

Lisa Marie Price
310 Nimitz Ave
Rockville MD 20851

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 SB 711, and HB 1016 allowing athletic trainers to provide dry needling, and to express my strong opposition. As a national board certified, Maryland state licensed acupuncturist with over 20 years of experience, I can provide expert testimony about this issue. In my opinion it present a clear danger to public health.

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. Also troubling is the fact that the treatments performed are very likely to be either ineffective or perhaps worsen a patient's condition due to the lack of training. When healthcare professionals with very little or poor training perform acupuncture under the guise of "dry needling" it undermines our profession and the extraordinary benefits it can provide to Maryland residents—patients will simply assume acupuncture is ineffective, not realizing they are receiving treatments that do not meet a basic standard of care.

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. It is unclear how an athletic trainer will even make a diagnosis, choose correct points for treatment and use appropriate needling techniques (which vary according to the patient's condition). Ask yourself this: Would you want an untrained athletic trainer sticking needles in your child?

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."

Have you seen the training video posted by a well-know physical therapist trainer of dry needling who gives the patient a pneumothorax while demonstrating extremely poor needling technique? I would urge you to watch it to understand what is at stake here: https://www.youtube.com/watch?v=EWb69O_NiE There is a reason that malpractice insurance for acupuncturists is extremely cheap. Our training makes acupuncture one of the safest medical procedures anyone could undergo. My prediction is this will change as many under-trained providers begin practicing acupuncture, simply by calling it dry needling.

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."

Medical doctors know what is at stake and universally their organizations oppose acupuncture (dry needling) performed by under-trained providers such as physical therapists and athletic trainers.

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.

Thank you for your consideration,

Lisa Marie Price, L.Ac. Dipl.Ac.