

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'm contacting Maryland district regarding allowing dry needles to train trainers at HB 1016, Maryland. And it's to express my strong opposition. Many healthcare providers have successfully renamed acupuncture to 'dry acupuncture' to avoid the broad requirements given to licensed acupuncturists to ensure patient safety and clinical effectiveness. Without these educational and training requirements, Maryland patients are at risk for many side effects, including lung perforation, infection, and nerve damage.

Licensed acupuncturists are highly trained and skilled providers of file-type needles. According to the National Medical Certification Committee, the minimum training for certification is a three-year process. In addition to at least 660 hours of supervised clinical time in injection needle use, licensed acupuncturists are required to take at least 450 hours of biopharmaceuticals. NCCAOM also conducts tests prior to certification. This is compared to the 40-hour supervisory needling proposed in this bill without educational standards, certification requirements, and continuous education.

"The U.S. Food and Drug Administration defines acupuncture needles as second-class medical devices, and sales of acupuncture needles should be clearly limited to qualified acupuncture experts, as determined by the state," the American Society of Acupuncturists said in a statement on dry acupuncture. Dry acupuncture, like acupuncture, poses a congenital risk that includes but is not limited to perforation, nerve damage, and infection of the lungs and other internal organs. Recent reports of serious and potentially life-threatening injuries related to "dry acupuncture" include pneumothorax and spinal cord damage. These and other injuries support the statement that 'dry intrusion' poses a significant threat to public safety if carried out without proper education, training and independent competency testing. Appropriate training and competency testing are essential to public safety."

As pointed out by the Maryland Medical Commission's Physical Trainer Advisory Committee on Tuesday, January 12, 2021, "Article 14-5D-1(m)(3) of the Health Book said physical training does not include the practice of physical therapy, and if dry-needling is not within the scope of physical therapy, it is absurd. Minister Darin also noted that "add dry needling to the scope of practice will need to be revised."

In addition, many medical organizations have already issued statements dated 2012 on invasive procedures permitted 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 dry needling should only be carried out by experts familiar with standard training and regular needle use, such as licensed doctors and acupuncturists.

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In 2016, the American Society of Acupuncture issued a statement with the following conclusions: "It is unnecessary for physical therapists to include dry acupuncture in the scope of the procedure to expose the public to serious and potentially dangerous risks". Because of this, we feel obligated to inform legislators and regulators about the inherent risks to this practice. Therefore, AAMA strongly believes that for the health and safety of the public, only physicians who are familiar with extensive training and regular needle use and who are licensed to perform the procedure, such as licensed physicians or acupuncturists, should perform the procedure. According to our experience and medical findings, it is not legally recommended to extend the scope of physical therapists to dry acupuncture as part of their practice.

The American Society of Physics and Rehabilitation announced in 2012 that: "The American Society of Physics and Rehabilitation recognizes dry acupuncture as an invasive procedure using acupuncture needles associated with medical risk. Therefore, AAPMR argues that this procedure should be performed only by physicians who have received standard training and have become accustomed to routine needle use, 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 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 HB1016.

Sincerely,

Sang Lee

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