

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. The athletic trainers have not provided any clinical basis or cited any medical theory that necessitates adding this procedure to their scope, nor have they provided any medical rationale for doing so.

The practice of dry needling has no requirements, standards for practice, or any measures in place to measure competency. 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, including the American Medical Association, The American Academy of Medical Acupuncture, and The American Academy of Physical Medicine (statements below).

Furthermore, adding dry needling to the scope of athletic trainers cannot be done outside of a change of statute. 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. (an attorney present during the meeting) also noted "adding dry needling to the scope of practice would require a change to the statute."

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 pneumothorax 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."

Finally, 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 clearly considers dry needling to be the practice of acupuncture.

For all these reasons, I am asking you to oppose HB1016.

A handwritten signature in black ink that reads "Lynne Vance". The signature is written in a cursive, flowing style.

Lynne Vance, DACM, BSN, LAc, RN  
Maryland Acupuncture Society  
Vice President of External Affairs  
15837 Haynes Road  
Laurel, MD 20707

Statements from medical organizations:

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."