

Delegate Shane E. Pendergrass, Chair
Room 241
House Office Building
Annapolis, Maryland 21401

March 8, 2022

Re: HB 1016 – UNFAVORABLE – Health Occupations – Licensed Athletic Trainers – Dry Needling Registration

Dear Chairwoman Pendergrass and Members of the Committee,

I am contacting you as a Maryland constituent regarding Maryland HB 1016. I am a doctor of acupuncture as well as the Secretary for the Maryland Acupuncture Society. I want to provide my testimony as a strong opposition. There are 3 myths regarding dry-needling/acupuncture:

- Dry needling is not Acupuncture- FALSE
 - AMA policy H-410.949 from 2016 states,
 - "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."
 - 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 then 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."
- Athletic Trainers needle deeper than Acupuncturists- FALSE
 - Athletic trainers are infringing upon the acupuncturists' scope of practice by wanting to include dry needling in their own scope.
 - They do not have the qualifications to perform dry needling because it's an invasive procedure, especially if they supposedly "needle deeper" than acupuncturists. They have qualifications to perform only noninvasive procedures to address athletic injuries, NOT to needle deeper than acupuncturists. This is disturbing.

- Acupuncturists, chiropractors, and physical therapists are the 3 professions that perform dry needling therapy without supervision. If this bill passes, qualified athletic trainers must still perform dry needling under the supervision of a physician.
 - The Maryland Physicians Board does not have a system to regulate these "specialized tasks." Please consider the risks and liabilities that athletes must face in order to receive dry needling by athletic trainers who require supervision in order to perform a task. To require supervision means to not have the skillset.
- Acupuncturists insert a small-filiform needle in the skin and beyond this, everything else is different.- FALSE
 - 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."
 - 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."

The act of performing dry needling IS IN FACT the act of performing acupuncture. Athletic trainers do not have the skillset. Acupuncturists do.

Unfortunately, healthcare providers have successfully rebranded acupuncture and named it 'dry needling' to get 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.

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.

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.

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."

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

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