

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 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.

I have invested heavily in my future as an acupuncturist including the 3 year master's degree program, a 2 year herbal certification and 2 year doctorate program to ultimately be a Doctor of Oriental Medicine. In those 7 years I accumulated close to \$200k in student loan debt which I anticipate paying off for 20 years. 98% of my patients are seeing me for pain management and I do deep needling of "trigger points" called *Ashi* points. This is exactly what "dry needling" providers do yet they don't put in the time and financial investment that I have. I worry about the future of my career if more and more people of all modalities are now providing acupuncture under various certifications and licenses. As time goes by and more providers in the healthcare field are taking over my profession I worry about my choices in investing in this profession that could over time become irrelevant. These worries keep me up at night as I have a family to provide for and many people relying on me and my business. Athletic trainers can refer clients to acupuncturists to perform needling as this is what we are highly trained to do. There are doctors of all specialties for a reason. No one can put in the time and studies to be highly proficient in everything so we have a network of specialists that we regularly refer to for their specialty.

I have also heard countless stories from family, friends, patients, and other people who have tried dry needling from another provider and are now "afraid of needles" because it "hurt" and was too painful to continue therapy. For this reason many people avoid acupuncture or refuse to come for treatment when

they are referred to me because they think my treatments will be painful and cause injury. I have lost many potential clients who hear about dry needling and are afraid of it moving forward. Acupuncturists are trained to provide therapies with minimal pain and maximum benefits. Patients are calm, relaxed and even fall asleep during treatments while receiving all the pain relieving benefits. We are more proficient and effective than any other providers with needles and it's hard to hear stories of people being anti-needle due to a poor experience with dry needling.

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.

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 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.

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