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March 8, 2022

Support of HB 1016 – Health Occupations – Licensed Athletic Trainers – Dry Needling Registration

The Honorable Shane Pendergrass, Chair
Health and Government Operations Committee
Maryland House of Delegates
6 Bladen Street, Room 241
Annapolis, MD 21401

Chair Pendergrass, Vice-Chair Pena-Melnyk, and Esteemed Members of the Health and Government Operations Committee:

House Bill 1016 seeks to include dry needling within an athletic trainers' scope of practice. Unlike twenty-six states and the District of Columbia, athletic trainers in Maryland cannot dry needle their athletes. This severely hampers the quality of care they can administer. HB 1016 will remedy this by strict adherence to modern certification practices and the athletic training scope of practice. HB 1016 will maintain Maryland's competitive edge in sports medicine.

According to the National Athletic Trainers' Association, athletic trainers (ATs) are "highly qualified, multi-skilled health care professionals specifically trained in the prevention, examination, diagnosis, treatment, and rehabilitation of medical conditions and emergent, acute, and chronic injuries." Athletic training is recognized as an allied health care profession by the American Medical Association (AMA), Health Resources Services Administration (HRSA), and Department of Health and Human Services (HHS).

Due to AT's proximity to the injured, they are often the first line of care. Their response is crucial to healthy outcomes. ATs that are coming from states where dry needling is practiced find working in Maryland a frustrating experience. At the collegiate level, they must navigate the rigors of a student athlete's academic and athletic obligations to secure an appointment with an outside provider for a service that they could otherwise render. This inability can extend recovery times and risk further injury. These frustrations are echoed by ATs of professional sports organizations like the Baltimore Ravens and Orioles.

A peer-reviewed study published in the *Journal of Sports Medicine and Allied Health Sciences* found that "eighty-nine percent of dry needling tasks were provided through entry-level education" according to athletic training experts. Furthermore, according to the National Athletic Training Association (NATA), seventy percent of ATs hold a master's degree. Suffice it to say, these are highly skilled individuals. Currently, ATs in other states must undergo the same

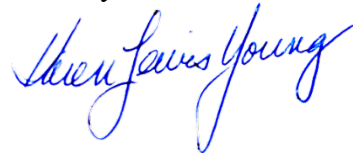
certification and continuing education requirements as physical therapists and chiropractors. HB 1016 will maintain this requirement by requiring eighty hours of continuing education.

Several studies commissioned by the National Institutes of Health (NIH) attest to the merits of dry needling's relief. Dry needling's effectiveness is coupled with its safety. A February 2020 report published in *The International Journal of Sports Physical Therapy* reported that of 20,494 treatments only twenty were deemed "major adverse events".

It is evident that athletic trainers in the state of Maryland are limited by their current scope of practice which inhibits the practice of a safe and effective procedure. Additionally, they are hampered by an undue burden at the collegiate level. It is only sensible that Maryland joins the other twenty-six states and the District of Columbia and incorporate dry needling into athletic trainers' scope of practice.

I urge you to support HB 1016 and ask for your favorable review.

Thank you,



Delegate Karen Lewis Young