needling on patient/people who can benefit from



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University Health Center
Building 140, Campus Drive
College Park, Maryland 20742
301.314.8180 TEL 301.314.7845 FAX

that modality. I would also volunteer to serve on a credentials committee to oversee the proper credentialing for Maryland's ATC who desire such skills for providing Dry Needling.

Please contact me with any additional questions or information.

Sincerely

Yvette Rooks MD FAAFP
Assistant Director- University Health Center
Sports Medicine
Head Team Physician UM-College Park
MPSSAA- Sports Medicine Advisory Committee
NFL General Medical Committee
yrooks@umd.edu

SB711_Martin Sataloff, LAT, ATC_Fav.pdf

Uploaded by: Sarah Peters

Position: FAV

Bill: SB711/HB 1016 Health Occupations- Licensed Athletic Trainers- Dry Needling Registration

Position: Support

Dear Chair, Vice-Chair, and Members of the Committee

My name is Martin Sataloff, LAT, ATC and I am currently a practicing Athletic Trainer licensed in Maryland. I am employed in the Secondary School setting in Maryland and have been doing so since 1986. I am a past president of the Maryland Athletic Trainers Association and have seen our profession grow tremendously in the past forty plus years. As our profession has evolved so have our skills and techniques. Dry Needling would be one more effective tool in the Athletic Trainers tool box to provide the best possible care for our athletes in Maryland. The passing of this bill will allow Athletic Trainers another avenue of care for our injured athletes. We work directly under our supervising physician and given the established teamwork we have established be able to give better care in our work setting.

Athletic Trainers are licensed, board certified health care professionals with, at minimum, a bachelor's degree in athletic training from an accredited institution. More than seventy percent of the profession has a master's degree or higher level of education, and the profession requires a master's level for entry. Athletic training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations and disabilities. This bill will allow certain certified and trained athletic trainers to practice dry needling in the State.

I believe this bill should pass to allow Athletic Trainers who meet the approved credentialing to provide another skill that will enable athletes under the care of Athletic Trainers to recover from injuries and continue their participation as directed by their supervising physician.

For these reasons, Martin Sataloff, LAT, ATC respectfully requests a favorable vote.

If you have any questions, please feel free to contact Martin Sataloff at marty.sataloff@gmail.com or at (410)977-9369.

Sincerely,



Martin Sataloff LAT, ATC

Dry Needling letter of Support.pdf

Uploaded by: Shaylyn OKeefe

Position: FAV



Bill: SB 711/HB 1016- Health Occupations- Licensed Athletic Trainers- Dry Needling
Registration

Position: Support

Dear Chair, Vice-Chair, and Members of the Committee:

My name is Shaylyn O'Keefe and I am a certified athletic trainer currently working at the Naval Academy in Annapolis, Maryland. I was previously certified in dry needling at the University of Oklahoma to aid in the care of the athletes at the university. This sports medicine staff saw fit to get the entire athletic training staff certified as it played a vital role in the care of our athletes and their recoveries from injury. Athletic trainers are licensed, board certified health care professionals with, at minimum, a bachelor's degree in athletic training from an accredited institution. More than seventy percent of the profession has a master's degree or higher level of education, and the profession now requires a master's level degree for entry. Athletic training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations, and disabilities. This bill would allow certain certified and trained athletic trainers to practice dry needling in the State.

As with anything in medicine, there usually are multiple ways to go about achieving favorable outcomes for patients. So when a situation presents itself where dry needling might be considered as a course of treatment it is our responsibility as health care professionals to determine if it is the correct path to pursue. Athletic trainers by nature and job description prevent injury, or even the possibility of injury, wherever possible, so when dry needling is chosen as a treatment course we understand the benefits in that particular case far outweigh the risks.

One example where dry needling aided in the recovery of an athlete was in the case of a tennis athlete I was working with. Last year I was working with a nationally ranked tennis player



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who was religious about coming in for rehabilitation and treatment to overcome his case of lateral epicondylitis. He could not swing the racket without pain. We tried everything from injections, soft tissue work, and eccentric and isometric exercises. It was not until I introduced dry needling into his treatment plan that he experienced relief and after a few weeks of treatment got him to a pain free steady state again. The dry needling was done in a sterile environment and done under the guidelines of our physical therapist on staff as well. He went on to finish his year of tennis with 10 straight wins and remained pain free the entire time.

Since moving to Maryland and having this skill taken out of my toolbox I have seen many cases that could have benefitted from the intervention of dry needling. Instead we have had to use other treatment options, sometimes resulting in loss of time participating in athletics and just resorting to rest as a method of intervention as well. If dry needling had been an option as a treatment, many of these athletes could have returned to their sports quicker, or not even lost time from athletics at all ultimately resulting in more favorable outcomes.

For these reasons, I, Shaylyn O'Keefe ATC,LAT, respectfully request for a favorable vote.

Should you have any questions, please feel free to contact Shaylyn O'Keefe at sokeefe@usna.edu or 248-931-0672. Thank you for your time,

Shaylyn O'Keefe

Athletic Trainer

United States Naval Academy

dry needling 2:22:2022.pdf

Uploaded by: Barbara Abrams

Position: UNF

I am contacting you as a Maryland constituent regarding Maryland SB 711, and HB 1016 allowing athletic trainers to provide dry needling, and to express my strong opposition. Many healthcare providers have successfully rebranded acupuncture and named it 'dry needling' with the purpose of getting around the extensive requirements placed on licensed acupuncturists to ensure patient safety and clinical efficacy. Without these educational and training requirements, Maryland patients are at risk of multiple adverse outcomes including punctured lungs, infection, nerve damage, and more.

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 an exam prior to certification. This is in comparison to the proposed 40 hours of supervised needling proposed in this legislation, with no training standards, requirement of certification, or continuing education.

From the American Society of Acupuncture position paper regarding dry needling, "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 and zero regulations on the basis of 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, I am asking you to oppose SB711/HB1016.

Barbara R. Abrams, D.Ac., L.Ac.
Highland, MD 20777

Opposition to SB711.pdf

Uploaded by: Cheryl DePetro

Position: UNF

*Cheryl "Sheri" DePetro LCSW-C
Awaken the Spirit, LLC
License no. 09177
9 Newburg Ave Suite 100
Catonsville MD 21228
410-747-9743*

February 21, 2022
Re: Maryland SB 711, and HB 1016

Dear Esteemed members of the Education, Health & Environmental Affairs Committee,

I am contacting you as a Maryland constituent regarding Maryland SB 711, and HB 1016 allowing athletic trainers to provide dry needling, and to express my strong opposition. Many healthcare providers have successfully rebranded acupuncture and given it the named of 'dry needling' with the purpose of getting around the extensive requirements placed on licensed acupuncturists to ensure patient safety and clinical efficacy. Without these educational and training requirements, Maryland patients are at risk of multiple adverse outcomes including punctured lungs, infection, nerve damage, and more.

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 an exam prior to certification. I am concerned to compare this to the proposed 40 hours of supervised needling proposed in this legislation, with no training standards, requirement of certification, or continuing education.

From the American Society of Acupuncture position paper regarding dry needling:

"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 pneumothoraxes 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 and zero regulations based on 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:

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In addition to the requirement that non-physician providers have a minimal master's 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 these reasons, I am asking you to oppose SB711/HB1016.

Sincerely,

Cheryl DePetro

Dr. Cheryl DePetro, DAC,
Licensed Acupuncturist
Catonsville Maryland

Testimony1.pdf

Uploaded by: Cindy Tran

Position: UNF

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For all of these reasons, I am asking you to oppose SB711/HB1016.

Thank you,

Reem Thamir

Testimony10.pdf

Uploaded by: Cindy Tran

Position: UNF

To the Maryland Education, Health, and Environmental Affairs Committee,

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For all of these reasons, I am OPPOSING SB711.

Thank you for considering this written testimony.

Dr. Cindy Tran, D.Ac., L.Ac.
2401 Brandermill Blvd., Suite 301
Gambrills, MD 21054

Testimony2.pdf

Uploaded by: Cindy Tran

Position: UNF

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Haider H Thamir
Cockeysville, MD

Testimony3.pdf

Uploaded by: Cindy Tran

Position: UNF

Lisa Marie Price
310 Nimitz Ave
Rockville MD 20851

To whom it may concern: I am contacting you as a Maryland constituent regarding Maryland SB 711, and HB 1016 allowing athletic trainers to provide dry needling, and to express my strong opposition. Many healthcare providers have successfully rebranded acupuncture and named it 'dry needling' with the purpose of getting around the extensive requirements placed on licensed acupuncturists to ensure patient safety and clinical efficacy. Without these educational and training requirements, Maryland patients are at risk of multiple adverse outcomes including punctured lungs, infection, nerve damage, and more.

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Thank you for your consideration,

Lisa Marie Price

Testimony4.pdf

Uploaded by: Cindy Tran

Position: UNF

February 22, 2022

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Sincerely,

S. Hunter Thompson, D.O.M.
hunter@transitionalmedicine.org
443-812-1265

Testimony5.pdf

Uploaded by: Cindy Tran

Position: UNF

February 21, 2022

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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:

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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, I am asking you to oppose SB711/HB1016.

Sincerely,

Katherine Lorenz M.Ac., L.Ac.
2743 Rutland Rd
Davidsonville MD 21035

Testimony6.pdf

Uploaded by: Cindy Tran

Position: UNF

Dr. Karen Jackson-Williams

10028 Dubarry Street
Glenn Dale, MD. 20769
kjacksonwilliams@gmail.com

February 21, 2022

Michael Jackson

James Senate Office Building, Room 201
11 Bladen St., Annapolis, MD 21401

Dear Senator Jackson,

I am contacting you as a Maryland constituent regarding Maryland SB 711, and HB 1016 allowing athletic trainers to provide dry needling, and to express my strong opposition. Many healthcare providers have successfully rebranded acupuncture and named it 'dry needling' with the purpose of getting around the extensive requirements placed on licensed acupuncturists to ensure patient safety and clinical efficacy. Without these educational and training requirements, Maryland patients are at risk of multiple adverse outcomes including punctured lungs, infection, nerve damage, and more.

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 an exam prior to certification. This is in comparison to the proposed 40 hours of supervised needling proposed in this legislation, with no training standards, requirement of certification, or continuing education.

From the American Society of Acupuncture position paper regarding dry needling, "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 and zero regulations on the basis of 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."

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Sincerely yours,

Karen Jackson-Williams, DOM, L.Ac.

Testimony7.pdf

Uploaded by: Cindy Tran

Position: UNF

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Yours Sincerely

Madhuri Shenker

A handwritten signature in black ink, appearing to read 'MS' or similar initials, followed by a horizontal flourish.

Licensed Acupuncturist
Ellicott City, MD

Testimony8.pdf

Uploaded by: Cindy Tran

Position: UNF

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Rabab Al-Amin, M.Ac., L.Ac., Dipl. Ac
Chinese Medicine Physician
Medicine Woman

Testimony9.pdf

Uploaded by: Cindy Tran

Position: UNF

From: Chris Fadgen, M.Ac., L.Ac

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AMA-Dry-Needling-Policy.pdf

Uploaded by: Denise Tyson

Position: UNF



| PolicyFinder

Practice Parameters

Practice Parameters

Dry Needling is an Invasive Procedure H-410.949

Topic: Practice Parameters **Policy Subtopic:** NA

Meeting Type: Annual **Year Last Modified:** 2016

Action: NA **Type:** Health Policies

Council & Committees: NA

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.

Policy Timeline

Res. 223, A-16

American-Society-of-Acupuncturists-Position-on-Dry

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Position: UNF



ASA Position on Dry Needling

The American Society of Acupuncturists (“ASA”) opposes the illegal and unsafe practice of acupuncture. “Dry needling” is a pseudonym for acupuncture that has been adopted by physical therapists, chiropractors, and other health providers who lack the legal ability to practice acupuncture within their scope of practice. This strategy allows these groups to skirt safety, testing, and certification standards put into place for the practice of acupuncture. Dry Needling is a style of needling treatment within the greater field of acupuncture. The practice of “acupuncture” includes any insertion of an acupuncture needle for a therapeutic purpose. Acupuncture training has always included both traditional and modern medical understandings.

Anatomically, “trigger points” and “acupuncture points” are synonymous, and acupuncture has targeted trigger points for over 2,000 years. “Dry needling” is indistinguishable from acupuncture since it uses the same FDA-regulated medical device specifically defined as an “acupuncture needle,” treats the same anatomical points, and is intended to achieve the same therapeutic purposes as acupuncture.

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.

In addition to biomedical training, licensed acupuncturists receive at least 1365 hours of acupuncture-specific training, including 705 hours of acupuncture-specific didactic material and 660 hours of supervised clinical training. Further, many states also require even physicians wishing to practice acupuncture to have substantial training. The American Academy of Medical Acupuncture (AAMA) has set the industry standard for a physician to practice entry level acupuncture at 300 hours of postdoctoral training with passage of an examination by an independent testing board. This standard presumes extensive, pre-requisite training in invasive procedures [including underlying structures, contraindications for skin puncture, clean needle technique, anticipated range of patient responses to invasive technique, etc.], the differential diagnosis of presenting conditions, clinical infection-control procedures in the context of invasive medicine, management of acute office and medical emergencies, and advanced knowledge of human physiology and evidence based medicine. The AAMA expects that physicians choosing to incorporate acupuncture into practice will pursue lifelong learning, including formal and self-directed programs.

In contrast, there are no independent, agency-accredited training programs for “dry needling,” no standardized curriculum, no means of assessing the competence of instructors in the field, and no independently administered competency examinations.

Neither physical therapy nor chiropractic entry-level training includes any meaningful preparation for the practice of invasive therapeutic modalities such as the insertion of acupuncture needles. Training in these programs is generally limited to external therapeutic modalities. In some states, however, physical therapists and others have begun inserting acupuncture needles and practicing acupuncture with 12-24 hours of classroom time and little to no hands-on training or supervision. This is being done under the name “dry needling.”

Physical therapists and chiropractors without acupuncture included in their state practice acts have, in some cases, been authorized to perform dry needling by their own regulatory boards’ non-binding guidelines or through administrative rulemaking. Such actions often occur even when the statutory practice act adopted by the state legislature lacks any legislative intent to authorize invasive procedures such as the insertion of needles.

All health care providers without acupuncture formally included in their state practice act should be prohibited from the practice of acupuncture, even when described as “dry needling,” unless their practice act is legally expanded to include the practice of acupuncture and provide the same level of clinical and classroom training required for the licensure of acupuncturists.

Fan2017_Article_EvidenceAndExpertOpinionsDryNe.pdf

Uploaded by: Denise Tyson

Position: UNF

HOT TOPIC

Evidence and Expert Opinions: Dry Needling *versus* Acupuncture (I)

—The American Alliance for Professional Acupuncture
Safety (AAPAS) White Paper 2016

FAN Arthur Yin^{1,2}, XU Jun^{1,3}, and LI Yong-ming^{1,3}



Prof. FAN Arthur Yin

ABSTRACT In the last twenty years, in the United States and other Western countries, dry needling (DN) became a hot and debatable topic, not only in academic but also in legal fields. This White Paper is to provide the authoritative information of DN *versus* acupuncture to academic scholars, healthcare professional administrators, lawmakers, and the general public through providing the authoritative evidence and experts' opinions regarding critical issues of DN *versus* acupuncture, and then reach consensus. DN is the use of dry needles alone, either solid filiform acupuncture needles or hollow-core hypodermic needles, to insert into the body for the treatment of muscle pain and related myofascial pain syndrome. DN is sometimes also known as intramuscular stimulation, trigger points (TrP) acupuncture, TrP DN, myofascial TrP DN, or biomedical acupuncture. In

Western countries, DN is a form of simplified acupuncture using biomedical language in treating myofascial pain, a contemporary development of a portion of Ashi point acupuncture from Chinese acupuncture. It seeks to redefine acupuncture by reframing its theoretical principles in a Western manner. DN-like needling with filiform needles have been widely used in Chinese acupuncture practice over the past 2,000 years, and with hypodermic needles has been used in China in acupuncture practice for at least 72 years. In Eastern countries, such as China, since late of 1800s or earlier, DN is a common name of acupuncture among acupuncturists and the general public, which has a broader scope of indications, not limited to treating the myofascial pain.

KEYWORDS dry needling, acupuncture, biomedical acupuncture, authoritative evidence, experts' opinions, consensus

The American Alliance for Professional Acupuncture Safety (AAPAS), a non-profit organization, is a multi-state union of professional associations, organizations, and acupuncture schools. The purpose of this organization is to help protecting the long lasting reputation of acupuncture as a safe and effective practice of medicine. AAPAS members are very concerned about the recent expansion of "dry needling" (DN), the use of acupuncture needles by physical therapists (PTs) and others who are lack of training or the legal licensure to practice acupuncture. The aim of AAPAS's White Paper is to provide the authoritative evidence and experts' opinions regarding critical issues of DN *versus* acupuncture to academic scholars, healthcare professionals and administrators, lawmakers, and the general public.

The following entails Part 1 of the White Paper:

Essential Questions; Part 2: Professional Questions and Part 3: Legal Issues will be published online as an addendum.

What Is Dry Needling?

Evidence

American Physical Therapy Association (2013) wrote: "DN is a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate

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1. American Alliance for Professional Acupuncture Safety, Greenwich, Connecticut (06878), U.S.A.; 2. American Traditional Chinese Medicine Association, Vienna, Virginia (22182), U.S.A.; 3. American Acupuncture Association of Greater New York, New York (10016), U.S.A

Correspondence to: Dr. FAN Arthur Yin, Tel: 1-703-499-4428, E-mail: ArthurFan@ChineseMedicineDoctor.US

DOI: 10.1007/s11655-016-2630-y

underlying myofascial trigger points (TrP), muscular, and connective tissues for the management of neuro-musculoskeletal pain and movement impairments. DN is a technique used to treat dysfunctions in skeletal muscle, fascia, and connective tissue, and, diminish persistent peripheral nociceptive input, and reduce or restore impairments of body structure and function leading to improved activity and participation."⁽¹⁾

Ma,⁽²⁾ a known licensed acupuncturist and DN expert from The World Federation of Acupuncture and Moxibustion Societies said: "DN biomedical acupuncture is based on modern understanding of human anatomy and patho-physiology and on modern scientific research, drawing heavily on leading-edge neurological research using modern imaging techniques such as functional magnetic resonance imaging of the brain." There is confusion however created by him. He argues that DN has its own theoretical concepts, terminology, needling technique and clinical application and that: (1) DN is not practicing acupuncture, (2) DN has no relationship with acupuncture, and (3) it was developed by PT themselves.

Dommerholt,⁽³⁾ a known physical therapist wrote: "DN is an invasive procedure in which a solid filament needle is inserted into the skin and muscle directly at a myofascial TrP. A myofascial TrP consists of multiple contraction knots, which are related to the production and maintenance of the pain cycle. DN also falls within the scope of acupuncture practice. In contrast to most schools of acupuncture, DN is strictly based on Western medicine principles and research."

The Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) states: "'DN' has resulted in redefining acupuncture and re-framing acupuncture techniques in Western biomedical language. Advancement and integration of medical technique across professions is a recognized progression. However, the aspirations of one profession should not be used to redefine another established profession. In addition, proponents of 'DN' by non-acupuncture professionals are attempting to expand TrP DN to any systemic treatment using acupuncture needles and whole body treatment that includes DN by using Western anatomical nomenclature to describe these techniques. It is the position of the CCAOM that these treatment techniques are the de facto practice of acupuncture, not

just the adoption of a technique of treatment."⁽⁴⁾

The National Institutes of Health states: acupuncture is "a family of procedures involving the stimulation of points on the body using a variety of techniques."⁽⁵⁾

The United States (US) Center for Medicare and Medicaid Service (CMS.gov) states: "Acupuncture, in the strictest sense, refers to insertion of dry needles, at specially chosen sites for the treatment or prevention of symptoms and conditions."⁽⁶⁾

The World Health Organization (WHO) states in the Standard International Acupuncture Nomenclature that TrP needling (i.e. DN) is a subset of acupuncture.⁽⁷⁾

Expert Opinions

Zhou, et al⁽⁸⁾ reviewed DN history and compared the theories and techniques of DN and acupuncture, and concluded that DN is a kind of Western acupuncture for treating myofascial pain. DN as a subcategory of acupuncture uses the same needles, similar stimulating points, the same or similar needling techniques, and involves the same biologic mechanisms.

Peng, et al^(9,10) compared four aspects of DN with acupuncture: the points of the needle insertion, needles, needling techniques, and therapeutic indications. They concluded that DN can be called TrP acupuncture. With some unique characteristics, DN can be recognized as a contemporary development of traditional acupuncture, and belongs to the category of the Ashi point (literally, "Ah-yes; this is the needling point", tender point) acupuncture, one of major acupuncture schools in traditional acupuncture. Traditional acupuncture encompasses an abundance of methods and techniques in acupuncture practices and has been widely used and studied for the management of a variety of disorders. The locations of TrPs, their distribution patterns and clinical indications are very similar to those of the traditional acupuncture points; the selection of the needles, depth of needle insertion, and manipulation of the needles in DN are all same as those of traditional acupuncture. However, DN focuses on treating myofascial disorders, and only involves a small fraction of techniques of traditional acupuncture. Consequently, DN is an integral part of the traditional acupuncture.

Zhu, et al⁽¹¹⁾ reviewed four features of needling techniques and explored the similarities and differences between DN and acupuncture. The four features are: (1) needles used; (2) target points; (3) action mechanisms; and (4) therapeutic effects. A PubMed search for articles on DN and acupuncture for the years spanning from 1941 to 2015 was used to retrieve qualified papers for the analysis. They concluded that DN and acupuncture overlap significantly in the aforementioned four features, and both can be used to treat musculoskeletal disease effectively. However, because of a lack of adequate training and appropriate regulation, the safety of DN practice by has been questioned. Similarly, the authors concluded that DN is one type of acupuncture when solid filiform needles are used.

Jin, et al⁽¹²⁾ stated that "any modalities, as long as they apply needles to puncture certain locations at the body surface, belong to acupuncture, in spite of how and where the locations of stimulation are determined by either Western neuro-anatomy or CM meridians……the mechanism of DN and acupuncture are one in the same……which achieves the efficacy via neural reflex arcs."

Other Opinions

Based on the description of Dr. Travell, et al⁽¹³⁾ who first described DN systemically, DN is used in contrary to the "wet needling", which is also known as medication injection at local tender point. When using intramuscular analgesics or anesthetics to treat a variety of pain, for many conditions, the types of drugs in the injection were later found not important.^(8,13) Additional studies revealed that as long as the injection needle pierces the muscular and the related fascia tissue, there is analgesic effect.^(8,13) The needles used in the early publications to perform DN were hollow-core hypodermic needles, as injection of saline or local anesthetic was simultaneously mentioned and compared.⁽⁶⁾ There were only a few publications in DN before 2000.^(11,14) In the last 15 to 20 years, in the US and other Western countries, DN became a hot and debatable topic,^(1,8,10-11,14-18) not only in academic but also in legal fields. Some therapists from different professions use solid filiform acupuncture needles, piercing the muscle fascia tissue into myofascial TrP, to release muscle tension and other pathological conditions, for the treatment of myofascial pain and related diseases. Some of them recognize DN as

acupuncture,^(8-11,16-20) while others, especially some DN teachers, physical therapy practitioners and organizations, claim no relation between DN and acupuncture.^(1,2,15,21) Additionally, in Eastern countries, DN is a synonym of acupuncture, referring using solid filiform needles to treat diseases.^(11,17)

AAPAS Comment

DN is the use of dry needles alone, either solid filiform acupuncture needles or hollow-core hypodermic needles, to insert into the body for the treatment of muscle pain and related myofascial pain syndrome. DN is sometimes also known as intramuscular stimulation, TrP acupuncture, TrP DN, myofascial TrP DN, or biomedical acupuncture.

In Western countries, Janet Travell, a medical doctor, has been considered as the Mother of DN therapy, because she was the first person who systematically summarized the myofascial TrPs theory and used hypodermic needles (not focus on injecting in medications) to needle into TrPs (i.e. DN) to treat myofascial pain. DN has been gradually become popular since 1992, especially after 1999. PTs and other related professionals have been gradually become interested in practicing DN in the past 20 years.

Definitions from related authorities and analyses from independent scholars all indicate that, in Western countries, DN is an acupuncture form using biomedical language in treating myofascial pain. It is a contemporary development of a portion of Ashi point acupuncture from traditional acupuncture. In Eastern countries, such as China, since late of 1800s or earlier, DN is a common name of acupuncture among acupuncturists and the general public, which has a broader scope of indications, not limited to treating the myofascial pain.

In sum, from every aspect of medicine, DN is a synonym to acupuncture, or more specifically, DN is a subtype of acupuncture.

Who First Used Dry Needling in the West?

Evidence

Baldry in 2005 published the "History of the British Medical Acupuncture Society", indicated that in 1821 and 1828, Dr. James M. Churchill published the book "A Treatise on Acupuncture", using the information gathered

from Japan and China. John Elliotson, a professor of Medicine at University College Hospital of London, also wrote a paper on acupuncture in 1827. Neither of them employed the complex procedures, techniques, meridian and other theories of Chinese acupuncture as they were trying to avoid the rejection of acupuncture by the medical doctors of the time. Instead, they treated musculoskeletal pain by the far simpler expedient of inserting needles at sites of maximum tenderness—a procedure that was clearly the forerunner of the present day treatment known as DN.⁽²²⁾

In the West, the earliest use of the term DN probably was by Paulett, who reported that both 'DN' (using injection needle) and injecting saline could relieve low back pain in 1947.⁽¹⁴⁾

Gunn, et al⁽²³⁾ in 1976 proposed that "As a first step toward acceptance of acupuncture by the medical profession, it is suggested that a new system of acupuncture locus nomenclature be introduced." And he started using the term DN to replace acupuncture in his publications in 1980.⁽²⁴⁾ This probably is the formal beginning of DN popularity in the West.

Travell⁽¹³⁾ was the first influential person who systematically summarized the needling techniques with the term DN when referring to the procedure of hypodermic needles and acupuncture. The origin of DN has been attributed to her because of her popular book,⁽¹³⁾ in which she uses the term DN to differentiate between two needling techniques (with or without medications) when performing TrP therapy. She and her colleagues explored the pathology of myofascial pain, and its effective treatments which might include DN as early as in 1952.⁽²⁵⁾ The "Trigger Point Manual" has thus been considered as the "bible" of TrP therapies (including DN) and Travell has been respected as the founder of DN.^(2,8,14,15)

Expert Opinion

Legge⁽¹⁴⁾ highly praised Brav and Sigmond's work in 1941 because they found that pain could be relieved by simple hypodermic needling without injection of any substance. One group in the study who received needling without any substances had results almost similar to the group with Novocain injections. This outcome was described as a "startling" result. Although the term DN was not used, the author Legge considered this was the first time the DN

technique was used in a Western context.

Fan, et al⁽¹⁸⁾ pointed out that the first person in the US who used filiform needle (acupuncture needle) under the term of DN to treat patient is Mark Seem, the founder of Tri-State College of Acupuncture in New York. Seem claims that he expanded classical Chinese acupuncture approach via integrating the work of Janet Travell in acupuncture needling for myofascial pain. Seem stated that he shared with Travell the classical acupuncture technique in treating a chronic, complex whiplash syndrome to release such TrPs. Seem also authored the book "A New American Acupuncture" covering this topic of DN which was published in 1993. He taught this acupuncture method (DN) internationally for over 25 years before his completely retired.⁽²⁶⁾

Hoyt⁽²⁷⁾ wrote "Dry Needling, ·····, seeks to redefine acupuncture by reframing its theoretical principles in a Western manner. This changing of acupuncture's context is justified by a search for a biomedical principle by which acupuncture affects its therapeutic properties. Attempting to provide new insight into a time honored healing model·····".

Other Opinions

Simons, et al⁽¹³⁾ analyzed the reports from TrP manual of three needling techniques (needling with filiform needles, with hypodermic needles without injection or with small injection of anesthetic drugs), and concluded that DN could also be called acupuncture and appraised that acupuncturists perform DN "very well".

AAPAS Comments

Through the Western history of DN as described by various scholars, the early practice of DN can be traced to an article in 1941 and not until late 1990s, DN was performed with hypodermic needles limited to TrP needling (or the intramuscular stimulation).

Brav, et al⁽²⁷⁾ discussed DN-like technique under the context of acupuncture. TrP or motor point is part of tender point, which was used widely by acupuncturists in both Western and Eastern countries with a very long history. TrP acupuncture, also known DN, has no essential difference from the typical acupuncture practiced by physicians in western countries since 1821. The first person who

demonstrated acupuncture with filiform needle under the term DN was Mark Seem, a licensed acupuncturist and acupuncture educator.

Travell has been regarded by physical therapists as the founder of DN, because she detailed the locations and indications of 255 TrPs in 144 muscles, and she was President Kennedy's personal doctor. She largely cited the work by Hong, an acupuncturist⁽²⁶⁾ and medical doctor who used the term DN in his own publications. Travell admitted openly that DN is also called acupuncture.⁽¹²⁾ In fact, while discussing the usage of DN, Travell herself preferred to use hypodermic needle puncture plus small dose of lidocaine injection,⁽¹³⁾ which actually is the same style as Chinese small-dose acupoint drug injection, another style of acupuncture practice.⁽²⁹⁻³¹⁾

Our conclusion is that the current DN in Western countries is a style of simplified traditional acupuncture, or a contemporary acupuncture approach in treating myofascial pain using biomedical language. It reflects the effort of practicing acupuncture without following the traditional acupoint, meridian, and other Chinese medicine (CM) theory by some healthcare professionals and researchers since 1821, especially 1976, nevertheless, DN still falls in the broad category of acupuncture. There is clear evidence supporting that no matter who is the practitioner and what theory is based, DN is an inherited part of traditional acupuncture.

Has Dry Needling Been Used in China?

Evidence

The US Center for Medicare and Medicaid Service (CMS.gov) says: "Acupuncture, in the strictest sense, refers to insertion of dry needles, at specially chosen sites for the treatment or prevention of symptoms and conditions."⁽⁶⁾

Yellow Emperor's Inner Classic (Huangdi Neijing)⁽³¹⁾ precisely described nine kinds of dry needles for different style of needling therapies. The nine needles was the collective term for the needling instruments used since ancient times including chan zhen (arrow-headed needle), yuan zhen (round needle), chi zhen (blunt needle), feng zhen (lance needle), pi zhen (stiletto needle), yuanli zhen (round sharp needle), hao zhen (filiform needle), chang zhen (long needle) and da zhen (big needle). Currently the most commonly used needle type in acupuncture

practice is hao zhen, a thin short form of filiform needles. Well documented literature in China shows that various types of acupuncture needles, including those similar to the needles used in current DN practice in the West, were continuously used in China for at least 2000 years.

According to the definition of DN,⁽¹³⁾ it includes applying different needles for the needling therapy except for those focus on injecting medications. Actually DN needles are commonly utilized acupuncture needles. The DN technique preferred and recommended by Travell is using hypodermic needle to puncture the muscle knot, in the center of TrP, to induce local twitching responses and then inject a small amount of medication, such as lidocaine. Such a technique actually is called acupoint injection or aqua-puncture therapy which were independently developed and widely used in China since early 1950s.^(29,30)

TrP is a kind of tender point in muscles, consists of multiple contraction knots, which are related to the production and maintenance of the pain cycle^(2,3,7-13) belongs to one part of Ashi points. Ashi point acupuncture is popular among traditional acupuncturists in China.^(7-11,18,27,33,34)

Yellow Emperor's Inner Classic⁽³¹⁾ first documented tender point needling strategy, called "the pain point (tender point) is the site for acupuncture". The term of Ashi point was formally named by Dr. SUN Si-miao (581–682 CE), a famous physician in Tang dynasty.⁽³⁵⁾

Expert Opinion

DN is a synonym term to acupuncture. In China, since late of 1800s or earlier, DN is a common name among acupuncturists and general public. The so called DN in China has a much broader scope of indications, not just limited to treating myofascial pain (by DN in Western).^(11,17)

Jin, et al⁽¹²⁾ pointed out that, in both ancient and current, both in China and in Western countries, some acupuncturists have applied the simplified style of acupuncture (same or similar to DN in Western), which does not focus on learning the classic acupoints, meridians and other CM theory, although the major school of acupuncture has been the traditional

acupuncture based on CM theory.

Peng, et al^(9,10) compared four aspects of DN (in Western) with traditional Chinese acupuncture: the points of the needle insertion, needles, needling techniques, and therapeutic indications. They concluded that DN (in Western) can be called TrP acupuncture. With some unique characteristics, DN (in Western) can be recognized as a contemporary development of Chinese acupuncture, and belongs to the category of the Ashi point acupuncture. Traditional acupuncture encompasses an abundance of methods and techniques in acupuncture practices and has been widely used and studied for the management of a variety of disorders. The locations of TrPs, their distribution patterns and clinical indications are very similar to those of the traditional acupuncture points; the selection of the needles, depth of needle insertion, and manipulation of the needles in DN (in Western) are all same as those of traditional acupuncture. However, DN focuses on treating myofascial disorders, and only involves a small fraction of techniques of traditional acupuncture. Consequently, DN is an integral part of the traditional acupuncture.

Zhou, et al,⁽⁸⁾ and Zhu, et al⁽¹¹⁾ reached similar conclusions.

Other Opinions

There are different schools of acupuncture practices in China. Although the large majority of acupuncturists followed the CM theory, there are other schools of acupuncturists who practice needle treatment based on non-traditional theories, such as neurological system, myofascial structures, anatomy, and different ethnic acupuncture. All these needling therapies, including using filiform needles for stimulating points and hollow-core needles for point injections, are considered and administrated as acupuncture practice in general. There is never an issue or challenges by any professionals in China.^(12,17,33,34)

AAPAS Comment

The needles currently used in DN in the US and other Western countries are the same as those used in China in acupuncture practice which include both filiform needles and hollow-core hypodermic needles. Filiform needles have been used in acupuncture practice over the past 2,000 years, and hypodermic needles for DN as Travell described has been used

in China in acupuncture practice for at least 72 years. Needling therapies may be performed by using either filiform or hollow-core needles, but they all belong to the general umbrella of acupuncture. The style of DN in the US and other Western Countries is part of Ashi acupuncture from China, just in different name, and has been practiced in China for over 2,000 years.

Conflict of Interests

None.

Author Contributions

All authors participated in the planning, writing and proofread, and contributed equally and served as co-first authors.

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Edited by GUO Yan
- (The White Paper (II) and (III) will be continued in the following two issues of this journal)

Jan21ATminutes.pdf

Uploaded by: Denise Tyson

Position: UNF

**MARYLAND BOARD OF PHYSICIANS
ATHLETIC TRAINER ADVISORY COMMITTEE
Tuesday, January 12, 2021
4201 Patterson Avenue, Baltimore, Maryland, Room 100**

**OPEN MEETING MINUTES
VIA ZOOM**

PRESENT: Brian Perez, ATC, Chair, John Wilckens, MD, Teri Metcalf
McCambridge, MD, Philip H. Omohundro, MD, Loren C. Shipley, MEd,
MA, ATC/LAT, Martin Sataloff, ATC, Jeffrey Wright, PT, ATC, CSCS,
Cheryl Lee-Pow, DC, Heather Weesner, OTR/L CLT, Anna Jeffers,
Consumer Member

ABSENT: Lydia McCargo-Redd, Consumer Member

STAFF PRESENT: Ellen Douglas Smith, Deputy Director, Felicia Wright, Allied Health
Supervisor, Stacey Darin, Esq., Board Counsel, Matthew Dudzic, Health
Policy Analyst Associate, Linda Monroe, Allied Health Analyst, Margaret
Jury, Allied Health Analyst Associate

CALL TO ORDER

Mr. Perez called the meeting to order at 10:02 a.m.

APPROVAL OF MINUTES

On a motion made by Mr. Sataloff and seconded by Mr. Shipley, the Committee approved the
December 8, 2020 Open Meeting Minutes.

LEGISLATION, REGULATIONS, AND POLICY UPDATES

Nothing to report

BOARD COUNSEL REPORT

Nothing to report

UNFINISHED BUSINESS

Discussion – Brian Perez, Chair

- Documentation Required When Requesting Specialized Tasks
The Committee agreed that documentation should include the following:
 - A completed Specialized Tasks for Evaluation and Treatment Protocols (Appendix
C1) form;

- A detailed description of the tasks the athletic trainer is being authorized to perform, including a detailed description of the education and training required to perform the task in the practice setting;
 - Copies of any/all competencies, credentials, specialties, or certifications that support the delegation of the specialized task(s); and
 - A procedure log documenting the AT's performance of a minimum of five (5) procedures per assigned specialized task or a written explanation why the procedure log cannot be provided.
- Definition "Specialized Tasks"
On a motion made by Dr. Wilckens and seconded by Mr. Shipley, the Committee unanimously agreed to recommend that the Board define "Specialized Tasks" as follows, and that the definition be added to regulations.
- "Specialized tasks are tasks that require additional experience, competencies, credentials, specialties or certifications beyond what is found in the basic athletic trainer education program standards."
- Recommended Revisions to Appendixes C1 & C2 of the E&T Protocol
The Committee directed staff to amend Appendix C1 to reflect the recommended changes from the December 8, 2020 meeting, as well as the following:
- The new definition of "Specialized Tasks";
 - Combine the list of instructions for the AT and SP; and
 - The requirement for the supervising physician to describe in detail the specialized task(s) the athletic trainer is "authorized to perform".

The Committee determined that the List of Athletic Trainers Board-Approved Specialized Tasks should be separated into two task categories. The Committee felt that while ATs learned several of the tasks after they graduated from their educational program that required additional educational and experience, the other tasks were part of the ATs education, but still required additional experience or competencies.

On a motion made by Dr. McCambridge and seconded by Mr. Sataloff, the Committee voted to recommend to the Board the first category entitled "Specialized Task(s) List that requires additional education/certification" The list would include:

- Casting Application
- Casting Removal
- Interpreting a Neuro-Psych Concussion (Immediate Post-Concussion Assessment and Cognitive Testing – Impact); and
- Graston Technique

On a motion made by Mr. Sataloff and seconded by Mr. Wright, the Committee voted to recommend that the Board the second category entitled "Specialized Task(s) List that is part of AT Education but require additional experience or specialization. The list would include:

- Emergency Administration of Nebulizer Treatments

- Manual Reduction of Glenohumeral, Interphalangeal, Patellofemoral Dislocations
- Administering Oxygen; and
- Ability to use a Peak-Flow Meter to Monitor Breathing

The Committee also determined that “simple dislocations” should be removed from the list.

NEW BUSINESS

Discussion – Brian Perez, Chair

Dry Needling

Mr. Perez asked if performing “Dry Needling” is within the scope of practice of athletic training. Ms. Darin stated that 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 also stated that adding dry needling to the scope of practice would require a change to the statute.

Financial Disclosure / Termination Disclosure Statement Requirements for all Allied Health Committee members:

Ms. Wright informed the Committee that Financial Disclosure / Termination Disclosures Statements are due by April 30, 2021. She requested that each member complete their Financial Disclosures / Termination Disclosures by next month’s meeting which is scheduled for February 9, 2021.

ADJOURNMENT

There being no further business, the meeting was adjourned at 11:34 a.m.

Submitted by,

Linda Monroe

Allied Health Analyst

KnowYourAcupuncturist (rev. 2021).pdf

Uploaded by: Denise Tyson

Position: UNF



Know Your Acupuncturist

Practitioners whose graduate education is in Acupuncture & Herbal Medicine receive approximately 80% of their education exclusively in this field and undergo extensive clinical training averaging 3-4 years. Other healthcare practitioners may only use acupuncture as a technique in their primary practice. A philosophical distinction of Acupuncture & Herbal Medicine is its whole person approach of mind, body, and spirit in a comprehensive energetic healthcare system that includes acupuncture, herbs, Asian bodywork (e.g. acupressure, tui na, shiatsu), nutrition, tai chi, qi gong, and meditation.

This chart is designed to illustrate the varying levels of education undertaken by healthcare professionals in acupuncture only and not in related curriculum, such as in the biosciences. **Acupuncture should only be administered by a practitioner who has specific education in this field due to risk of improper needling, inadequate understanding of medical diagnostic procedures, transmission of disease, imbalancing of energy, or ethical violations.** Confirm your practitioner's education to ensure that you are receiving the most professional acupuncture care available for your optimal health and wellness.

Contact Hours in Acupuncture Education	Practitioner Title	Application
3-4 years (1500 - 2000 hours in acupuncture)*	Typically a Licensed Acupuncturist (LAc)** who has obtained a degree/diploma from an ACAOM-accredited college and has passed the national certification exams administered by the NCCAOM.***	A broad range of health issues, including chronic disease, pain, internal medicine, rehabilitation, and prevention
300 hours or less in acupuncture	Typically a medical doctor, osteopath, naturopath, or chiropractor who uses acupuncture as an adjunctive technique. The World Health Organization (WHO) recommends that medical doctors using acupuncture have at least 200 hours of training, with the amount of training for other health personnel being variable according to the specific application. For a full course of training, WHO recommends 1,500 hours of training in acupuncture for physicians.	Pain, basic ailments
100 hours or less in acupuncture	Typically a detox/auricular acupuncture technician or chiropractor (detox techs are generally limited to 5 points on the ear)	Addiction & pain
Continuing education seminars provide approximately 40-50 contact hours in "dry needling."	Typically a physical therapist who uses an acupuncture needle to perform dry needling in the treatment of muscle trigger points	Muscularskeletal pain

Opposition to SB711_HB1016.pdf

Uploaded by: Denise Tyson

Position: UNF

Senator Paul G. Pinsky, Chair
Education, Health, and Environmental Affairs Committee
2 West, Miller Senate Office Building
Annapolis, MD 21401



February 22, 2022

Re: SB 711 – UNFAVORABLE – Health Occupations – Licensed Athletic Trainers – Dry Needling Registration

Dear Chairman Pinsky and Members of the Committee:

I am contacting you as a Maryland constituent regarding Maryland SB 711, and HB 1016 allowing athletic trainers to provide dry needling, and to express my strong opposition. Many healthcare providers have successfully rebranded acupuncture and name it 'dry needling' with the purpose of getting around the extensive requirements placed on licensed acupuncturists to ensure patient safety and clinical efficacy. Without these educational and training requirements, Maryland patients are at risk of multiple adverse outcomes including punctured lungs, infection, nerve damage, and more.

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 an exam prior to certification. This is in comparison to the proposed 40 hours of supervised needling proposed in this legislation, with no training standards, requirement of certification, or continuing education.

From the American Society of Acupuncturists position paper regarding dry needling, "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 pneumothoraxes 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 and zero regulations based on 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."

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In addition to the requirement that non-physician providers have a minimal master's 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 these reasons, I am asking you to oppose SB711/HB1016.

Dr. Denise C Tyson, MBA, DOM, L.Ac, ADS
Group Practice Co-Owner and Managing Director
Advanced Integrative Health Group
2401 Brandermill Blvd. Suite 301
Gambrills, MD 21054
Office: 410-774-0800
Mobile: 301-806-4433
Email: denise@aihgwllness.com

President, Maryland Acupuncture Society
Maryland Delegate, American Society of Acupuncturists
Board Member, Medstar Research IRB
Adjunct Faculty, Maryland University of Integrative Health

Attachments:

1. Maryland Board of Physicians Athletic Trainer Advisory Committee Open Minutes – January 12, 2021
2. Fan, A. Y., Xu, J., & Li, Y.-ming. (2017). Evidence and expert opinions: Dry needling versus acupuncture (iii) — the American Alliance for Professional Acupuncture Safety (AAPAS) White Paper 2016. *Chinese Journal of Integrative Medicine*, 23(3), 163–165.
<https://doi.org/10.1007/s11655-017-2542-x>
3. Know Your Acupuncturist, Council of Colleges of Acupuncture and Herbal Medicine (CCAHM)
4. AMA Policy: Dry Needling is an Invasive Procedure H-410.949
5. American Society of Acupuncturists Position on Dry Needling

SB 711_MAS_UNF.pdf

Uploaded by: Denise Tyson

Position: UNF

Senator Paul G. Pinsky, Chair
Education, Health, and Environmental Affairs Committee
2 West, Miller Senate Office Building
Annapolis, MD 21401



The Maryland
Acupuncture
Society, Inc.

February 22, 2022

Re: SB 711 – UNFAVORABLE – Health Occupations – Licensed Athletic Trainers – Dry Needling Registration

Dear Chairman Pinsky and Members of the Committee:

Please accept this letter on behalf of the Maryland Acupuncture Society (“MAS”) as our opposition to Senate Bill 711 – Health Occupations – Licensed Athletic Trainers – Dry Needling Registration. MAS represents over 1,000 licensed practitioners throughout the State of Maryland, and we are in **strong opposition** to this bill.

Senate Bill 711 would give athletic trainers the authority to perform dry needling on patients in Maryland. MAS is strongly opposed to expanding the scope of who is certified to perform dry needling. Dry needling is an invasive procedure wherein needles are inserted through the skin into muscle and related tissue. The act of penetrating the skin is potentially dangerous, and without the proper education and training, could result in significant patient injury and harm including a pneumothorax, which is the collapsing of a lung, hemorrhage, nerve damage, and infections, to name just a few. Athletic trainers should not be permitted to perform this invasive procedure because their educational training, which is at a minimum a Bachelor’s Degree, is profoundly insufficient. Their coursework does not include instruction specific to the musculoskeletal and neuromuscular systems.

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 of 105 credits, with many acupuncturists opting for a more extensive Doctorate education. 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 an exam prior to certification. This is in comparison to the proposed 40 hours of supervised needling proposed in this legislation, with no training standards, requirement of certification, or continuing education.

MAS is very concerned that expanding the scope for athletic trainers to perform dry needling without the requisite level education will put patients’ safety at risk and not uphold Maryland’s highest standards of care. For these reasons, we **STRONGLY OPPOSE** SB 711. Thank you for your consideration of this important piece of legislation.

Sincerely,

Denise Tyson
President
Maryland Acupuncture Society

Athletic Trainers Dry Needling Opposition Letter.p

Uploaded by: Diane Gioioso

Position: UNF



Template: Letter of Opposition to SB711

I am contacting you as a Maryland constituent regarding Maryland SB 711, and HB 1016 allowing athletic trainers to provide dry needling, and to express my strong opposition. Many healthcare providers have successfully rebranded acupuncture and named it 'dry needling' with the purpose of getting around the extensive requirements placed on licensed acupuncturists to ensure patient safety and clinical efficacy. Without these educational and training requirements, Maryland patients are at risk of multiple adverse outcomes including punctured lungs, infection, nerve damage, and more.

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For all of these reasons, I am asking you to oppose SB711/HB1016.

DonnaDegnan.Testimony.SB711.pdf

Uploaded by: Donna Degnan

Position: UNF

February 11, 2022

Dear Senators:

I'm reaching out to you today regarding Senate Bill 711 (House Bill 1016), a bill in which athletic trainers are trying to include dry needling in their scope. I am not sure if you are aware of the issues facing properly licensed acupuncturists fighting for our profession and the safety of our communities, but I would like the opportunity to share my concerns regarding other fields performing acupuncture without proper training and without a MD Acupuncture license when trying to hide behind "dry needle" terminology.

It is more than unfortunate that other professionals such as Physical Therapists and Chiropractors have denigrated the training and scope of Traditional Chinese Medicinal Practitioners and particularly Acupuncturists by not acknowledging that Dry Needling is acupuncture - just without needing a license to practice. In NY where I originally studied, acupuncturists were required to study for 4,000 hours in order to be able to sit for our boards and get licensed. We were trained in both Traditional Chinese Medicine and also had to take a great many Western Medical classes to make sure that we can provide our patients with the proper care in the safest way possible. It is appalling, not to mention a safety risk to the community, to allow other professions to pretend that they are not just finding ways to use acupuncture without proper training. To even consider letting athletic trainers perform acupuncture ("dry needling") is not just an insult to the licensing process that Acupuncturists in the state of MD pay for and have to abide by, but it presents a true safety risk to the community.

According to the former Chair of the Acupuncture Board, Tom Ingegno in his opposition to Senate Bill 711: "The biggest problem here is that dry needling was coined by a medical doctor, Janet Travelle, in 1983. She used syringes to break up adhesions in the soft tissue and even stated that acupuncture needles were too small to perform this task. Dry needling practitioners have appropriated the acupuncture needles and perform needling distal acupuncture points and electrical stimulation. Neither of these techniques come from the dry needling texts and are a straight appropriation of acupuncture. Furthermore, neither PTs nor chiropractors teach these techniques in the short classes. Both fields' lobby groups have spread misinformation on acupuncture to discredit our profession. Statements such as "acupuncture does not go as deep," "dry needling has more research," and perhaps the most egregious, "we don't use any of that Chinese stuff". The first two statements are bald-faced lies. Dry needling practitioners are using acupuncture needles that are made longer for specific acupuncture techniques, and acupuncture has over 30,000 studies in English alone, including over 8,000 RCTs. Other fields realize that acupuncture outperforms them and are weaseling their way into our field. The last statement about not using Chinese theory is an insult to my field and the Asian community.

For more than three years, my field has been waiting for regulations designed with consideration to patient safety and acupuncturists' training. They were met with mild

objections from other lobby groups, and our regulations have been shelved. It feels as though the state does not understand how in-depth our training and knowledge base is, especially since our doctorate requires more classroom and practical hours than chiropractors, physical therapists, and other allied health professions. It feels as though there is both ignorance and arrogance by other professions and a derogatory sentiment toward our field history and culture and countries of origin. “

I totally agree with Dr. Ingegno. I strongly oppose Senate Bill 711 (House Bill 1016), and I'm asking for your support to keep patients safe. I would love the opportunity to speak to you about this matter and any issues that involve patient safety. Please feel free to contact me if you have any questions regarding this matter. Thank you for your time.
Sincerely,

Donna Degnan, L.Ac.
Acupuncture & Wellness Center
8813 Waltham Woods Road
Suite 102
Parkville, MD 21234
www.acupuncturewellnessbaltimore.com
(o) 443-219-1220
(c) 443-882-0059

SB 711_Coleman_UNF.pdf

Uploaded by: Gerard Evans

Position: UNF

February 22, 2022

Maryland Senate

To whom it may concern:

I am contacting you as a Maryland constituent regarding Maryland SB 711, and HB 1016 allowing athletic trainers to provide dry needling, and to express my strong opposition. Many healthcare providers have successfully rebranded acupuncture and named it 'dry needling' with the purpose of getting around the extensive requirements placed on licensed acupuncturists to ensure patient safety and clinical efficacy. Without these educational and training requirements, Maryland patients are at risk of multiple adverse outcomes including punctured lungs, infection, nerve damage, and more.

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 an exam prior to certification. This is in comparison to the proposed 40 hours of supervised needling proposed in this legislation, with no training standards, requirement of certification, or continuing education.

From the American Society of Acupuncture position paper regarding dry needling, "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."

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Additionally, many physician groups have already issued statements going back to 2012 regarding invasive procedures being allowed by providers with minimal training and zero regulations on the basis of 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

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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."

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For all of these reasons, I am asking you to oppose SB711/HB1016.

Earnestly,

Kimberly Coleman, PhD, LAc, RN
TCM Doctor Kim
DrKimberlyColeman@gmail.com
(240) 330-2204

SB 711_Insalaco_UNF.pdf

Uploaded by: Gerard Evans

Position: UNF

To Whom it may concern:

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Sincerely,

Mikahla Insalaco [M.AC](#) [1]., [L.AC](#) [2]. --

Mikahla Insalaco M.Ac.,L.Ac.

Licensed Acupuncturist

Certified Animal Acupuncturist

PointsInBalanceAcupuncture.com

443.226.4272

SB 711_Olson_UNF.pdf

Uploaded by: Gerard Evans

Position: UNF

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Claudia Olson

MD Acupuncture license UO1795

oppose.pdf

Uploaded by: Grant Zhang

Position: UNF

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From the American Society of Acupuncture position paper regarding dry needling, "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 and zero regulations on the basis of 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."

For all of these reasons, I am asking you to oppose SB711/HB1016. Thank you!

Respectfully,

Grant Zhang, Ph.D., Licensed Acupuncturist (U00572)

5044 Dosey Hall Drive, #105

Ellicott City, MD 21042

Tel: (410)997-3691

Amy Mager.pdf

Uploaded by: Hayley Evans

Position: UNF



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."

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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."

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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,
Amy Mager, DACM, Lic.Ac.
Diplomate OM (NCCAOM)
Vice Chair Public Policy, ASA
American Society of Acupuncturists
VCPublicPolicy@ASACU.org

Testimony10.pdf

Uploaded by: Hayley Evans

Position: UNF

To Whom It May Concern:

I am contacting you as a Maryland constituent regarding Maryland SB 711, and HB 1016 allowing athletic trainers to provide dry needling, and to express my strong opposition. Many healthcare providers have successfully rebranded acupuncture and named it 'dry needling' with the purpose of getting around the extensive requirements placed on licensed acupuncturists to ensure patient safety and clinical efficacy. Without these educational and training requirements, Maryland patients are at risk of multiple adverse outcomes including punctured lungs, infection, nerve damage, and more.

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- 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, I am asking you to oppose SB711/HB1016.

Sincerely,

Theresa Deramo

Theresa Deramo, L.Ac. M.Ac. Dipl.Ac
Essence of Wellness Inc.
Acupuncture for People & Pets
443-306-0560
thdera@icloud.com

Testimony11.pdf

Uploaded by: Hayley Evans

Position: UNF

To the Maryland Senate:

I am contacting you as a Maryland constituent to express my strong opposition to Maryland SB 711, and HB 1016, allowing athletic trainers to provide dry needling services. Many healthcare providers have successfully rebranded acupuncture and named it 'dry needling' with the purpose of getting around the extensive requirements placed on licensed acupuncturists to ensure patient safety and clinical efficacy. Without these educational and training requirements, Maryland patients are at risk of multiple adverse outcomes including punctured lungs, infection, nerve damage, and more.

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From the American Society of Acupuncture (ASA) position paper regarding dry needling, "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."

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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."

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- 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, I am urging you to oppose SB711/HB1016.

Sincerely,

Kathryn R. Nemirovsky, M.S.O.M., L.Ac., Dipl. O.M.

Zenith Acupuncture & Chinese Herbal Medicine

5525 Twin Knolls Rd., Suite 331

Columbia, MD 21045

kathryn@zenithacupuncture.com

(443) 832-3529

Testimony3.pdf

Uploaded by: Hayley Evans

Position: UNF

I am contacting you as a Maryland constituent regarding Maryland SB 711, and HB 1016 allowing athletic trainers to provide dry needling, and to express my strong opposition. Many healthcare providers have successfully rebranded acupuncture and named it 'dry needling' with the purpose of getting around the extensive requirements placed on licensed acupuncturists to ensure patient safety and clinical efficacy. Without these educational and training requirements, Maryland patients are at risk of multiple adverse outcomes including punctured lungs, infection, nerve damage, and more.

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For all of these reasons, I am asking you to oppose SB711/HB1016. Thank you.

Sincerely, Lillian Cooperman, L.Ac., M.Ac., Dipl.Ac.

Testimony4.pdf

Uploaded by: Hayley Evans

Position: UNF

I am contacting you as a Maryland constituent regarding Maryland SB 711, and HB 1016 allowing athletic trainers to provide dry needling, and to express my strong opposition. Many healthcare providers have successfully rebranded acupuncture and named it 'dry needling' with the purpose of getting around the extensive requirements placed on licensed acupuncturists to ensure patient safety and clinical efficacy. Without these educational and training requirements, Maryland patients are at risk of multiple adverse outcomes including punctured lungs, infection, nerve damage, and more.

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For all of these reasons, I am asking you to oppose SB711/HB1016.--

-Dr. Angela Myles DACM L.Ac. LMT

Testimony5.pdf

Uploaded by: Hayley Evans

Position: UNF

Hello,

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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, I am asking you to oppose SB711/HB1016.

Thank you,

Reem Thamir

Testimony6.pdf

Uploaded by: Hayley Evans

Position: UNF

To Whom It May Concern:

I am contacting you as a Maryland constituent regarding Maryland SB 711, and HB 1016 allowing athletic trainers to provide dry needling, and to express my strong opposition. Many healthcare providers have successfully rebranded acupuncture and named it 'dry needling' with the purpose of getting around the extensive requirements placed on licensed acupuncturists to ensure patient safety and clinical efficacy. Without these educational and training requirements, Maryland patients are at risk of multiple adverse outcomes including punctured lungs, infection, nerve damage, and more.

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 an exam prior to certification. This is in comparison to the proposed 40 hours of supervised needling proposed in this legislation, with no training standards, requirement of certification, or continuing education.

From the American Society of Acupuncture position paper regarding dry needling, "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."

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Robert Prokop, LAc

Owner

Masters of Acupuncture, Licensed Acupuncturist, Chinese Herbalist
309 Cathedral St, Floor 2
Baltimore, MD 21201
(724) 494-5051

Testimony7.pdf

Uploaded by: Hayley Evans

Position: UNF

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Hannah Sykes
PinItUp Acupuncture
443-328-5370

Testimony8.pdf

Uploaded by: Hayley Evans

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Cockeysville, MD

Testimony9.pdf

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Thank you,

Paulette McMillan, MS ,RDN, CDCES, L.Ac [1]., Dipl.OM [2]

Functional Medicine Nutritionist and Acupuncturist

Certified Diabetes Care and Education Specialist

www.marylandhealthandwellness.com [3]

8218 Wisconsin Ave, Suite 304

Bethesda, MD 20814

301-802-0500

4a - SB 711 - EHEA - Acupuncture - LOO.docx.pdf

Uploaded by: Heather Shek

Position: UNF



Board of Acupuncture

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Brandi Armijo, Chair – Cynthia Dobbins, Acting, Executive Director
4201 Patterson Avenue, Baltimore MD 21215 Phone: 410-764-4766

2022 SESSION POSITION PAPER

BILL NO: SB 711

COMMITTEE: Education, Health, and Environmental Affairs

POSITION: OPPOSE

TITLE: Health Occupations - Licensed Athletic Trainers - Dry Needling Registration

BILL ANALYSIS: Senate Bill (SB) 711 expands the practice scope for athletic trainers to perform dry needling, and creates registration with the Board of Physicians for athletic trainers performing dry needling who have completed dry needling training requirements of 80 hours. The Bill provides for an exemption to further training for those who completed continuing education courses before 2018 and those who performed dry needling in another state. The Bill also provides a sanction for those who perform dry needling without being registered.

POSITION AND RATIONALE: The Maryland Board of Acupuncture (the Board) opposes SB 711.

Dry Needling is an invasive procedure wherein needles are inserted through the skin into muscle and related tissue. The act of penetrating the skin is potentially dangerous, and without the proper education and training, could result in significant patient injury and harm including a pneumothorax, which is the collapsing of a lung, hemorrhage, nerve damage, and infections, to name a few. The Board believes that Athletic Trainers, whose minimum required education is a bachelor's degree, do not have sufficient education to perform dry needling with 80 hours of additional education pertaining to exclusively dry needling.

1) Background

Dry needling, historically referred to in acupuncture as “ashi acupuncture”, is a treatment modality that has been used by acupuncturists for thousands of years to treat pain and improve motor function. In the 1980s, Maryland became the first jurisdiction in the United States to allow dry needling by licensed physical therapists. Since then, physical therapists and chiropractors, both highly educated medical professionals, have used acupuncture needles with similar intent and effect and integrated it into their Western medical framework as Dry Needling. No such history is present for athletic trainers. In 2012, the Board of Physical Therapy Examiners proposed regulations regarding dry needling that were approved in 2016 and went into effect in 2017, requiring 80 hours of additional training in needling technique and 40 hours of hands-on

training. In 2020, chiropractors also adopted regulations requiring an additional 80 hours training.

SB 711 similarly asks for athletic trainers to be registered after just 80 additional hours of training as physical therapists and chiropractors. However, as the Board explains below, athletic trainers have insufficient education and training to justify the addition of dry needling to their scope of practice even with the addition of 80 hours training on the subject.

2) Education for Athletic Trainers is Significantly Less than Acupuncturists, Physical Therapists and Chiropractors

The act of piercing the skin and contacting or exposing the internal terrain of the body carries with it a myriad of possible after-effects, many of which can be damaging and even dangerous to the health and well-being of a patient. This is the main reason that licensed acupuncturists in our State, as well as the entire country, are required to have over 1,800 hours of educational training in acupuncture, 400 of which must be hands-on, clinical, before they are granted a license to practice. As part of the East Asian medicine training related to acupuncture points, acupuncture education includes point location and associated risk factors, training on adverse events, infection control, patient position, information about the correct length, gauge, filiform or other types of needles, needling technique, insertion techniques (such as angle, depth, stretching skin), needle manipulation, needle retention time, needle removal techniques, and contraindications. Their education also includes extensive biomedical training such as anatomy, physiology, pathology, pathophysiology, differentiation of normal and abnormal structures and functions of body systems from a biomedical perspective, and recognition of signs, symptoms, and morbidities associated with common medical conditions and all relevant to patient safety when needling. The entry level degree for licensure in Maryland is a Master of Acupuncture and many practitioners go on to complete a doctorate in the field.

SB 711 creates similar registration requirements for athletic trainers as physical therapists and requires athletic trainers to complete an identical 80 hours of additional training to register to perform dry needling. Physical therapists (PTs) and athletic trainers, however, have significantly different levels of training, education, and a different history of performing dry needling.

Approximately 96% of PTs are trained at the doctoral level, consistent with Chiropractors, who are all required to have doctoral level degrees. Athletic trainers, on the other hand, need only a bachelor's degree to be licensed to practice athletic training. The difference in education between a bachelor's degree and a doctorate is significant, and the Board believes that the depth of anatomical and physiology education, as well as the depth of emergency care learned in a bachelor's degree program cannot match those learned at the doctorate level.

The subject matter of the educational instruction is also relevant to determining whether the licensees are competent to perform invasive dry needling procedures. As noted above, significant portions of the 1,800 hours of education required for an acupuncturist is devoted to needling technique, infection control, and safe handling of needles, as well as biomedical factors, and over 400 hours are hands-on clinical training. PTs have less experience with needling directly, but have doctorate level training which includes significant instruction specific to the

musculoskeletal system and the neuromuscular system. Accredited education programs in physical therapy must include extensive instruction in anatomy, histology, physiology, biomechanics, kinesiology, neuroscience, pharmacology, pathology, clinical sciences, clinical interventions, clinical application, and screening. The basic anatomical, physiological, and biomechanical knowledge necessary for the safe and competent provision of dry needling is taught as part of the core education for physical therapists; specific dry needling skills are supplemental to that core knowledge. Furthermore, certain content areas relevant to the competent provision of dry needling, such as surface anatomy and skeletal muscle physiology, are part of the national physical therapist licensing examination. Chiropractors have a similar background and extensive training.

In contrast, according to the Commission on Accreditation of Athletic Training Education, accredited programs include formal instruction in areas such as injury/illness prevention, first aid and emergency care, assessment of injury/illness, human anatomy and physiology, therapeutic modalities, and nutrition. According to their website, the Athletic Training certification examination covers the following topics:

- Injury and illness prevention and wellness promotion
- Examination, assessment and diagnosis
- Immediate and emergency care
- Therapeutic intervention
- Health care administration and professional responsibility

While these are perfectly adequate for the typical activities done by athletic trainers, these educational topics in a bachelor's or even master's degree do not appear to have nearly as much in-depth training about the body and about invasive procedures that would be necessary for dry needling.

When the physical therapist regulations were introduced, the physical therapists relied heavily on their prior education as a justification for the eighty hours of dry needling training. They demonstrated that much of the information that is required for dry needling was already adequately covered by core physical therapy education. The Board believes that athletic trainers have made no similar showing, and that the thousands of fewer hours and the lack of similar depth of training simply cannot be deemed equivalent to a masters in Acupuncture or the doctorate level training of physical therapists and chiropractors.

3) Miscellaneous Concerns

SB 711 contains several additional provisions of concern. The educators teaching dry needling to the athletic trainers need no specialized education themselves, but merely need five years of dry needling experience and to have taken the 80 hours of classwork themselves. As such, the Board has concerns that even those providing the education are ill-equipped to provide the necessary safety and clinical training to those learning this for the first time.

Next, the bill contains an exception for athletic trainers who had previously been performing dry needling to be grandfathered in, without needing to perform the requirements for the registration.

Similarly, the bill creates an exception from any education for those who have been performing dry needling out-of-state. One of the express purposes of the hand-on clinical training is to assess competency. All physical therapists and chiropractors, therefore, not only are exposed to additional training, but are also assessed by their trainers to confirm that they have adequate knowledge and competency to begin dry needling. Without those competency assessments, it would be dangerous to allow out-of-state practitioners to perform dry needling, especially because athletic trainers have no profession-wide standards for dry needling. Additionally, physical therapists in Maryland have been performing dry needling since the 1980s and since 2010 have considered dry needling as part of their scope of practice. Physical therapists, when drafting their regulations, understood the potential danger of allowing those who were already performing dry needling before the regulations went into effect, and required all physical therapists to take the 80 hours of education without regard to their previous practice or training in dry needling. Chiropractors similarly, did not include a grandfathering clause. Here, where dry needling was not specifically authorized as it was for physical therapists and chiropractors, athletic trainers should not be permitted to be grandfathered in.

4) Summary of Concerns

In summation, dry needling is a potentially dangerous medical technique that requires significant education and training to prevent significant patient injury and harm. Athletic trainers lack the necessary underlying academic education to safely perform the invasive procedure of dry needling. In contrast to physical therapists and chiropractors who almost universally have doctorate level degrees with substantially more depth and breadth of relevant medical foundations and acupuncturists who have biomedical training and specifically train for hundreds of hours of needling techniques and safety protocols, athletic trainers lack the foundational fundamentals. With a mere 80 hours of training athletic trainers cannot be brought to the level of competency necessary to safely perform dry needling.

For all of these reasons, the Board, along with the State Board of Physical Therapy Examiners and the State Board of Chiropractic Examiners, respectfully urges, for the safety of the public, that the Committee vote unfavorably on SB 711.

Thank you for your consideration. For more information, please contact Cynthia Dobbins, Acting Executive Director, at 410-764-5925 or cynthia.dobbins@maryland.gov or Lillian Reese, the legislative liaison for the boards at 443-794-4757 or at lillian.reese@maryland.gov.

The opinion of the Boards expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.

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Uploaded by: Heather Shek

Position: UNF



Board of Physicians

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Damean W.E. Freas, D.O., Chair

2022 SESSION POSITION PAPER

BILL NO.: SB 711 – Health Occupations – Licensed Athletic Trainers – Dry
Needling Registration
COMMITTEE: Education, Health, and Environmental Affairs
POSITION: Letter of Opposition

TITLE: Health Occupations – Licensed Athletic Trainers – Dry Needling
Registration

POSITION & RATIONALE:

The Maryland Board of Physicians (the Board) respectfully submits this letter of opposition for Senate Bill (SB) 711 – Health Occupations – Licensed Athletic Trainers– Dry Needling Registration. The Maryland Board of Physicians traditionally does not take positions on scope of practice matters. However, the Board has several non-scope related concerns regarding SB 711.

First and foremost, SB 711 requires the Board to create a registration process for athletic trainers who meet the requirements to perform dry needling. Athletic trainers already have an existing process for approval of specialized tasks that require additional training and education. The Maryland Medical Practice Act requires licensed Athletic Trainers to submit specialized tasks for approval with proper documentation from a supervising physician. This process includes a description of the specialized tasks, documentation of competencies, certification, credentials or other requirements. If it is determined that dry needling should be within the accepted scope of practice for athletic trainers provided they have received adequate training, the existing specialized task procedure is the appropriate way for the Board to verify this training and approve the task. Creating a separate registration process on top of the existing approval process for specialized tasks is unnecessary.

Second, the Board has concerns with the language regarding exceptions to the educational requirements in SB 711. Section (e) allows athletic trainers to be “grandfathered” in if they completed a substantially similar education course prior to June 19, 2018, while section (f) provides similar exceptions for those who obtained training out of state. The Board requires clear standards for licensure and registration whenever possible. Unclear educational standards can present public health concerns if it leads to individuals practicing without sufficient training. The Board believes all licensees should be held to the same educational standards.

Finally, the Board seeks clarification as to the licensed health care practitioner who would be overseeing the hands-on instruction described on page 3, lines 10 through 17.

Based on these concerns, the Board respectfully opposes SB 711. However, the Board is happy to work with the sponsor and stakeholders to establish a process that complements the Board's current structure moving forward.

For more information, please contact Matthew Dudzic, Health Policy Analyst, Maryland Board of Physicians, 410-764-5042.

Sincerely,

A handwritten signature in blue ink, appearing to read "Damean W. E. Freas".

Damean W. E. Freas, D.O.
Chair, Maryland Board of Physicians

The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.

Letter of Opposition to SB711 (1).pdf

Uploaded by: Khanita Suvarnasuddhi

Position: UNF

Letter of Opposition to SB711

I am contacting you as a Maryland constituent regarding Maryland SB 711, and HB 1016 allowing athletic trainers to provide dry needling, and to express my strong opposition. Many healthcare providers have successfully rebranded acupuncture and named it 'dry needling' with the purpose of getting around the extensive requirements placed on licensed acupuncturists to ensure patient safety and clinical efficacy. Without these educational and training requirements, Maryland patients are at risk of multiple adverse outcomes including punctured lungs, infection, nerve damage, and more.

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 an exam prior to certification. This is in comparison to the proposed 40 hours of supervised needling proposed in this legislation, with no training standards, requirement of certification, or continuing education.

From the American Society of Acupuncture position paper regarding dry needling, "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 and zero regulations on the basis of 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, I am asking you to oppose SB711/HB1016.

Warm regards,

Dr. Khanita Suvarnasuddhi, DC, MSAOM

Letter of Opposition to SB711.pdf

Uploaded by: Khanita Suvarnasuddhi

Position: UNF



Maryland Acupuncture Society

Letter of Opposition to SB711

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For all of these reasons, I am asking you to oppose SB711/HB1016.

SB711_HB1016.pdf

Uploaded by: Latoya Boddy

Position: UNF

February 22, 2022

Mr. Paul Pinsky, Chair
Senate Committee

Re: Oppose SB711/HB1016 – Senator Beidle

Dear Members of the Senate Committee,

I am contacting you as a Maryland constituent regarding Maryland SB 711 and HB 1016 allowing athletic trainers to provide dry needling and express my strong opposition. Athletic trainers should not be using needles on anyone when there is a LICENSED profession in place to do so. Acupuncture is a skilled intervention that takes many hours of training and supervised practice. This legislation undermines the institution of acupuncture and Chinese Medicine. Many healthcare providers have successfully rebranded acupuncture and named it 'dry needling' to sidestep laws and bypass rules and regulations created for consumer protection and clinical efficacy. Without these educational and training requirements, Maryland patients are at risk of multiple adverse outcomes, including punctured lungs, infection, nerve damage, and more.

Licensed acupuncturists are highly trained, skilled providers in using filiform needles. According to the National Certification Commission of Acupuncture and Oriental Medicine (NCCAOM), the minimum certification training 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 an exam prior to certification. This is in comparison to the proposed 40 hours of supervised needling proposed in this legislation, with no training standards, requirement of certification, or continuing education. Please allow athletic trainers to perform their job and refer to a licensed acupuncturist to do their job.

From the American Society of Acupuncture position paper regarding dry needling, "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 pneumothoraxes 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."

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For all of these reasons, I am asking you to oppose SB711/HB1016 to best protect public safety.

Sincerely,

Latoya Boddy, M.Ac, L.Ac

Letter of opposition against SB711HB1016Strass.pdf

Uploaded by: Lynne Vance

Position: UNF

From: Dr. Rachel Strass drrachelstrass@gmail.com

Subject: Letter of opposition against SB711/HB1016

Date: February 21, 2022 at 5:37 PM

To: legislative@marylandacupunctureociety.org, AA_EHE@mlis.state.md.us, AA_HGO@mlis.state.md.us

RS

Dear Sir or Madam:

I am contacting you as a Maryland constituent regarding Maryland SB 711, and HB 1016 allowing athletic trainers to provide dry needling, and to express my strong opposition. Many healthcare providers have successfully rebranded acupuncture and named it 'dry needling' with the purpose of getting around the extensive requirements placed on licensed acupuncturists to ensure patient safety and clinical efficacy. Without these educational and training requirements, Maryland patients are at risk of multiple adverse outcomes including punctured lungs, infection, nerve damage, and more.

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For all of these reasons, I am asking you to oppose SB711/HB1016.

Sincerely,

Dr. Rachel Strass, DOM, LAc, Dipl OM (NCCAOM)
Doctor of Oriental Medicine

Spirit Point Healing
43 Old Solomons Island Rd
Ste 201
Annapolis, MD 21401

www.spiritpointhealing.com
410-570-2896

<https://www.schedulicity.com/scheduling/SPH5X7>

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Maryland SB 711 Kristin Liao.pdf

Uploaded by: Lynne Vance

Position: UNF

From: Kristin King Liao kingacu@hotmail.com
Subject: Maryland SB 711/HB 1016
Date: February 21, 2022 at 12:32 PM
To: legislative@marylandacupunctureociety.org



I am contacting you as a Maryland constituent regarding allowing athletic trainers to provide dry needling, and to express my strong opposition. Many healthcare providers have successfully rebranded acupuncture and named it 'dry needling' with the purpose of getting around the extensive requirements placed on licensed acupuncturists to ensure patient safety and clinical efficacy. Without these educational and training requirements, Maryland patients are at risk of multiple adverse outcomes including punctured lungs, infection, nerve damage, and more.

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For all of these reasons, I am asking you to oppose SB711/HB1016.

Sincerely,

Kristin Liao

Opposition to Maryland SB 711 - Gail Addis.pdf

Uploaded by: Lynne Vance

Position: UNF

From: prosperlac@cs.com
Subject: Opposition to Maryland SB 711, and HB 1016
Date: February 21, 2022 at 10:49 AM
To: legislative@marylandacupunctureociety.org



To Lynne Vance,

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Gail Addis L.Ac., M.Ac., Dipl.Ac.

Opposition to SB and House bill Javornik.pdf

Uploaded by: Lynne Vance

Position: UNF

From: njavor@verizon.net
Subject: Opposition to SB and House bill
Date: February 21, 2022 at 5:17 PM
To: legislative@marylandacupuncturesociety.org



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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

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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."

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Noreen Javornik
Maryland licensed Acupuncturist

[Sent from the all new AOL app for iOS](#)

OPPOSITION TO SB711 Don Diggs.pdf

Uploaded by: Lynne Vance

Position: UNF

From: Don Diggs dondiggs@verizon.net
Subject: Re: OPPOSITION TO SB711 and HB 1016
Date: February 21, 2022 at 11:13 AM
To: legislative@marylandacupunctureociety.org

DD

Dear Ms. Lynne Vance,

I am contacting you as a Maryland constituent regarding Maryland SB 711, and HB 1016 allowing athletic trainers to provide dry needling, and to express my strong opposition. Many healthcare providers have successfully rebranded acupuncture and named it 'dry needling' with the purpose of getting around the extensive requirements placed on licensed acupuncturists to ensure patient safety and clinical efficacy. Without these educational and training requirements, Maryland patients are at risk of multiple adverse outcomes including punctured lungs, infection, nerve damage, and more.

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Thank you,

Don Diggs, L.Ac., Dipl. OM, Dipl. Ac, Dipl. CH (NCCAOM)
marylandhealthandwellness.com

Opposition to SB711_L Bracken.pdf

Uploaded by: Lynne Vance

Position: UNF

Maryland Center for Chinese Medicine
Dr. Laura D. Bracken DOM, ADS, L. Ac.
79 E Main Street Suite 404
Westminster, MD 21157
410-852-4977/410-857-6155
Laura@MarylandChineseMedicine.com
www.MarylandChineseMedicine.com

February 21, 2022

To Whom It May Concern,

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Sincerely,

Laura D. Bracken, DOM, L.Ac.

Opposition_to_SB711_HB1016_Seok PARK.pdf

Uploaded by: Lynne Vance

Position: UNF

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A handwritten signature in black ink, appearing to read 'Seok Park', written in a cursive style.

Seok Park, PhD, LAc

Opposition_to_SB711_Masset.pdf

Uploaded by: Lynne Vance

Position: UNF

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Michele Masset Lic Ac and PT
1900 L Street, NW Washington DC 20026

Opposition_to_SB711_vonVoss.docx (1).pdf

Uploaded by: Lynne Vance

Position: UNF

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Sincerely,
Jacqueline von Voss, L.Ac. LMT

145 island creek rd, centreville, MD 21617.
410-200-0678
jvonvoss@gmail.com

OppositiontoSB711HB1016 Shapiro.pdf

Uploaded by: Lynne Vance

Position: UNF

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For all of these reasons, I am asking you to oppose SB711/HB1016.

Sincerely,



Molly B. Shapiro L.Ac., Dipl. O.M.

Molly B. Shapiro L.Ac., Dipl. O.M. LLC
4405 East West Hwy #311-A . Bethesda, MD 20814
(240) 347-2323
mshapiro@MBSAcupuncture.com

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Opposition_to_SB711_HB1016.doc Beidle.pdf

Uploaded by: Nancee Baysinger

Position: UNF

Dear Senator Beidle

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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.

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Sincerely,

Nancee Baysinger, MSN, MAC,, LAc., C-MCM

MAS-LtrToLegis_182040.pdf

Uploaded by: Rachel Clark

Position: UNF

Pamela Gandy, M.Ac., L.Ac.
Licensed Acupuncturist

February 20, 2022

305, 216, 214 Lowe House Office Bldg.
6 Bladen St.
Annapolis, MD 21401

RE: **Maryland SB 711, and HB 1016**

Dear District 12 Delegates Ebersole, Feldmark, Hill:

I am contacting you as a Maryland constituent regarding **Maryland SB 711, and HB 1016** allowing athletic trainers to provide dry needling, and to express my strong opposition. Many healthcare providers have successfully rebranded acupuncture and named it 'dry needling' with the purpose of getting around the extensive requirements placed on licensed acupuncturists to ensure patient safety and clinical efficacy. Without these educational and training requirements, Maryland patients are at risk of multiple adverse outcomes including punctured lungs, infection, nerve damage, and more.

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6115 Timothy Ct.
Columbia, MD 21044

410-964-1731

pgandy1@gmail.com

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For all of these reasons, I ask that you **oppose SB711/HB1016**.

Thank you for your consideration of this matter.

Sincerely,



Pamela Gandy, M.Ac., L.Ac.

Maryland License U00820

(In active practice since 1998)

Opposition_to_SB711_HB1016.doc.pdf

Uploaded by: Rachel Clark

Position: UNF

Li Ying Kathy Diao L.Ac.
Liyong Acupuncture Healing Services, LLC
8975 Guilford Road #170
Columbia, MD 21046

February 21, 2022

Dear Representative / Senator

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Opposition_to_SB711_HB1016.pdf

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Gena Roberge L.Ac.

A handwritten signature in black ink, appearing to read 'Gena Roberge', with a long, sweeping horizontal line extending to the right.

SB 711 Opp Testimony.pdf

Uploaded by: Rachel Clark

Position: UNF

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Warmest regards,

Minh Nguyen, DAc, LAc

SB 711 Opp.pdf

Uploaded by: Rachel Clark

Position: UNF

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For all of these reasons, I am asking you to oppose SB711/HB1016.

-

Samantha L. Francis, D.Ac., L.Ac., Dipl.Acu. (NCCAOM)

<http://www.fivedanceswellness.com>

SB 711 Opposition.pdf

Uploaded by: Rachel Clark

Position: UNF

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Sincerely,

Brittany Freet, L.Ac, M.Ac, Dipl.Ac
410.977.0406

SB 711- OppTest.pdf

Uploaded by: Rachel Clark

Position: UNF

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Jonathan Bronson
Maryland State Licensed Acupuncturist
(Lic. # U02135)--

Jonathan Bronson M. Ac., L. Ac.
410-212-4181
jobronson@gmail.com

SB 711- Testimony.pdf

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Professor, MUIH

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Testimony.pdf

Uploaded by: Rachel Clark

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Thank you,
Dr. Devorah Walder

Testimony2.pdf

Uploaded by: Rachel Clark

Position: UNF

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Rozita Rouzbeh , D.Ac,L.Ac
5948 Hubbard Dr.
Rockville ,MD 20852
(571)395-1424

Template.pdf

Uploaded by: Sandra Koffman

Position: UNF

Template: Letter of Opposition to SB711

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Damiani_SB 711_unfavorable.pdf

Uploaded by: SARAH DAMIANI

Position: UNF

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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, I am asking you to oppose SB711/HB1016.

SB711-TIngegno-Unfavorable.pdf

Uploaded by: Thomas Ingegno

Position: UNF

Honorable Committee,

I was the previous chair of the Maryland Board of Acupuncture and all eight of my years on the board dry needling was an issue.

I see a terrifying trend in healthcare that Dry Needling has become a workaround for other healthcare professions to perform acupuncture under the guise of a western medical procedure. It has happened with physical therapists as well as chiropractors. Athletic trainers are just the next in line to appropriate acupuncture at the risk of Maryland's citizens.

The biggest problem here is that dry needling was coined by a medical doctor, Janet Travelle, in 1983. She used syringes to break up adhesions in the soft tissue and even stated that acupuncture needles were too small to perform this task. Dry needling practitioners have appropriated the acupuncture needles and perform needling distal acupuncture points and electrical stimulation. Neither of these techniques come from the dry needling texts and are a straight appropriation of acupuncture. Furthermore, neither PTs nor chiropractors teach these techniques in the short classes. Both fields' lobby groups have spread misinformation on acupuncture to discredit my profession. Statements such as "acupuncture does not go as deep," "dry needling has more research," and perhaps the most egregious, "we don't use any of that Chinese stuff". The first two statements are bald-faced lies. Dry needling practitioners are using acupuncture needles that are made longer for specific acupuncture techniques, and acupuncture has over 30,000 studies in English alone, including over 8,000 RCTs. Other fields realize that acupuncture outperforms them and are weaseling their way into our field. The last statement about not using Chinese theory is an insult to my field and the Asian community.

I know that PTs and chiropractors are touting the safety and efficacy of dry needling; however, I know of four patients who have had pneumothoraxes due to physical therapists performing dry needling on them. Sadly, because none of these patients came forward and reported this, the physical therapists can continue unchecked. When I was the Chair of the Board of Acupuncture, the safety officer for the physical therapy board said he thought the PTs were going too far with the dry needling.

For more than three years, my field has been waiting for regulations designed with consideration to patient safety and acupuncturists' training. They were met with mild objections from other lobby groups, and our regulations have been shelved. It feels as though the state does not understand how in-depth our training and knowledge base is, especially since our doctorate requires more classroom and practical hours than chiropractors, physical therapists, and other allied health professions. It feels as though there is both ignorance and arrogance by other professions and a derogatory sentiment toward our field history and culture and countries of origin. Ideally, instead of money-hungry practitioners trying to keep the patients in their office, they should refer to practitioners who are appropriately trained to perform the full scope and breadth of acupuncture.

Why are other healthcare professionals allowed to write their own ticket, appropriating another fields scope? In contrast, my field sits in limbo, asking for the right to perform services when we have both a historical claim and proper training to perform?

I strongly oppose Bill 711, and I'm asking for your support to keep patients safe. I would love the opportunity to speak to you about this matter and any issues that involve patient safety.

Thank you for your time.

Sincerely,

Dr. Tom Ingegno, DACM, LAc
Doctor of Acupuncture and Chinese Medicine,

athletic trainers dry needling opposition letter p

Uploaded by: xin miao

Position: UNF

I am contacting you as a Maryland constituent regarding Maryland SB 711, and HB 1016 allowing athletic trainers to provide dry needling, and to express my strong opposition. Many healthcare providers have successfully rebranded acupuncture and named it 'dry needling' with the purpose of getting around the extensive requirements placed on licensed acupuncturists to ensure patient safety and clinical efficacy. Without these educational and training requirements, Maryland patients are at risk of multiple adverse outcomes including punctured lungs, infection, nerve damage, and more.

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 an exam prior to certification. This is in comparison to the proposed 40 hours of supervised needling proposed in this legislation, with no training standards, requirement of certification, or continuing education.

From the American Society of Acupuncture position paper regarding dry needling, "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."

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