

Re: HB 1016 – UNFAVORABLE – Health Occupations – Licensed Athletic Trainers – Dry Needling Registration

Dear Chairwoman Pendergrass and Members of the Committee:

I've argued these same points in VA. 5-6 years ago when we stood with our Maryland constituent and the dry needling controversy. Regarding Maryland HB 1016 allowing athletic trainers to provide dry needling I am in strong opposition to athletic trainers rebranding acupuncture and naming it 'dry needling' with the purpose of getting around the extensive requirements placed on licensed acupuncturists to ensure patient safety and clinical efficacy. 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.

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.

warm regards,

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