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

March 8, 2022

## Re: HB 1016 – <u>UNFAVORABLE</u> – Health Occupations – Licensed Athletic Trainers – Dry Needling Registration

Dear Chairwoman Pendergrass and Members of the Committee:

I'm contacting you as a Maryland district regarding allowing dry-needling to exercise trainers in Maryland HB 1016. And it's to express my strong opposition. Many healthcare providers have successfully renamed acupuncture 'dry acupuncture' to change the brand of acupuncture and 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 a number of side effects, including lung punctures, infections, and nerve damage.

Licensed acupuncturists are highly trained and skilled providers of file-type needle use. 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 supervised needling proposed in this bill without educational standards, certification requirements, or continuous education.

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 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 dating back to 2012 regarding 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 performed by practitioners familiar with standard training and regular needle use, such as licensed physicians or acupuncturists."

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."

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,

Sora Lee Recent Graduate of Acupuncture Master Program

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