

Copy of Maryland Dry Needling Written Testimony.do

Uploaded by: Adam Brown

Position: FAV

Adam Brown
3936 Addison Woods Rd, Frederick MD 21704
abrown@gprep.org
Position: SUPPORT

Dear Chair, Vice-Chair, and Members of the Committee:

I am writing in Support of **SB 232/HB 172- LICENSED ATHLETIC TRAINERS- DRY NEEDLING APPROVAL.**

Athletic Training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations, and disabilities.

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Additionally, Athletic Trainers who work for national governing bodies and US Olympic teams are guided by their home state practice act. So limiting dry needling from Athletic Trainers licensed in Maryland will also have a potential international impact and could limit local Athletic Trainers from being selected as Health Care Providers supporting these athletes.

For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely,

Adam Brown

A. Dixon Testimony 1.pdf

Uploaded by: Adrian Dixon

Position: FAV

Adrian Dixon, PT, DPT, MS, ATC, CSCS
1 Winning Drive
Owings Mills, MD 21117
Adrian.Dixon@ravens.nfl.net
Position: Support

Dear Chair, Vice-Chair, and Members of the Committee:

I am writing in Support of **SB 232/HB 172- LICENSED ATHLETIC TRAINERS- DRY NEEDLING APPROVAL.**

I want to take the time to thank the committee for this opportunity to present on this important issue for the healthcare of patients in this state. My name is Adrian Dixon, and I am the Head athletic trainer for the Baltimore Ravens football club. I'm here today in support of passage of (Senate Bill 0232/House Bill 0172). I believe as healthcare professionals we have a duty to serve our patients in a manner that seeks to provide the best care possible. In speaking about the patient population that I serve which is professional athletes, I strongly believe as an athletic trainer, I should have the ability to provide this method of treatment for our athletes. I happen to be a physical therapist as well and legally; this is the only way I am able to provide the treatment currently.

In the previous state I practiced in which was Tennessee, Dry Needling was also not within the scope of practice for athletic trainers. This put an undue burden on me personally as I was the only dual credentialed professional on staff which is what an athletic trainer would have to be to administer this treatment. Imagine being the only practitioner with the responsibility to provide this service to 60 plus individuals on any given time throughout the week. It can become extremely demanding and inefficient. Teams seek to hire athletic trainers as it is demonstratively clear we are most suited and equipped to work in the athletic setting. If you need proof of this, we all witnessed the Buffalo Bills player a few weeks ago.

The difficulty presents when athletic trainers are precluded from providing this treatment method, limiting our ability to give the best care to our athletes mainly due to an antiquated thought process manifesting itself in the current scope of practice. I have also worked in the state of Texas where athletic trainers have the ability to provide dry needling to their athletes and it truly bothers the competitive drive in me to know that the Dallas Cowboys and Houston Texans can be more efficient and effective in their treatments with their athletes, which in theory could give them a competitive advantage over us.

I support the passage of this bill 100% because I believe athletic trainers in the state of Maryland are well suited to be able to provide this treatment safely and effectively. If there is doubt, I would point to the 28 other states and DC who already allow athletic trainers to Dry needle. Additionally, I have 8 years of Dry Needling experience with no adverse effects. It's time to advance the scope practice for athletic trainers in this state. This is more than appropriate because as any medical professional would attest, as the research and knowledge evolve, your practice should evolve. In my opinion this evolution of practice is long overdue.

In closing, I want to personally ask you to help me and the Baltimore Ravens sport medicine staff be able to deliver the most evidenced based and effective treatments to our athletes. You can do this by voting for (Senate Bill 0232/House Bill 0172). I respectfully request a favorable vote on both HB 172 and SB 232. Thank-you for your time.

Sincerely,

Adrian Dixon, PT, DPT, MS, ATC, CSCS
Head Athletic Trainer-Baltimore Ravens

Testimony.pdf

Uploaded by: Alexis Campbell

Position: FAV

Alexis Campbell. 301 York Rd, Towson, MD 21204. 202-717-0145.

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Sincerely,

Alexis Campbell

Fitzgerald_Dry_Needling.pdf

Uploaded by: Andrew Fitzgerald

Position: FAV

Andrew Fitzgerald
1274 Jamison Ct, Belcamp, MD
andrewfitz1999@yahoo.com

Position: SUPPORT

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In some professional settings where athletes may have an alternate location outside of Maryland, the athletic trainer can utilize the dry needling modality in accordance with that state's practice act. However, due to the restriction on dry needling in the state of Maryland they will not be able to continue treating the athletes that have shown positive results to dry

needling when they return to the state of Maryland. Passing this bill would allow certain Athletic Trainers the ability to administer dry needling to their patients, which many may have done in another state before coming to Maryland and continue to provide the best care for their athletes.

As an Athletic Training Student, we have been taught the principles of dry needling in a classroom setting. We have done research and have been outsourced to recorded videos of how dry needling is performed and the benefits behind it. However, due to restrictions in the state of Maryland we are unable to utilize, and visibly see the usage of dry needling in an Athletic Training facility in this state, which could potentially put us at a disadvantage to future job opportunities or advanced degrees outside of Maryland. On top of that, our athletes in the state of Maryland would also be at a disadvantage because they are unable to receive usage of a modality that has been shown to provide various benefits to treat common injuries.

For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely,

Andrew Fitzgerald

Athletic Training Student

Maryland Dry Needling Written Testimony.pdf

Uploaded by: Anthony Cilluffo

Position: FAV

Anthony Cilluffo
11337 Diamond Park Road
Interlochen, MI 49643
ajcilluffo1@gmail.com
Position: SUPPORT

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Sincerely,

MD Testimony.pdf

Uploaded by: Brian Hertz

Position: FAV

Brian Hortz, Ph.D., ATC

hortzb@gmail.com

Position: SUPPORT

Dear Chair, Vice-Chair, and Members of the Committee:

I am writing in Support of **SB 232/HB 172- LICENSED ATHLETIC TRAINERS- DRY NEEDLING APPROVAL**. Over the last five years, I have taken over 200 hours of dry needling training. I have taught over 50 dry needling courses to physicians, athletic trainers, physical therapists, and chiropractors dry needling. I am a former Ohio State Licensing board member and, as such, understand the regulatory concerns of public safety. I recently published an article titled "Current Athletic Training Educational Preparation for Dry Needling, 2019". In this article, I outlined the educational preparation for athletic trainers and the degree to which the current athletic training educational competencies and standards prepare practitioners for the performance of dry needling tasks. Results demonstrated that 11% of the tasks were dry needling specific, and these were regarded as not provided through entry-level education. However, 89% of the tasks were provided through entry-level education. This document clearly outlined the 11% of content athletic trainers need in continuing education to be adequately educated to perform this task. This 11% can easily be taught in a weekend 25-27 hour course as the bulk of the knowledge and skills to be a safe needler are encompassed through the allied medical education athletic training professionals already received.

Dry needling can be performed safely by allied medical professionals trained in weekend courses. Physical therapists, chiropractors, and athletic trainers in other states are already performing this technique safely. Boyce recently published a study of adverse events associated with dry needling. They studied four hundred and twenty therapists' minor and major adverse events during 20,464 dry needling treatment sessions. They found minor adverse events such as mild bleeding, bruising, and or soreness and pain during dry needling. They found that major adverse events were rare. Based on the findings of this study, they concluded the overall risk of a major adverse event during dry needling is minimal.

Qualified athletic trainers in 28 other states and the District of Columbia are allowed to use this skill on their athletes. The skill of Dry Needling is shared with other medical professionals such as physical therapists, chiropractors, and physicians. Athletic trainers are prepared to administer dry needling treatments with appropriate training. Most courses last over four days and involve over 25 hours of coursework and hands-on practice, which includes other health professionals like physical therapists and chiropractors.

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Sincerely,

Brian Hartz, Ph.D., ATC

DN Support.pdf

Uploaded by: Brian Perez

Position: FAV

Brian Perez
8216 Evergreen Dr
Parkville, MD 21234
Brianperez82@gmail.com
Position: SUPPORT

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Sincerely,

Brian Perez, MS, LAT, ATC

Maryland Dry Needling Written Testimony.pdf

Uploaded by: Bryan Costello

Position: FAV

Bryan Costello
1306 Farley Court S, Arnold, MD 21012
bcostell@usna.edu
Position: SUPPORT

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Sincerely,

Bryan Costello, ATC

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Uploaded by: Bryan McCabe

Position: FAV

Name
Address
Email Address
Position: SUPPORT

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CS Maryland Dry Needling Written Testimony.docx (1

Uploaded by: Caroline Siebens

Position: FAV

Dr. Caroline Siebens, DAT, LAT/C, CSCS
1835 Loch Shiel Rd Towson, MD 21286
csiebens@msjnet.edu
Position: SUPPORT

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Caroline Siebens

MD Dry Needling letter.pdf

Uploaded by: Cassandra Hastings

Position: FAV

Name
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Email Address
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Name
Address
Email Address
Position: SUPPORT

Cassandra Hastings MS, ATC, LAT

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Uploaded by: Catherine Robinson

Position: FAV

Catherine Robinson
4204 Raab Ave. Baltimore, MD 21236
crobinson@stpaulsmd.org
Position: SUPPORT

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For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely,

Catherine Robinson

Durr_Chris - Maryland Dry Needling Written Testimo

Uploaded by: Christopher Durr

Position: FAV

Christopher R. Durr, MS, LAT, ATC
9907 Blundon Dr. Apt 201, Silver Spring 20902
cdurr@umd.edu
Position: SUPPORT

Dear Chair, Vice-Chair, and Members of the Committee:

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Athletic Training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations, and disabilities.

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Sincerely,

Christopher R. Durr

Dry Needle Support Letter.pdf

Uploaded by: Cole Greenspan

Position: FAV

Cole Greenspan
4901 Stickleby Road, Rockville, MD, 20852
colegreenspan@gmail.com
Position: SUPPORT

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Sincerely,

Cole Greenspan, MS, ATC, CES - Assistant Football Athletic Trainer, University of Maryland

Maryland Dry Needling Written Testimony.pdf

Uploaded by: Courtney Friese

Position: FAV

Name
Address
Email Address
Position: SUPPORT

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Sincerely,

Name
Address
Email Address
Position: SUPPORT

Courtney Nichole Friese MS, LAT, ATC

SB 0232:HB 0172 Support.pdf

Uploaded by: DANA EMRICH

Position: FAV

Dana L. Emrich
11732 Terry Town Dr., Reisterstown, MD 21136
emrichs@verizon.net
Position: SUPPORT

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Sincerely,

Dana L. Emrich, MS, LAT, ATC

SB232 HB 172.pdf

Uploaded by: David Hayes

Position: FAV

David J. Hayes
23630 Mallard Glen Way, California, MD 20619
Djhayes5232@gmail.com
Position: SUPPORT

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David J. Hayes, MS, ATC, LAT

Maryland Dry Needling Written Testimony.docx.pdf

Uploaded by: Divya Bakshi

Position: FAV

Divya Bakshi
13524 Hunting Hill Way North Potomac Maryland
dnbakshi12@gmail.com
Position: SUPPORT

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Divya Bakshi

2023-02-06-10-25-02-support-dry-needling-in-maryla

Uploaded by: Edward Strapp

Position: FAV



This petition has collected
56 signatures
using the online tools at www.ipetitions.com

Printed on 2023-02-06

Support Dry Needling in Maryland

About this petition

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Signatures

1. Name: Michael Van Bruggen on 2023-02-01 01:33:32
Comments:
Professional Credentials:
State of Professional Practice:

2. Name: Mike Hopper on 2023-02-01 01:33:40
Comments:
Professional Credentials:
State of Professional Practice:

3. Name: Josh Beard on 2023-02-01 01:33:58
Comments: This is an incredibly effective modality that all athletic trainers and their patients should have access to if appropriately trained.
Professional Credentials:
State of Professional Practice:

4. Name: Daniel Givens on 2023-02-01 01:35:50
Comments:
Professional Credentials:
State of Professional Practice:

5. Name: Ted Hirschfeld on 2023-02-01 01:49:20
Comments:
Professional Credentials:
State of Professional Practice:

6. Name: Scott Bradley Swope on 2023-02-01 02:42:30
Comments:
Professional Credentials:
State of Professional Practice:

7. Name: Kristen Streeter MS LAT ATC PES on 2023-02-01 02:49:25
Comments:
Professional Credentials:
State of Professional Practice:

8. Name: Sarah Robinson on 2023-02-01 02:50:08
Comments:
Professional Credentials:
State of Professional Practice:

9. Name: Zac Womack on 2023-02-01 03:17:36
Comments:

Professional Credentials:
State of Professional Practice:

10. Name: Jeremy Musser on 2023-02-01 05:41:40
Comments:
Professional Credentials:
State of Professional Practice:

11. Name: Aaron Gill ATC on 2023-02-01 06:44:21
Comments:
Professional Credentials:
State of Professional Practice:

12. Name: Elizabeth Jones on 2023-02-01 10:56:37
Comments:
Professional Credentials:
State of Professional Practice:

13. Name: John Ryan on 2023-02-01 11:24:56
Comments: I support an Athletic Trainers being able to Perron dry needling. Athletic Trainers have the knowledge and expertise to do so.
Professional Credentials:
State of Professional Practice:

14. Name: Brandon Harthan on 2023-02-01 11:28:29
Comments:
Professional Credentials:
State of Professional Practice:

15. Name: Marc Isenstadt on 2023-02-01 11:33:23
Comments:
Professional Credentials:
State of Professional Practice:

16. Name: Brian Perez on 2023-02-01 12:08:15
Comments:
Professional Credentials:
State of Professional Practice:

17. Name: Eric Rogers on 2023-02-01 12:47:44
Comments:
Professional Credentials:
State of Professional Practice:

18. Name: Steve Kinsey on 2023-02-01 13:04:40

Comments:
Professional Credentials:
State of Professional Practice:

19. Name: Erin Madden on 2023-02-01 14:00:06
Comments:
Professional Credentials:
State of Professional Practice:

20. Name: Jessica Pearson on 2023-02-01 16:34:31
Comments:
Professional Credentials:
State of Professional Practice:

21. Name: Nancy C Burke on 2023-02-01 19:07:54
Comments: Providing care to police officers I found dry needling very helpful in keeping officers on the job at no risk to themselves or others.
Professional Credentials:
State of Professional Practice:

22. Name: Lucas Dargo on 2023-02-01 19:33:53
Comments:
Professional Credentials:
State of Professional Practice:

23. Name: Bart C Peterson on 2023-02-01 21:35:20
Comments: The standard of care in athletic training is dry needling. Please allow the athletic trainers in Maryland to dry needle for the benefit of their patients.
Professional Credentials:
State of Professional Practice:

24. Name: Steve Womack on 2023-02-01 23:49:48
Comments: A skilled which seamlessly translates to athletic trainers.
Professional Credentials:
State of Professional Practice:

25. Name: Jena R Suffel on 2023-02-02 00:30:13
Comments:
Professional Credentials:
State of Professional Practice:

26. Name: Traci tauferner on 2023-02-02 02:58:02
Comments:
Professional Credentials: Lat
State of Professional Practice: Wisconsin

-
27. Name: Erin Long on 2023-02-02 03:00:23
Comments: Please support!!
Professional Credentials: ATC
State of Professional Practice: Maryland
-
28. Name: Victoria Merritt on 2023-02-02 11:34:51
Comments:
Professional Credentials: LAT, ATC
State of Professional Practice: Alabama
-
29. Name: Michael Martinez on 2023-02-02 18:55:16
Comments:
Professional Credentials: MS, LAT, ATC
State of Professional Practice: Indiana
-
30. Name: Christopher F Padilla on 2023-02-02 20:08:13
Comments:
Professional Credentials: ATC, LAT
State of Professional Practice: Arizona
-
31. Name: Kendall Goldberg on 2023-02-02 20:41:18
Comments:
Professional Credentials: LAT, ATC
State of Professional Practice: Texas
-
32. Name: Brian Conway on 2023-02-02 21:32:42
Comments:
Professional Credentials: LAT; ATC
State of Professional Practice: Kansas
-
33. Name: Kevin Morley on 2023-02-02 23:51:12
Comments:
Professional Credentials: DAT, ATC
State of Professional Practice: Tennessee
-
34. Name: Amy Aggelou on 2023-02-03 10:10:03
Comments:
Professional Credentials: PhD, LAT, ATC
State of Professional Practice: Pennsylvania
-
35. Name: Edward Strapp on 2023-02-03 17:20:07
Comments:
Professional Credentials: NRP, ATC, LAT
State of Professional Practice: Maryland

-
36. Name: Zachery Richards on 2023-02-03 18:33:01
Comments:
Professional Credentials: ATC
State of Professional Practice: South Carolina
-
37. Name: Kelsey Reilly on 2023-02-03 23:07:34
Comments:
Professional Credentials: MS, LAT, ATC
State of Professional Practice: North Carolina
-
38. Name: Jeff konin on 2023-02-03 23:15:07
Comments: As a duly credentialed healthcare provider - athletic trainer and physical therapist, I support this legislation and quite frankly could not understand for the life of me why we wouldnt want our athletic trainers who are more than capable and qualified to use a proven effective technique that has shown to have minimal adverse reactions
Professional Credentials: Physical Therapist. Athletic Trainer
State of Professional Practice: Florida
-
39. Name: Amy Magladry on 2023-02-04 04:29:50
Comments: I support Athletic Trainers preforming dry needling
Professional Credentials: MEd,LAT,ATC
State of Professional Practice: Maryland
-
40. Name: Dr Eric J Fuchs ATC AEMT CIDN SMTC on 2023-02-04 22:16:34
Comments: I support Dry Needling for Athletic Trainers as an AT who is certified in dry needling I can when traveling with my teams to your state but my colleagues in Maryland may not. again this is within the scope for an AT
Professional Credentials: DA ATC AEMT CIDN SMTC
State of Professional Practice: Kentucky
-
41. Name: Peter Kotz on 2023-02-05 15:48:51
Comments:
Professional Credentials: MS, ATC, LAT, CES, WFR
State of Professional Practice: Maryland
-
42. Name: Danielle Hall on 2023-02-05 18:03:41
Comments:
Professional Credentials: ATC, LAT
State of Professional Practice: Georgia
-
43. Name: Jennifer Sturtevant on 2023-02-05 23:52:59
Comments:
Professional Credentials: LAT, ATC
State of Professional Practice: Massachusetts

-
44. Name: Natalie Miller on 2023-02-06 02:12:33
Comments:
Professional Credentials: MS, LAT, ATC
State of Professional Practice: Pennsylvania
-
45. Name: Caroline Siebens on 2023-02-06 12:17:42
Comments: Let ATs dry needle
Professional Credentials: DAT, LAT, ATC, CSCS
State of Professional Practice: Maryland
-
46. Name: Karla Schoenly on 2023-02-06 12:18:58
Comments:
Professional Credentials: MS, LAT, ATC
State of Professional Practice: Maryland
-
47. Name: Rebekah M on 2023-02-06 12:19:33
Comments:
Professional Credentials: ATC
State of Professional Practice: Maryland
-
48. Name: Kevin Domboski on 2023-02-06 12:51:21
Comments: Associate Head Athletic Trainer, Baltimore Ravens
Professional Credentials: LAT, ATC
State of Professional Practice: Maryland
-
49. Name: Emily Hildebrand on 2023-02-06 13:55:30
Comments: Our athletic training students learn about this effective, evidence based treatment option but are then left frustrated when they also learn it's not a certification they can pursue when they want to stay and work in Maryland post graduation. As an AT educator and program director at Towson University, it's critical our students have the same opportunities as other accredited programs. Please support this bill!
Professional Credentials: PhD, LAT, ATC
State of Professional Practice: Maryland
-
50. Name: Ryan Conover on 2023-02-06 13:59:08
Comments:
Professional Credentials: ATS
State of Professional Practice: Maryland
-
51. Name: Omar Perez on 2023-02-06 13:59:55
Comments:
Professional Credentials: student
State of Professional Practice: Maryland
-

52. Name: Sara Crawford on 2023-02-06 14:02:35

Comments:

Professional Credentials: MSAT Student

State of Professional Practice: Maryland

53. Name: Joseph D Ritchie on 2023-02-06 14:23:13

Comments:

Professional Credentials: LAT, PTA

State of Professional Practice: Maryland

54. Name: Rebecca Perry on 2023-02-06 14:23:13

Comments:

Professional Credentials: Student

State of Professional Practice: Maryland

55. Name: Michael Walker on 2023-02-06 14:53:51

Comments: I live in the state of Maryland and support SB 232/HB 172- LICENSED ATHLETIC TRAINERS- DRY NEEDLING APPROVAL because Athletic Trainers (not personal trainers) are educated in the use of many therapeutic interventions, including Dry Needling. Thank you for your help.

Professional Credentials: MEd, ATC, CSCS

State of Professional Practice: District of Columbia

56. Name: Joanne Klossner on 2023-02-06 15:20:27

Comments: Athletic Trainers are licensed and certified health care professionals who are highly educated in the use of many therapeutic interventions. Over 28 states currently permit athletic trainers to use dry needling in the therapeutic treatment of their patients. I fully support legislation to allow licensed athletic trainers in the state of MD to utilize dry needling in their practice after obtaining appropriate training and certification. It is critical that the state of MD stays current with best practices and allows licensed athletic trainers to practice dry needling as an effective treatment option. Please support this bill!

Professional Credentials: PhD, LAT, ATC

State of Professional Practice: Maryland

DN Letter of Support.pdf

Uploaded by: Edward Strapp

Position: FAV

Edward Strapp
109 Rockrimmon Road Reisterstown, MD 21136
strappatc@gmail.com
Position: SUPPORT

Dear Chair, Vice-Chair, and Members of the Committee:

I am **writing in Support** of SB 232/HB 172- LICENSED ATHLETIC TRAINERS- DRY NEEDLING APPROVAL.

Athletic Training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations, and disabilities.

I am an experienced health care provider and am confident that Dry Needling will enhance the therapeutic modalities I can offer to my patients. Dry Needling is a modality used when hands and fingers are unable to palpate all of a soft tissue, especially deeper layers of muscles.

As you know Maryland COMAR already has language differentiating between Acupuncture and Dry Needling. COMAR 10.38.12.02 defines Dry Needling as an intramuscular manual therapy that involves the insertion of one or more solid needles, a mechanical device, into the muscle and related tissues to affect change in muscle and related tissues; Deactivation of the trigger points and related tissue can bring immediate relief of symptoms, which cannot be obtained by any other treatment.

But why do I want to be able to Dry Needle? Qualified athletic trainers in 28 other states and the District of Columbia are allowed to use this skill on their athletes. The skill of Dry Needling is one that is shared with other medical professionals such as physical therapists, chiropractors, and physicians. With appropriate training, athletic trainers are very well prepared to administer dry needling treatments. Most courses last over a four-day span which involve over 25 hours of coursework and hands-on practice which includes other health professionals like physical therapists and chiropractors.

For me, its also a challenge as I provide medical coverage for 2 National Teams (USA Snowboard and Skeleton and US Ski and Snowboard) and have trained several times at two of the 3 US Olympic Training Centers. I have traveled internationally for 17 years with various teams for events from World Championships, World Cups, to Junior World Championships. As a traveling Rotational Athletic Trainer I am bound by my state practice act while traveling with the teams. Because of this Dry Needling restriction in Maryland, I am unable to provide this treatment while preparing our athletes at all levels for elite competitions. This handcuffs me both in the state and internationally and limits the tools available to me as a clinician and health care provider.

For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely,

Ed Strapp
FP-C, TP-C, NRP, LAT, ATC
Maryland Athletic Trainer

Hildebrand_Maryland Dry Needling Written Testimony

Uploaded by: Emily Hildebrand

Position: FAV

Emily Hildebrand
6746 Ducketts Lane, Elkridge, MD 21075
ehildebrand@towson.edu
Position: SUPPORT

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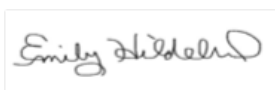
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Additionally, Athletic Trainers who work for national governing bodies and US Olympic teams are guided by their home state practice act. So limiting dry needling from Athletic Trainers licensed in Maryland will also have a potential international impact and could limit local Athletic Trainers from being selected as Health Care Providers supporting these athletes.

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Sincerely,



Emily E. Hildebrand, PhD, LAT, ATC
Director, Athletic Training Programs
Towson University

SB 232- Support Letter.pdf

Uploaded by: Erin Long

Position: FAV

Erin Long
814 Oriole Ave. Glen Burnie, MD 21060
elong@jhu.edu
Position: SUPPORT

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For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely,  MS, ATC
Erin Long, MS, ATC

Document1 (1).pdf

Uploaded by: Jaime Harris

Position: FAV

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I am writing in Support of **SB 232/HB 172- LICENSED ATHLETIC TRAINERS- DRY NEEDLING APPROVAL.**

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Additionally, Athletic Trainers who work for national governing bodies and US Olympic teams are guided by their home state practice act. So, limiting dry needling from Athletic Trainers licensed in Maryland will also have a potential international impact and could limit local Athletic Trainers from being selected as Health Care Providers supporting these athletes.

I have referred many patients who have exhausted all other options but want to avoid surgery to get dry needled and have seen outstanding outcomes. It would be very beneficial for Athletic Trainers to be able to practice this modality in the state of Maryland to be on par with other states. We are also trying to increase the professional population and students who are seeking to get certified as an Athletic Trainer are leaving the state for other programs out of state who teach this in their curriculum. Considering the 3 programs in the state of Maryland are state schools, this is taking money away from the state and those institutions and decreasing the number of athletic trainers in the state of Maryland.

For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely,

Jaime L Harris MS, LAT, ATC

Secretary of the Maryland Athletic Trainers Association

Copy of Maryland Dry Needling Written Testimony.pdf

Uploaded by: Janay Ward

Position: FAV

Janay Ward
301 York Road Towson MD 21204
jward24@students.towson.edu
Position: SUPPORT

Dear Chair, Vice-Chair, and Members of the Committee:

I am writing in Support of **SB 232/HB 172- LICENSED ATHLETIC TRAINERS- DRY NEEDLING APPROVAL.**

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For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely,

Janay Ward, ATS

Miraglia Favorable Written Testimony 2023.pdf

Uploaded by: Jane Miraglia

Position: FAV



Bill: SB 232- Health Occupations- Licensed Athletic Trainers- Dry Needling Approval

Position: Favorable

Dear Chair Griffith, Vice-Chair Klausmeier, and Members of the Finance Committee:

My name is Jane Miraglia, and I am the Maryland Athletic Trainers' Association Government Affairs Committee Chair. It is my honor write on behalf of the Athletic Trainers of Maryland.

Dry Needling is used when hands and fingers are unable to palpate all of a soft tissue, especially deeper layers of muscles. COMAR Title 10, more specifically, Chapter 10.38.12.02 defines dry needling as an intramuscular manual therapy that involves the insertion of one or more solid needles, a mechanical device, into the muscle and related tissues to affect change in muscle and related tissues.

Deactivation of the trigger points and related tissue can bring immediate relief of symptoms, which cannot be obtained by any other treatment.

There are currently 28 other states and the District of Columbia where Athletic Trainers, who are properly trained and certified to Dry Needle, are allowed to perform this skill on their athletes. The skill of Dry Needling is one that is shared with other medical professionals such as Physical Therapists, Chiropractors, and Physicians.

We worked with The Maryland Board of Physicians to ensure all administrative processes in place for implementation when this bill to pass. As our supervisory board, the Maryland Board of Physicians is prepared for this bill's passage. Additionally, all Athletic Trainers work under a physician license. This means our supervising physician must agree that we are prepared to dry needle in addition to the national certifying bodies.

The Ravens', the Orioles', University of Maryland, The Naval Academy, and Towson University are just a few organizations who have recruited Athletic Trainers' who are allowed to Dry Needle in other states. These are the same organizations who are experiencing turnover in Athletic Trainers as the Athletic Trainers cannot work to their fullest ability.

In my undergraduate Athletic Training education program, I had 560 hours of anatomy and physiology specific classroom educational hours including a human cadaver dissection lab. Additionally, I had over 2500 clinical hours. Needless to say, Athletic Trainers have a very strong, and in depth background in how the human body moves and functions.

During this education and clinical experience, athletic trainers are taught that patient safety is always paramount. We have extensive training in emergency care. In fact, acute care of injuries is one of our national standard core competencies. Immediate emergent management is one of the reasons that athletic trainers are ideal candidates to be certified in Dry Needling.

The national organizations who certify healthcare professionals in Dry Needling set the prerequisites for the classes. Sue Falsone, a Physical Therapist and Athletic Trainer, founded one the nation's premiere Dry Needling certification programs. She published a research study



which compared Athletic Trainers' education preparation to the professionally-developed guidance from the Federation of State Boards of Physical Therapists. Falsone's study found that 89% of the tasks were provided through entry-level athletic training education. This is very comparable to the results from the Federation of Stated Boards of Physical Therapists which found that 86% of the tasks were provided through PT education. In other words, Athletic Trainers and Physical Therapist have very similar educational backgrounds which prepare us for the advanced training required for Dry Needling certification.

Most of the time, these medical professionals are in the same classes at the exact same time. Passing the same skills and competency tests. Performing the exact same skill. This bill, SB 711, matches the same strict requirements and language that are currently in place for Maryland Physical Therapists. We are proposing the same advanced training requirements of 80 hours of instruction and hands on experience as the other stakeholders who are able to perform the skill of Dry Needling in the state of Maryland. Additionally, our supervising physician must agree to let Athletic Trainers complete the specialized skill.

Lastly, COMAR already has language differentiating between Acupuncture and Dry Needling. COMAR 10.26.02.02 defines "Acupuncture" as a form of health care, based on a theory of energetic physiology, that describes the interrelationship of the body organs or functions of a human or animal with an associated point or combination of points.

As such, Maryland recognized dry needling and acupuncture as different skills.

Thank you for your time today. Please vote favorable for SB 232.

Jane Miraglia, MSHA, LAT, ATC, CEIS

Baltimore, MD 21234

letter of support.pdf

Uploaded by: Jean Perez

Position: FAV

Jean Perez
8216 Evergreen Dr.
Parkville, MD 21234
Jkperez26@gmail.com
Position: SUPPORT

Dear Chair, Vice-Chair, and Members of the Committee:

I am writing in Support of **SB 232/HB 172- LICENSED ATHLETIC TRAINERS- DRY NEEDLING APPROVAL.**

Athletic Training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations, and disabilities.

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Currently, athletic trainers are unable to use dry needling as a course of treatment for their patients because it is not included in the MD Practice Act. I serve as the Director of Student Health and Wellness at Goucher College and am the hiring manager for athletic trainers here. As a result, many Athletic Trainers, including in my setting, are hindered in their ability to provide a high standard of care to their current student-athletes. This places Maryland athletes at a disadvantage because they cannot otherwise receive dry needling in a manner that easily accommodates their already demanding class and practice schedules. It also limits the number of qualified candidates that are willing to work in this state. Passing this bill would allow certain Athletic Trainers the ability to administer dry needling to their patients, which many may have done in another state before coming to Maryland.

Additionally, Athletic Trainers who work for national governing bodies and US Olympic teams are guided by their home state practice act. Limiting dry needling from Athletic Trainers licensed in Maryland will also have a potential international impact and could limit local Athletic Trainers from being selected as Health Care Providers supporting these athletes.

For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely,

Jean Perez, MS, LAT, ATC
Director, Student Health and Wellness
Goucher College

Maryland Dry Needling Written Testimony.pdf

Uploaded by: Jeanette Welch

Position: FAV

Jeanette Welch
301 York Rd, Towson MD, 21204
jwelch1400@gmail.com
Position: SUPPORT

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Sincerely,

Maryland Dry Needling Written Testimony.pdf

Uploaded by: Jenny Wilmes

Position: FAV

Jennifer Wilmes
4650 Van Buren St. Riverdale Park, MD 20737
JWilmes@umd.edu
Position: SUPPORT

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Sincerely,

Jennifer Wilmes, MS, LAT, ATC

Maryland Dry Needling Written Testimony.pdf

Uploaded by: Jeremiah Musser

Position: FAV

Jeremiah Musser, MS, LAT, ATC, PES, CES
7101 Guilford Dr. Suite 202, Frederick, MD, 21704
jrmusser@novacare.com
Position: SUPPORT

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Sincerely,

Jeremiah Musser, MS, LAT, ATC, PES, CES

Maryland Dry Needling Written Testimony.pdf

Uploaded by: Joanne Klossner

Position: FAV



SCHOOL OF
PUBLIC HEALTH
DEPARTMENT OF KINESIOLOGY

Dear Chair, Vice-Chair, and Members of the Committee:

I am writing in Support of **SB 232/HB 172- LICENSED ATHLETIC TRAINERS- DRY NEEDLING APPROVAL.**

I am a faculty member at the University of Maryland and for over twenty years I have been teaching students who desire to pursue careers as certified athletic trainers. Athletic Training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations, and disabilities. **Athletic Trainers are licensed and board-certified health care professionals** with, at minimum, a bachelor's degree in athletic training from an accredited institution. More than 70% of the profession has a master's degree or higher level of education, and the profession now requires a master's level degree for entry.

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SCHOOL OF
PUBLIC HEALTH
DEPARTMENT OF KINESIOLOGY

Trainers from being selected as Health Care Providers supporting these athletes. Athletic Trainers may choose to leave the state of MD to practice elsewhere if they are not able to serve their patient populations to their full potential.

For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely,

Respectfully,

Joanne Klossner, PhD

Joanne Klossner, PhD, LAT, ATC
Senior Lecturer; Department of Kinesiology
University of Maryland - College Park

Maryland Dry Needling Testimony.pdf

Uploaded by: Jodi Webb

Position: FAV

Jodi Webb
18913 Abbotsford Circle
Germantown,MD 20876
jodirwebb@gmail.com
Position: SUPPORT

Dear Chair, Vice-Chair, and Members of the Committee:

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Athletic Training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations, and disabilities.

Athletic Trainers are licensed and board certified health care professionals with, at minimum, a bachelor's degree in athletic training from an accredited institution. More than 70% of the profession has a master's degree or higher level of education, and the profession now requires a master's level degree for entry.

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For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely,

Jodi R.Webb, MS,ATC,LAT

Dry Needling Support.pdf

Uploaded by: Jonathan Arndt

Position: FAV

Jonathan Arndt, MBA, LAT, ATC
106 Brookebury Dr Apt D1, Reisterstown, MD 21136
jonarndt29@gmail.com
Position: SUPPORT

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106 Brookebury Dr Apt D1, Reisterstown, MD 21136
jonarndt29@gmail.com
Position: SUPPORT

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Jonathan Arndt, MBA, LAT, ATC

SB232-JordanWhite-FAV

Uploaded by: Jordan White

Position: FAV

Jordan White MSAT
3828 Deckerts Lane Nottingham, MD 21236
Jwhite92@students.towson.edu
Position: Support

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Sincerely,

Jordan White

SUPPORT SB 232:HB 172.pdf

Uploaded by: Kasey Kazimir

Position: FAV

Kasey Kazimir
3526 Queen Anne Bridge Road
Davidsonville, MD 21035
Kasey.kazimir@gmail.com
Position: SUPPORT

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Sincerely,

Kasey Kazimir, MS, LAT/ATC

Maryland Dry Needling Written Testimony- KD.pdf

Uploaded by: Kathy Domboski

Position: FAV

Kathy Domboski
631 Wyndstar Cir. Westminster, MD 21158
Kmdomboski@gmail.com
Position: SUPPORT

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Sincerely,

Kathy Domboski

Maryland Dry Needling Written Testimony - Kelli Ka

Uploaded by: Kelli Kaiser

Position: FAV

Kelli Kaiser
2253 Sansbury Drive
Chesapeake Beach, MD 20732
Kkaise3@students.towson.edu
Position: Support

Dear Chair, Vice-Chair, and Members of the Committee:

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Sincerely,

Kelli Kaiser

Maryland Dry Needling Written Testimony.pdf

Uploaded by: Kevin Domboski

Position: FAV

Kevin Domboski, ATC
631 Wyndstar Cir. Westminster, MD 21158
Kevin.domboski@ravens.nfl.net
Position: SUPPORT

Dear Chair, Vice-Chair, and Members of the Committee:

I am writing in Support of **SB 232/HB 172- LICENSED ATHLETIC TRAINERS- DRY NEEDLING APPROVAL**.

I have been an athletic trainer for the past 18 years with the Baltimore Ravens, having treated numerous athletes over my time. Dry needling is a skill set, that by law I'm unable to perform at the present time, but I have watched my colleagues in my room perform under their state license as a dual credentialed practitioner as a physical therapist and athletic trainer. I am in favor of this changing for athletic trainers in our state based on the information below.

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Sincerely,

Kevin Domboski, LAT, ATC
Baltimore Ravens
Associate Head Athletic Trainer

Maryland Dry Needling Written Testimony.docx.pdf

Uploaded by: Kimberly Holt

Position: FAV

Kimberly S.L.Holt, MEd, LAT, ATC
939 Barracuda Cove Court, Annapolis, MD 21409
kholt@stmarysannapolis.org
Position: SUPPORT

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Sincerely,



Kimberly S.L.Holt, MEd, LAT, ATC

Ingram_Dry Needling Support .pdf

Uploaded by: Kina Ingram

Position: FAV

Kina Ingram, ATS
724 Linnard St
ingram.kina@gmail.com
Position: SUPPORT

Dear Chair, Vice-Chair, and Members of the Committee:

I am writing in support of SB 232/HB 172 – Licensed Athletic Trainers – Dry Needling Approval

Athletic Trainers are licensed and board-certified healthcare professionals that have been known to provide care and prevention to different patients that come from different backgrounds. More than 70% of the profession has a master's degree or higher education from an accredited institution. They have been using different modalities to help provide a proper standard of care. Modalities that are commonly used are ultrasound, whirlpool, laser, traction, massage, etc. They provide the patient with different relief when it comes to their healing process. Currently, athletic trainers are unable to dry needling due to it not being included in the MD Practice Act. Dry needling is a modality used when hands and fingers are unable to palpate all the soft deeper layers of muscles. This modality can help athletic trainers to provide a higher standard of care to their patients.

As an athletic training student, I think it is important that athletic trainers can provide the best care possible to their athletes. By not being able to dry needling they are limiting their care to their patients. Maryland athletes are at a disadvantage when it comes to receiving care. Maryland athletes are forced to intervene with their demanding class and practice schedules to receive dry needling outside of the athletic training facility. Passing this bill would allow certain Athletic Trainers the ability to administer dry needling to their patients, which many may have done in another state before coming to Maryland.

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Sincerely,
Kina Ingram, ATS

Copy of Maryland Dry Needling Written Testimony.do

Uploaded by: Laura Kline

Position: FAV

Laura Kline, M.S., LAT, ATC
566 Bronson Rd, Annapolis, MD 21402
lkline@usna.edu
Position: SUPPORT

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Sincerely,

Laura Kline, M.S., LAT, ATC

LM-Maryland Dry Needling Written Testimony.pdf

Uploaded by: Laura Marinaro

Position: FAV

Laura Marinaro
31016 Carioca Road, Delmar, MD 21875
Marinaro.ATC@gmail.com
Position: SUPPORT

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Laura Marinaro, PhD, RD, LD, LAT, ATC

MATA Dry Needling One Pager.pdf

Uploaded by: Martin McGinty

Position: FAV

Support Athletic Trainers' (AT) Ability to Perform Dry Needling in MD



What is dry needling?

The use of a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments. Dry needling is UNLIKE any other treatment because it treats parts of the muscle and deeper layers of muscles that hands and fingers cannot reach and deactivates trigger points to bring immediate symptom relief.

COMAR 10.38.12.02 makes clear that Dry Needling "Is not performed for: The purposes of acupuncture as defined in Health Occupations Article, §1A-101, Annotated Code of Maryland" ⁱ

Can AT's practice dry needling in other states?

Yes. AT's in at least 28 other states and Washington DC.

12 States allow ATs to dry needle through regulation or the AT practice act. While **16 States and DC** consider dry needling a method of treatment available to ATs without specific statutory authority.

Knowledge and Education

A 2019 study showed that approximately 89% of the skills required for dry needling treatments are taught during professional, entry level AT programs. ATs acquire the remaining 11% of skills through dry needling educational courses. ⁱⁱ This percentage is higher than Physical Therapists who receive approximately 86% of their skills in said courses.

This bill adds dry needling to the ATs' scope of practice using the exact same requirements for a physical therapist to practice dry needling.

Why is it important that MD ATs be able to practice dry needling?

A number of ATs in MD are educated and trained in dry needling but are unable to utilize such skill because it is not in the AT scope of practice. This includes ATs relocating to MD from another state that permits ATs to dry needle.

ATs are interested in adding dry needling to their clinical practice, including those working for MD's professional sports teams, universities, and the armed forces.

Performance of Dry Needling by MD AT's Will Require Demonstration of Sufficient Education, Training, and Physician Direction

MATA has worked with the MD Board of Physicians to determine the educational requirements to demonstrate appropriate education and training in dry needling. This includes proper oversight from the physician who signs an AT's Evaluation and Treatment Protocol. Based on review of available dry needling courses and precedent set for Maryland physical therapists, MATA requires 40 hours of dry needling specific instruction through Board of Certification approved courses as a minimum to establish education and training. This is the same requirements as physical therapists.

For more information or to discuss, please contact **MATA Legislative Chair Jane Miraglia** at jane.miraglia@gmail.com or **MATA's Legislative Consultant Sarah Peters** at Speters@hbstrategies.us.

Dry Needling, Combined With Other AT Treatments, Can Help the Following Conditions:

- Acute and chronic tendonitis/tendinosis
- Athletic overuse injuries
- Baseball throwing related tightness/discomfort
- Carpal tunnel syndrome
- Chronic pain conditions
- Frozen shoulder
- Groin and hamstring strains
- Hip pain and knee pain
- IT band syndrome
- Muscle spasms
- Neck and lower back pain
- Repetitive strain injuries
- Shoulder pain
- Tennis/golfer's elbow
- Other musculoskeletal conditions

ⁱ COMAR 10.38.12.02: Dry Needling (a) Involves the insertion of one or more solid needles, a mechanical device, into the muscle and related tissues to affect change in muscle and related tissues; Requires ongoing evaluation, assessment, and re-evaluation of the impairments; Is only utilized in parts of the body with neuromuscular or musculoskeletal links to the impairments; and Is not performed for: The purposes of acupuncture as defined in Health Occupations Article, §1A-101, Annotated Code of Maryland;

ⁱⁱ Hartz, Brian V.; Falson, Sue; and Tulimieri, Duncan (2019) "Current Athletic Training Educational Preparation for Dry Needling," *Journal of Sports Medicine and Allied Health Sciences: Official Journal of the Ohio Athletic Trainers Association*: Vol. 4 : Iss. 3 , Article 5. DOI: 10.25035/jsmahs.04.03.05

Available at: <https://scholarworks.bgsu.edu/jsmahs/vol4/iss3/5>

Favorable SB 0232.pdf

Uploaded by: Matt An

Position: FAV

Matt An
300 Washington Ave
Chestertown, MD 21620
Man2@washcoll.edu
Position: SUPPORT

Dear Chair, Vice-Chair, and Members of the Committee:

I am writing in Support of **SB 232/HB 172- LICENSED ATHLETIC TRAINERS- DRY NEEDLING APPROVAL.**

Athletic Training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations, and disabilities.

Athletic Trainers are licensed and board certified health care professionals with, at minimum, a bachelor's degree in athletic training from an accredited institution. More than 70% of the profession has a master's degree or higher level of education, and the profession now requires a master's level degree for entry.

Dry Needling is a modality used when hands and fingers are unable to palpate all of a soft tissue, especially deeper layers of muscles.

Maryland COMAR 10.38.12.02 defines Dry Needling as an intramuscular manual therapy that involves the insertion of one or more solid needles, a mechanical device, into the muscle and related tissues to affect change in muscle and related tissues; Deactivation of the trigger points and related tissue can bring immediate relief of symptoms, which cannot be obtained by any other treatment.

Maryland COMAR already has language differentiating between Acupuncture and Dry Needling.

Qualified athletic trainers in 28 other states and the District of Columbia are allowed to use this skill on their athletes. The skill of Dry Needling is one that is shared with other medical professionals such as physical therapists, chiropractors, and physicians. With appropriate training, athletic trainers are very well prepared to administer dry needling treatments. Most courses last over a four-day span which involve over 25 hours of coursework and hands on practice which included other health professionals like physical therapists and chiropractors.

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Additionally, Athletic Trainers who work for national governing bodies and US Olympic teams are guided by their home state practice act. So limiting dry needling from Athletic Trainers

licensed in Maryland will also have a potential international impact and could limit local Athletic Trainers from being selected as Health Care Providers supporting these athletes.

For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely,

Mathew An MS, ATC, LAT, FMSC

Maryland Dry Needling Written Testimony.pdf

Uploaded by: Matthew Dechant

Position: FAV

Matthew Dechant
21918 Jefferson Blvd, Smithsburg, MD 21783
matt_dechant15@hotmail.com
SUPPORT

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Sincerely,

Matthew P. Dechant MAT, LAT, ATC

Maryland Dry Needling Written Testimony.pdf

Uploaded by: Mayowa Aribisala

Position: FAV

Mayowa Aribisala
101 Morgnec Rd, APT J301, Chestertown MD, 21620
Maribisala2@washcoll.edu
Position: SUPPORT

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Sincerely,

Mayowa David Aribisala ATC, LAT

MD DN Testimony.pdf

Uploaded by: Meghan Sullivan

Position: FAV

Meghan Sullivan, MS,ATC,CES,PES
1000 Hilltop Road Baltimore, MD 21250
megsul@umbc.edu
Position: SUPPORT

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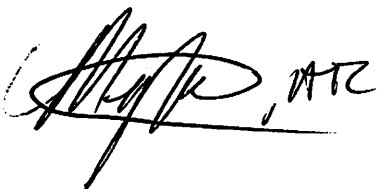
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Sincerely,



Meghan Sullivan, ATC

McGinty_Neely_Senate and House bail support (3).

Uploaded by: Neely McGinty

Position: FAV

Neely McGinty
4008 Forest Valley Road
nmcgin1@students.towson.edu
Position: Support

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Sincerely,

Neely McGinty

Dry Needling Support Letter.pdf

Uploaded by: Nicole Hazlewood

Position: FAV

Nicole Hazlewood
8000 York Rd, Towson, MD 21252
nhazlew1@students.towson.edu
Position: SUPPORT

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For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely,

Nicole Hazlewood

DryNeedling.pdf

Uploaded by: Noralee van Peppen

Position: FAV

Noralee van Peppen
1804 Rambling Ridge Lane unit 302 Baltimore, MD 21209
noraleevanpeppen@gmail.com
Support

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I have seen dry needling vastly improve the pain levels and recovery in both my academic and professional careers, in as little as 24 hours. If this opportunity becomes available for athletic trainers to pursue, we would be able to better care for our patients and help them lead healthier lives, with less pain. I would love to be able to add this to my list of treatment options to be a better clinician for my patients.

For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely,

Noralee van Peppen

SB232 Dry Needling.pdf

Uploaded by: Pamela Beidle

Position: FAV

PAMELA G. BEIDLE
Legislative District 32
Anne Arundel County

Finance Committee

Vice Chair

Executive Nominations Committee



James Senate Office Building
11 Bladen Street, Room 202
Annapolis, Maryland 21401
410-841-3593 · 301-858-3593
800-492-7122 Ext. 3593
Pamela.Beidle@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 7, 2023

SB 232

Health Occupations – Licensed Athletic Trainers – Dry Needling Approval

Good Afternoon Chair Griffith, Vice Chair Klausmeier and members of Finance;

Thank you for the opportunity to present SB232, Licensed Athletic Trainers – Dry Needling Approval. Last year this same bill, SB711 passed the Senate by a vote of 45 to 1 however time did not allow it to get out of the House.

This is an important bill for our state athletic trainers (AT's), athletes and educational institutions in the State. It establishes a licensing process for athletic trainers to perform dry needling similar to that of Physical Therapists, Chiropractors and Acupuncturists. This bill requires Athletic Trainer's to meet or exceed the same requirements as other providers. It is important to note that COMAR already states that Dry Needling is different from acupuncture.

Dry needling is performed, where allowed by state law, by a number of providers including Athletic Trainers, physicians, nurses, physical therapist, chiropractors and acupuncturists. There are 28 other States and the District of Columbia that already allow an athletic trainer to perform dry needling when they are treating their athletes.

I respectfully request a favorable vote on SB 232.

Moore Maryland Dry Needling Written Testimony.docx

Uploaded by: Rachel Moore

Position: FAV

Rachel Moore
2514 Lindell St Silver Spring, MD 20902
rbaker1028@gmail.com
Position: SUPPORT

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For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely,

Rachel Moore

letter in support.pdf

Uploaded by: Rebecca Perry

Position: FAV

Rebecca Perry
4010 Glenmore Ave. Baltimore, MD 21206
Rperry10@students.towson.edu
Position: SUPPORT

Dear Chair, Vice-Chair, and Members of the Committee:

I am writing in Support of **SB 232/HB 172-LICENSED ATHLETIC TRAINERS-
DRY NEEDLING APPROVAL.**

As a current student in a Graduate education program I can attest to the education I am receiving. My education is preparing me to assist athletes in the prevention of injuries, diagnosis and intervention of emergencies, care of acute and chronic medical conditions involving impairment, care for functional limitations, and disabilities. With this education I am being educated on how to provide the proper treatments in order to help my athletes recover better and return to activity faster. One method that can be used to help athletes is Dry Needling.

Dry needling is a type of manual therapy that is used to reach deeper into the muscles than we can reach with our fingers and hands. According to Maryland COMAR 10.38.12.02 Dry Needling is defined as an intramuscular manual therapy that involves the insertion of one or more solid needles into the muscle and related tissues to affect change in muscle and related tissues. This deactivates trigger points and can bring immediate relief of symptoms that can not be attained by other treatments.

In the state of Maryland athletic trainers are unable to use dry needling to treat our patients since it is not included in the Maryland Practice Act. As a result athletic trainers in Maryland are hindered in our ability to provide the highest standard of care to our athletes. Allowing athletic trainers to perform dry needling would allow for athletes to receive the highest quality of care from their athletic trainer without needing to be referred to outside sources.

In addition, Athletic Trainers who work for national governing bodies and US Olympic teams work under their home state practice act. This puts Maryland Athletic Trainers at a disadvantage since they cannot Dry Needle. Qualified Athletic Trainers in 28 other states and the District of Columbia are allowed to Dry Needle making them more qualified and more desirable for positions like these.

Dry Needling is a skill that is shared with other medical professionals such as physical therapists, chiropractors, and physicians. With the proper education Athletic Trainers are prepared to provide Dry Needling treatments. Many courses last over a four-day period which involve over 25 hours of coursework and hands-on practice. These courses have shown to be successful in preparing health care professionals to perform dry needling.

For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely,
Rebecca Perry

Maryland Dry Needling Written Testimony.pdf

Uploaded by: Sam Thompson

Position: FAV

Samuel Thompson Jr., LAT, ATC
8232 Clearwater Ct.
Severn, MD 21144
Email Address: samthomp@lifebridgehealth.org
Position: SUPPORT

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Sincerely, *Samuel Wesley Thompson Jr.*, LAT, ATC

Athletic Trainers are Educationally Prepared for

Uploaded by: Sarah Peters

Position: FAV


Current Athletic Training Educational Preparation for Dry Needling

Brian V. Hartz
Denison University, hortzb@denison.edu

Sue Falsone
AT Still University, sue@suefalsone.com

Duncan Tulimieri
Denison University, tulimi_d1@denison.edu

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Recommended Citation

Hartz, Brian V.; Falsone, Sue; and Tulimieri, Duncan () "Current Athletic Training Educational Preparation for Dry Needling," *Journal of Sports Medicine and Allied Health Sciences: Official Journal of the Ohio Athletic Trainers Association*: Vol. 4 : Iss. 3 , Article 5.

DOI: 10.25035/jsmahs.04.03.05

Available at: <https://scholarworks.bgsu.edu/jsmahs/vol4/iss3/5>

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Current Athletic Training Educational Preparation for Dry Needling

Brian V. Hortz, PhD, ATC*; Sue Falsone, PT, MS, SCS, ATC‡; Duncan Tulimieri*

*Denison University; ‡AT Still University

Purpose: Dry needling is an advanced practice skill that many athletic trainers are being trained to perform. The purpose of this study is to determine the degree to which the current athletic training educational competencies and standards prepare practitioners for the performance of dry needling tasks. **Methods:** An expert panel review was used to verify which of the dry needling tasks are currently taught through entry-level athletic education as defined by the 5th edition competencies and 2020 standards. **Results:** Results demonstrated that 11% of the tasks were dry needling specific and these were regarded as not provided through entry-level education. However, 89% of the tasks were provided through entry-level education. **Conclusions:** It is clear that current athletic training education adequately prepares an athletic trainer to learn dry needling as an advanced practice skill as a large number of the Competencies for Dry Needling are taught within athletic training entry-level education. **Keywords:** Dry Needling, Athletic Training

INTRODUCTION

Dry needling is becoming a common treatment technique in orthopedic sports medicine. Dry needling refers to the insertion of a thin monofilament needle/s to penetrate the skin and/or underlying structures to affect changes in body structure and function targeted toward various treatment goals.¹⁻³ Dry needling is used to treat various tissues of the body including muscles, ligaments, tendons, myofascial structures, scar tissue, perineural and neurovascular bundles for the management of a variety of conditions.¹⁻⁶ A recent review of dry needling literature has demonstrated that there is evidence that the technique is effective for a wide range of areas and conditions including; the reduction of pain and disability in knee osteoarthritis, hip osteoarthritis, piriformis syndrome, carpal tunnel syndrome, migraines, tension type headaches, temporomandibular disorder, shoulder pain, neck pain, low back pain, and plantar fasciitis.¹

As dry needling has increased in its popularity, so too has the questioning of the practice by state licensing boards and professional organizations. Questions regarding educational preparation, safety of the public and training are familiar conversation points across and among

professions and licensing boards when dry needling is performed by athletic trainers, physical therapists and other healthcare providers. In response to the questions raised by these professions and state licensing boards the Federation of State Boards of Physical Therapy recently set out to define the knowledge and skills necessary for safe performance of dry needling. As a result of this work the Taskforce went through a job tasks analysis and identified 123 discrete tasks required for the competent performance of dry needling. The findings were published in the Analysis of Competencies for Dry Needling by Physical Therapists.⁷ The report concluded that “86% of the knowledge requirements needed to be competent in dry needling is acquired during the course of PT entry-level education, including knowledge related to evaluation, assessment, diagnosis and plan of care development, documentation, safety, and professional responsibilities.”⁷ This provided the kind of direction Physical Therapy licensing boards were looking for in terms of clarifying the practice. While this process provided clarity for physical therapy, it does not speak to other professions preparation even though the APTA recognizes that no one profession should be taking ownership of dry needling- “it is very clear that no single profession owns any procedure or

intervention”.⁸ Continued clarity is still necessary for state licensing boards of other professions.

Athletic Trainers are healthcare professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education and training and the states' statutes, rules and regulations. As a part of the healthcare team, services provided by Athletic Trainer's include injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions.⁹ To date, federal regulations and state practice acts vary on athletic trainers performing dry needling. However, many states prohibit the performance of general invasive procedures. The NATA Dry Needling fact sheet states that “currently, there is no profession-wide standard that defines athletic trainer competence in dry needling. Prior to performing dry needling, athletic trainers must ensure their state practice act does not prohibit them from performing dry needling as part of the athletic training plan of care. Additionally, athletic trainers must satisfy any requisite educational and training necessary to provide dry needling.”¹⁰ Athletic trainers may have to produce evidence of appropriate training and demonstrate knowledge and competency in dry needling. It is recommended that employers require appropriate documentation proving competency in the training and technical ability to perform dry needling.¹¹ While the Board of Certification (BOC) for Athletic Trainers, the national organization that establishes and reviews the standards for the practice of athletic training, has not offered an official statement regarding the legality of athletic trainer's performing dry needling, several states have determined that dry needling is within athletic trainer's scope of practice.

There are many questions about the educational preparation of athletic trainers as it relates to dry needling practice. Athletic training education has been clearly defined by the Commission on Accreditation of Athletic Training Education through two documents the 2020 Standards for Accreditation of Professional Athletic Training Programs as well as the Athletic Training Education Competencies - 5th Edition.¹²⁻¹³ These documents outline the knowledge, skills, and clinical abilities to be mastered by students enrolled in professional athletic training education programs. By reviewing the Analysis of Competencies for Dry Needling by Physical Therapists in comparison with the 2020 Standards for Accreditation of Professional Athletic Training Programs as well as the Athletic Training Education Competencies - 5th Edition, clarity could be provided to the question of whether or not athletic trainers possess the required knowledge and skills to safely perform the dry needling.^{7, 13} This is important as this is the primary concern for state licensing boards who focus on public safety issues.

The purpose of this study is to determine the degree to which the 123 tasks outlined in the Analysis of Competencies for Dry Needling by Physical Therapists are covered within Athletic Training Education as defined by the 2020 Standards for Accreditation of Professional Athletic Training Programs as well as the Athletic Training Education Competencies - 5th Edition.^{7, 12, 13}

METHODS

Instrument Development

In order to accurately discern the degree to which athletic training education prepares an athletic trainer to perform the 123 discrete tasks required for the competent performance of dry needling, a survey was developed. The first step of the research methodology was to obtain institutional review board approval for development of the survey. The research team and two expert dry needling instructors used

a two-round process of matching the 2020 Standards for Accreditation of Professional Athletic Training Programs as well as the Athletic Training Education Competencies - 5th Edition to each of the 123 tasks outlined in the tasks outlined in the Analysis of Competencies for Dry Needling by Physical Therapists.^{7, 12, 13} Once there was consensus that the corresponding tasks were matched with appropriate standards and competencies, the instrument was finalized and sent back to the IRB for approval to be sent to the expert panel.

Expert Panel Review

The survey was sent to 18 identified experts. Nine of which were athletic training dry needling experts the other nine were program directors identified as AT competency experts. These experts were identified using the Dreyfus five stage skill acquisition model.¹⁴ According to Dreyfus, an expert is someone who not only has experience being a proficient performer of the skill, but also in accordance with his or her vast experience, has situational discrimination. It is this subtle and refined discriminatory capability that distinguishes the expert from the proficient performer. Thus, the expert has a depth of experience in a wide range of diverse application scenarios, enabling their decision making to be instinctive, intuitive and focused more on subtle and refined discriminations of clinical application.

Following Dreyfus's model, dry needling experts were identified based upon the following criteria; three or more years of consistent "daily" dry needling experience and multiple dry needling certifications. Additionally, one third of those identified as dry needling experts currently teach dry needling classes. In looking for experts on the competencies and standards using the Dreyfus's model, we identified program directors with more than 10 years of experience. This provided program directors with more than 10 years' experience who had participated in multiple program

accreditations, many were current CAATE site visitors.

Sixteen experts responded to the survey, an 88% response rate. All responses were anonymous, and the sixteen responses were recorded and analyzed. The expert panel was given two choices in the survey. They were presented a single task and asked to either; agree/disagree that each individual competency and standard prepared an athletic trainer for the given task. Next, they were asked to respond if they would agree or disagree that the given task was a dry needling specific task not covered by entry-level competencies or standards. Lastly, they were given a comment box to give the competency or standard that they believed was a match to the given task if they believed there was one not listed or to make general comments to the research team. Decision making criteria were established by the research team prior to summarizing responses. An 80% agreement was necessary for a competency or standard to be accepted as a match for the task. If there were one or more competencies and/or standards that matched the task was deemed "provided through entry-level education". If 80% or more agreed that the task was dry needling specific, then it was deemed "dry needling specific".

RESULTS

After analyzing the data, the 123 tasks could be grouped into one of two categories: represented in the entry-level competencies and standards or dry needling specific tasks. The experts had 80% or more agreement that 110 of the 123 tasks were "provided through entry-level education" within the AT 5th Edition Competencies/will be taught through the CAATE 2020 Standards (Appendix A).¹²⁻¹³ The second category contained the remaining 13 of the 123 tasks, and these were regarded as not "provided through entry-level education" by AT 5th Edition Competencies/CAATE 2020 Standards and were therefore deemed "dry needling specific" (Appendix B).¹²⁻¹³ After completion

of the expert panel review, results demonstrated that 89% of the dry needling tasks were “provided through entry-level education” within the AT 5th Edition Competencies/will be taught through the CAATE 2020 Standards and 11% were not “provided through entry-level education” by AT 5th Edition Competencies/CAATE 2020 Standards and were therefore deemed “dry needling specific”.¹²⁻¹³

DISCUSSION

It would appear from this expert panel review that solid evidence can be presented regarding Athletic Trainers entry-level education and their preparation for dry needling practice. Of the 123 discrete tasks required for the competent performance of dry needling as described in the Analysis of Competencies for Dry Needling by Physical Therapists the expert panel deemed 89% of the tasks “provided through entry-level education” within the AT 5th Edition Competencies/going to be taught through the CAATE 2020 Standards.⁷ This would then provide evidence to state licensing boards that in states where Physical Therapists are deemed as able to be competently trained to dry needle, so should athletic trainers, given the entry level knowledge and skills taught through the 5th Edition Competencies and CAATE 2020 Standards. This would further add credence to the APTA statement that recognizes that no one profession should be taking ownership of dry needling - “it is very clear that no single profession owns any procedure or intervention” as it is clear that athletic trainers are adequately prepared to learn dry needling as a large number of the competencies for dry needling are covered within AT entry-level education.⁸

This research should provide further direction for state licensing boards in clarifying the types of tasks dry needling continuing education courses for athletic trainers should be teaching to adequately prepare an athletic trainer to dry needle competently (Appendix B). This should serve

to help state licensing boards in the evaluation of adequate educational preparation of an athletic trainer regarding this advanced practice skill. It should also serve to help these licensing boards understand that a large amount of knowledge and skills (evaluation, assessment, diagnosis and plan of care development, documentation, safety etc.) necessary for this advanced practice skill are taught through the 5th Edition of the Athletic Training Education Competencies which has served as the foundation of entry-level education for the last decade.

Lastly, when looking at the comments from the expert panel many comments were made that even the tasks in the “dry needling specific” list had some congruence with many of the 5th Edition of the Athletic Training Education Competencies or 2020 Standards however, they felt that there was a dry needling specific application or additional content needed to adequately state the athletic training competency covered the task. An example of this is task 103 “Implement emergency response procedures to treat patient/client injuries sustained during dry needling (e.g., perforation of hollow organs, heavy bleeding, broken needles)”. Certainly Athletic Trainers are educated in dealing with life threatening conditions such as abdominal trauma and internal bleeding from other sources of trauma, but the dry needling specific issues are not taught. There should be an understanding that the reason the Athletic Training Education Competencies or 2020 Standards are listed in appendix B was to reflect this idea of partial coverage of some of the content needed.

LIMITATIONS

This study provides evidence of current educational preparation in Athletic Training related to the practice of dry needling. As such, anyone educated prior to the 5th Edition Competencies may look at their individual educational experience and scope of practice differently than what is described here. Each athletic trainer should evaluate their ability to

engage dry needling practice relative to their scope and educational background. However, the 5th Edition Educational Competencies were published in 2011 and there was a transition of programs implementing them that lasted until the 2013-14 accreditation cycle. Therefore, this transition time had some number of certified Athletic Trainers educated on the 5th Edition Competencies, but there is no way to know how many. What we do know after contacting the board of certification (e-mail communication, September 2018) is that 25,610 or 48% of the total 53,609 certified athletic trainers were certified after the publication of the 5th Education Competencies and 17,596 or 33% were certified after the full transition. Therefore, state boards should know this reflects current education and that roughly a third or more athletic trainers reflect this entry-level educational preparation.

IMPLICATIONS FOR CLINICAL PRACTICE

Clinical practice of dry needling is an advanced skill being used by many athletic trainers in states where it is allowed by law. The expert panel review presented here lends credence to the addition of dry needling to the clinical practice of athletic trainers. Given the fact that dry needling is used to treat various tissues of the body muscles, ligaments, tendons, myofascial structures, scar tissue, perineural, and neurovascular bundles for the management of a variety of pathologic conditions.¹⁻⁶ It should be of great use to athletic trainers who upon training could use this skill on patients for which there is evidence that the technique is effective, such as (the reduction of pain and disability in knee osteoarthritis, hip osteoarthritis, piriformis syndrome, carpal tunnel syndrome, migraines, tension type headaches, temporomandibular disorder, shoulder pain, neck pain, low back pain, and plantar fasciitis).¹ Continued education in dry needling could be of benefit to the athletic trainer's patient population and is within the scope of practice for athletic trainers who are adequately trained.

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Appendix A: Tasks identified as “provided through entry-level education” and their corresponding competency and/or standard.

Tasks Number	Task (as identified by APTA) ⁷	AT 5th Edition Competency	CAATE 2020 Standard
1	Interview patients/clients, caregivers, and family to obtain patient/client history and current information (e.g., medical, surgical, medications, social, cultural, economic) to establish prior and current level of function.	CE-7 and CE-20	60 and 71
2	Interview patients/clients, caregivers, and family to obtain patient/client history and current information (e.g., medical, surgical, medications, social, cultural, economic) to establish general health status (e.g. fatigue, fever, malaise, unexplained weight change).	CIP-1	71
3	Interview patients/clients, caregivers, and family to obtain patient/client history and current information (e.g., medical, surgical, medications, social, cultural, economic) to identify risk factors and needs for preventative measures.	PHP-2 and PHP-3	79 and 80
4	Interview patients/clients, caregivers, and family to obtain patient/client history and current information (e.g., medical, surgical, medications, social, cultural, economic) to identify patient/client's, family, caregiver's goals.	CIP-1	59, 69, 80, and 82
5	Interview patients/clients, caregivers, and family to obtain patient/client history and current information (e.g., medical, surgical, medications, social, cultural, economic) to determine if patient/client is appropriate for therapy.	CE-22	70, 76, and 77
8	Interview patients/clients, caregivers, and family to obtain patient/client history and current information (e.g., medical, surgical, medications, social, cultural, economic) to review medical records (e.g., lab values, diagnostic tests, specialty reports, narrative, consults).	CE-13 and HA-9	69, 71, and 89
9	Interview patients/clients, caregivers, and family to obtain patient/client history and current information (e.g., medical, surgical, medications, social, cultural, economic) to gather information/discuss client/ patient's current health status with interprofessional/interdisciplinary team members (e.g., teacher, physicians, rehabilitation member).	CE-13	59, 69, and 71
10	Perform screen of the patient/client current affect, cognition, communication, and learning style (e.g... ability to make needs known, consciousness, orientation, expected emotional/ behavioral responses, learning preferences).	CE-21 and PS-1	71 and 77
11	Perform screen of the patient/client's quality of speech, hearing, vision (e.g., dysarthria, pitch/tone, use corrective lenses, use of hearing aid).	CE-21	71
12	Perform screen of the vestibular system (e.g., dizziness, vertigo).	CE-20 and CE-21	76
13	Perform screen of the gastrointestinal system (e.g., difficulty swallowing, heartburn, indigestion, change in appetite/diet).	CE-21	71
14	Perform screen of the genitourinary system (e.g., frequency, volume, urgency, incontinent episodes).	CE-21	71
15	Perform screen of the genital reproductive system (e.g., sexual and/or menstrual dysfunction).	PHP-43	71

16	Perform screen of the cardiovascular/pulmonary system (e.g. blood pressure, heart rate).	CE-20 and CE-21	71
17	Perform screen of the integumentary system (e.g. presence of scar formation, skin integrity, edema).	CE-b	71
18	Perform screen of the musculoskeletal system (e.g., gross symmetry, strength, weight, height, range of motion).	CE-21	71
19	Perform screen of the neuromuscular system (e.g., gross coordinated movements, motor function, locomotion).	CE-21	71
20	Select and perform tests and measures of cardiovascular function (e.g., blood pressure, heart rate, heart sounds).	CE-21	71 and 72
21	Select and perform tests and measures of pulmonary function (e.g., respiratory rate, oxygen saturation, breathing patterns, breath sounds, chest excursion).	CE-21	71 and 72
22	Select and perform tests and measures of peripheral circulation (e.g., peripheral pulses, capillary refill, blood pressure in upper versus lower extremities).	CE-20	71 and 72
23	Select and perform tests and measures of physiological responses to position change (e.g., orthostatic hypotension, skin color, blood pressure, heart rate).	CE-20, CE-21, and TI-11	71 and 72
24	Quantify edema (e.g., palpation, volume test, circumference).	CE-20 and CE-21	69, 71, and 72
25	Select and perform tests and measures of attention and cognition (e.g., ability to process commands).	CE-20 and CE-21	71 and 76
26	Select and perform tests and measures of patient's/client's ability to communicate (e.g., expressive and receptive skills, following instructions).	CE-20 and CE-21	71
27	Select and perform tests and measures of arousal and orientation to time, person, place, and situation.	CE-20 and CE-21	71 and 76
28	Select and perform tests and measures of recall (including memory and retention).	CE-20 and CE-21	71 and 76
29	Select and perform tests and measures of neural provocation (e.g., tapping, tension/stretch).	CE-20 and CE-21	71
30	Select and perform tests and measures of cranial nerve integrity (e.g., facial asymmetry, oculomotor function, hearing).	AC-36 and CIP-4	70, 71, and 76
31	Select and perform tests and measures of peripheral nerve integrity (e.g., sensation, strength).	CE-21	71
32	Select and perform tests and measures of spinal nerve integrity (e.g., dermatome, myotome).	CE-21	71
33	Select and perform test and measures of postural alignment and position (static and dynamic).	CE-21 and TI-11	71
34	Select and perform tests and measures of balance (dynamic and static) with or without the use of specialized equipment.	CE-20 and CE-21	71
35	Select and perform tests and measures of gait and locomotion (e.g., ambulation, wheelchair mobility) with or without the use of specialized equipment.	CE-21, AC-39, and TI-17	71 and 73
36	Select and perform tests and measures of mobility during functional	CE-21	71

	activities and translational movements (e.g., transfers, bed mobility).		
37	Assess skin characteristics (e.g., blistering, continuity of skin color, dermatitis, hair growth, mobility, nail growth, sensation, temperature, texture, and turgor).	CE-21	71
38	Assess scar tissue characteristics (e.g., banding, pliability, sensation, and texture).	CE-21	71
39	Select and perform tests and measures of spinal and peripheral joint stability (e.g., ligamentous integrity, joint structure).	CE-21	71
40	Select and perform tests and measures of spinal and peripheral joint mobility (e.g., glide, end feel).	CE-21	71
41	Select and perform test and measures of range of motion (e.g., functional and physiological).	CE-21	71
42	Select and perform test and measures of active and passive joint range of motion (e.g., goniometry).	CE-21	71
43	Select and perform test and measures of flexibility (e.g., muscle length, soft tissue extensibility).	PHP-26 and CE-21	71
44	Select and perform tests and measures of muscle strength, power, and endurance (e.g., manual muscle test, isokinetic testing, dynamic testing).	PHP-26 and CE-21	71
45	Select and perform tests and measures of muscle tone (e.g., hypertonicity, hypotonicity, dystonia).	CE-20 and CE-21	71
46	Select and perform tests and measures of patient's need for assistance (e.g., during transfers, in the application of devices).	CE-7 and AC-25	60, 69, 70, 71, and 78
47	Select and perform test and measures of deep tendon/muscle stretch reflexes (e.g., quadriceps, biceps).	CE-21	71
48	Select and perform tests and measures of superficial reflexes and reactions (e.g., cremasteric reflex, abdominal reflex).	CE-21	71
49	Select and perform test and measures of upper motor neuron integrity (e.g., Babinski reflex, Hoffman sign).	CE-21	71
50	Select and perform tests and measures of pain (e.g., location, intensity, characteristics, frequency).	AC-6, AC-7, and PS-9	71
51	Select and perform tests and measures of deep sensation (e.g., proprioception, kinesthesia, pressure).	CE-20 and CE-21	73
52	Select and perform tests and measures of superficial sensation (e.g., touch, temperature discrimination).	CE-20 and CE-21	73
53	Interpret each of the following types of data to determine the need for intervention or the response to intervention of: cardiovascular/pulmonary system.	CE-d and CE-f	71, 72, and 73
54	Interpret each of the following types of data to determine the need for intervention or the response to intervention of: lymphatic system.	CE-i	72
55	Interpret each of the following types of data to determine the need for intervention or the response to intervention of: neuromuscular system.	CE-a and CE-c	71 and 72
56	Interpret each of the following types of data to determine the need for intervention or the response to intervention of: vestibular system.	CE-c and CE-i	71 and 72
57	Interpret each of the following types of data to determine the need for	CE-a	71 and 72

	intervention or the response to intervention of: musculoskeletal system.		
58	Interpret each of the following types of data to determine the need for intervention or the response to intervention of: integumentary system.	CE-b	71 and 72
59	Interpret each of the following types of data to determine the need for intervention or the response to intervention of: anthropomorphic.	PHP-26, PHP-43, PHP-44, and CIP-1	79, 80, and 82
60	Interpret each of the following types of data to determine the need for intervention or the response to intervention of: genitourinary.	CE-g and CE-j	71 and 72
61	Interpret each of the following types of data to determine the need for intervention or the response to intervention of: pain.	CE-13, AC-6, AC-7, TI-14, and PS-9	71, 73, 74, and 75
62	Interpret each of the following types of data to determine the need for intervention or the response to intervention of: imaging, lab values, and medication.	CE-13	71, 72, and 74
63	Interpret each of the following types of data to determine the need for intervention or the response to intervention of: develop therapy diagnosis by integrating system and non-system data.	CIP-4 and CIP-5	71 and 72
64	Establish therapy prognosis based on information gathered during the examination process.	CE-11	62, 71, and 72
65	Develop plan of care based on data gathered during the examination process, incorporating information for the patient/client, caregiver, payer, family members, and other professionals.	PS-18 and CIP-5	58 and 71
66	Revise treatment intervention plan based on treatment outcomes, change in patient/client's health status, and ongoing evaluation.	EBP-13, EBP-14, CE-14, TI-12, and CIP-1	62, 63, 69, 71, and 73
67	Develop goals based on information gathered during examination process, incorporating information from the patient/client, caregiver, payers, family members, and other professionals.	TI-11, CIP-1, and CIP-4	71, 73, 80, and 82
68	Select interventions based on information gathered during the examination process, incorporating information from the patient/client, caregiver, payer, family members, and other professionals.	TI-11, CIP-4, and CIP-5	71 and 73
71	Position the patient/client to reduce the risk of harm to the patient/client and/or therapist.	PHP-2, PHP-3, and TI-11	73 and 80
73	Position the patient/client to perform palpation techniques to identify the area(s) to be needled.	CE-20 and TI-11	71, 73, and 80
74	Position the patient/client to apply needle handling techniques that ensure compliance with relevant and current professional standards (e.g., wash hands, wear gloves, minimize needle contamination).	TI-11 and HA-16	66 and 88
75	Position the patient/client to apply draping materials (e.g., linens, towels) to minimize unnecessary exposure and respect patient privacy.	TI-11	73
79	Position the patient/client to facilitate homeostasis as necessary.	AC-36 and TI-11	70
80	Position the patient/client to dispose of medical waste (e.g., needles, gloves, swabs) in accordance with regulatory standards and local	TI-11 and HA-16	66 and 88

	jurisdictional policies and procedures (e.g., sharps container).		
81	Position the patient/client to discuss post-treatment expectation with the patient/client or family/caregiver.	TI-11	73
82	Discuss therapy evaluation, interventions, goals, prognosis, discharge, planning, and plan of care with interprofessional/interdisciplinary team members (e.g., teacher, physician, rehabilitation member).	PS-18, HA-11, and CIP-9	58, 59, and 77
83	Discuss therapy evaluation interventions, goals, prognosis, discharge planning, and plan of care with patient/client and caregivers.	PS-18, HA-11, and CIP-9	58, 59, and 77
84	Provide written and oral information to the patient/client and/or caregiver.	PS-18, HA-11, and CIP-9	59
85	Document examination results.	CIP-9	64,65, 66, and 89
86	Document evaluation to include diagnosis, goals, and prognosis.	CIP-4	64, 65, 66, and 89
87	Document intervention(s) and patient/client response(s) to intervention.	CIP-4	64, 65, 66, and 89
88	Document patient/client and caregiver education.	HA-11	64, 65, 66, and 89
89	Document outcomes (e.g., discharge summary, reassessments).	HA-12	64, 65, 66, and 89
90	Document communication related to the patient/client's care (e.g., with the doctor, teacher, case manager).	HA-11	64, 65, 66, and 89
91	Assign billing codes for therapy diagnosis and treatment provided.	HA-12	64, 88, and 89
92	Document disclosure and consent (e.g., disclosure of medical information, consent for treatment).	CIP-9	66
93	Document letter of medical necessity (e.g., wheelchair, assistive equipment, continued therapy).	HA-11	89
94	Educate patient/client about current condition and health status (e.g., treatment outcomes, plan of care, risk and benefit factors).	PS-18	58
95	Educate caregivers about patient/client current condition and health status (e.g., treatment outcomes, plan of care, risk and benefit factors).	PS-18	58
96	Educate healthcare team about role of the therapist in patient/client management.	PD-11	68
97	Educate patient/client and caregiver on lifestyle and behavioral changes to promote wellness (e.g., nutritional interventions, physical activity, tobacco cessation).	PHP-33	77, 83, and 84
101	Implement emergency life support procedures.	CIP-6	70
102	Perform first aid.	AC-22 and CIP-6	70
104	Implement emergency response procedures to treat practitioner injuries sustained during dry needling (e.g., needle stick).	CIP-6	70
105	Perform regular equipment inspections (e.g., modalities, assistive devices).	TI-20	73 and 88
106	Prepare and maintain a safe and comfortable environment for	HA-5	88

	performing dry needling (e.g., unobstructed walkways, areas for patient/client privacy).		
107	Perform regular equipment inspections (e.g., modalities, needle expiration, sharps containers).	TI-20	88
108	Stock dry needling supplies and equipment in safe proximity during treatment.	HA-6	88
109	Perform activities using appropriate infection control practices.	HA-16	66
110	Create and maintain an aseptic environment for patient/client interaction.	HA-16	66
111	Implement infection control procedures to mitigate the effects of needle stick injuries.	HA-16	66
112	Clean and disinfect blood and bodily fluids spills in accordance with regulatory standards and local jurisdictional policies and procedures.	PHP-7	66
113	Replace surfaces that cannot be cleaned.	PHP-7	66
114	Integrate current best evidence, clinical experience, and patient value in clinical practice (e.g., clinical prediction rules, patient preference).	EBP-2, EBP-10, EBP-14, and CE-12	62, 64, and 69
115	Discuss ongoing patient care with the interprofessional/interdisciplinary team members.	PS-18	58 and 77
116	Refer patient/client to specialist or other healthcare providers when necessary.	CE-22 and PD-9	69, 71, 72, and 77
117	Disclose financial interest in recommended products or services to patient/client.	PD-5	65
118	Provide notice and information about alternative care when the therapist terminates provider relationship with the patient/client.	CE-22 and PD-9	69, 71, 72, and 77
119	Document transfer of patient/client care to another therapist (therapist of record).	CE-22 and PD-9	64, 65, 66, 69, 71, 72, 77, and 89
120	Determine own need for professional development (i.e., continued competence).	PD-7	67
121	Participate in learning and/or development activities to maintain the currency of knowledge, skills, and abilities.	PD-7	67
122	Practice within the jurisdiction regulations and professional standards.	PD-4 and PD-6	66

Dry needling tasks that the expert panel agreed were “provided through entry-level education” and their corresponding competencies and standards from AT 5th Edition Competencies and CAATE 2020 Standards respectively (EBP – Evidence-Based Practice, PHP – Prevention and Health Promotion, CE – Clinical Examination and Diagnosis, AC – Acute Care of Injuries and Illnesses, TI – Therapeutic Interventions, PS – Psychosocial Strategies and Referral, HA – Healthcare Administration, PD – Professional Development and Responsibility, CIP – Clinical Integration Proficiencies).⁷

Appendix B. Tasks identified as “dry needling specific” and their corresponding competency and/or standard.

Task Number	Task (as identified by APTA) ⁷	AT 5th Edition Competency	CAATE 2020 Standard
6	Interview patients/clients, caregivers, and family to obtain patient/client history and current information (e.g., medical, surgical, medications, social, cultural, economic) to identify prior experience with and tolerance for dry needling (e.g., needle phobia, response to treatment, ability to comply with treatment requirements).	CE-13	69 and 71
7	Interview patients/clients, caregivers, and family to obtain patient/client history and current information (e.g., medical, surgical, medications, social, cultural, economic) to identify contraindications and precautions related to dry needling (e.g., age, allergies/sensitivities, diseases/conditions, implants, areas of acute inflammation, acute systemic infections, medication).	TI-11a	73
69	Sequence dry needling with other procedural interventions and techniques (e.g., therapeutic exercise, neuromuscular re-education, manual therapy, physical modalities) to augment therapeutic effects and minimize risk due to adverse outcomes and/or contraindication.	TI-11	73
70	Position the patient/client to expose the area(s) to be needled.	TI-11	73
72	Position the patient/client to educate the patient/client on the impact of movement during treatment.	TI-11 and PS-18	58 and 73
76	Position the patient/client to perform dry needling techniques consistent with treatment plan (i.e., place, manipulate, and remove needles).	TI-11	73
77	Position the patient/client to manage needle removal complications (e.g., stuck needle, bent needle).	TI-11	73
78	Position the patient/client to monitor patient/client's emotional and physiological response to dry needling.	TI-1, TI-8, TI-11, and PS-6	58, 73, and 77
98	Educate patient/client or family/caregiver about dry needling (e.g., purpose, techniques, methods of action, benefits, tools and equipment).	None	None
99	Educate patient/client or family/caregiver about potential adverse effects associated with dry needling (e.g., fainting, bruising, soreness, fatigue).	TI-11	73
100	Educate patient/client or family/caregiver about precautions and contraindications for dry needling (e.g., age, allergies/sensitivities, disease/conditions, implants, areas of acute inflammation, acute systemic infections, medications).	TI-11	73
103	Implement emergency response procedures to treat patient/client injuries sustained during dry needling (e.g., perforation of hollow organs, heavy bleeding, broken needles).	CIP-6	70
123	Determine own ability to perform dry needling safely and effectively.	PD-7	67

Dry needling tasks that the expert panel agreed were not “provided through entry-level education” and their corresponding competencies and standards from AT 5th Edition Competencies and CAATE 2020 Standards respectively (CE – Clinical Examination and Diagnosis, TI – Therapeutic Interventions, PS – Psychosocial Strategies and Referral, PD – Professional Development and Responsibility, CIP – Clinical Integration Proficiencies).⁷

MATA Dry Needling One Pager.pdf

Uploaded by: Sarah Peters

Position: FAV

Support Athletic Trainers' (AT) Ability to Perform Dry Needling in MD



What is dry needling?

The use of a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular, and connective tissues for the management of neuromusculoskeletal pain and movement impairments. Dry needling is UNLIKE any other treatment because it treats parts of the muscle and deeper layers of muscles that hands and fingers cannot reach and deactivates trigger points to bring immediate symptom relief.

COMAR 10.38.12.02 makes clear that Dry Needling "Is not performed for: The purposes of acupuncture as defined in Health Occupations Article, §1A-101, Annotated Code of Maryland" ⁱ

Can AT's practice dry needling in other states?

Yes. AT's in at least 28 other states and Washington DC.

12 States allow ATs to dry needle through regulation or the AT practice act. While **16 States and DC** consider dry needling a method of treatment available to ATs without specific statutory authority.

Knowledge and Education

A 2019 study showed that approximately 89% of the skills required for dry needling treatments are taught during professional, entry level AT programs. ATs acquire the remaining 11% of skills through dry needling educational courses. ⁱⁱ This percentage is higher than Physical Therapists who receive approximately 86% of their skills in said courses.

This bill adds dry needling to the ATs' scope of practice using the exact same requirements for a physical therapist to practice dry needling.

Why is it important that MD ATs be able to practice dry needling?

A number of ATs in MD are educated and trained in dry needling but are unable to utilize such skill because it is not in the AT scope of practice. This includes ATs relocating to MD from another state that permits ATs to dry needle.

ATs are interested in adding dry needling to their clinical practice, including those working for MD's professional sports teams, universities, and the armed forces.

Performance of Dry Needling by MD AT's Will Require Demonstration of Sufficient Education, Training, and Physician Direction

MATA has worked with the MD Board of Physicians to determine the educational requirements to demonstrate appropriate education and training in dry needling. This includes proper oversight from the physician who signs an AT's Evaluation and Treatment Protocol. Based on review of available dry needling courses and precedent set for Maryland physical therapists, MATA requires 40 hours of dry needling specific instruction through Board of Certification approved courses as a minimum to establish education and training. This is the same requirements as physical therapists.

For more information or to discuss, please contact **MATA Legislative Chair Jane Miraglia** at jane.miraglia@gmail.com or **MATA's Legislative Consultant Sarah Peters** at Speters@hbstrategies.us.

Dry Needling, Combined With Other AT Treatments, Can Help the Following Conditions:

- Acute and chronic tendonitis/tendinosis
- Athletic overuse injuries
- Baseball throwing related tightness/discomfort
- Carpal tunnel syndrome
- Chronic pain conditions
- Frozen shoulder
- Groin and hamstring strains
- Hip pain and knee pain
- IT band syndrome
- Muscle spasms
- Neck and lower back pain
- Repetitive strain injuries
- Shoulder pain
- Tennis/golfer's elbow
- Other musculoskeletal conditions

ⁱ COMAR 10.38.12.02: Dry Needling (a) Involves the insertion of one or more solid needles, a mechanical device, into the muscle and related tissues to affect change in muscle and related tissues; Requires ongoing evaluation, assessment, and re-evaluation of the impairments; Is only utilized in parts of the body with neuromuscular or musculoskeletal links to the impairments; and Is not performed for: The purposes of acupuncture as defined in Health Occupations Article, §1A-101, Annotated Code of Maryland;

ⁱⁱ Hartz, Brian V.; Falson, Sue; and Tulimieri, Duncan (2019) "Current Athletic Training Educational Preparation for Dry Needling," *Journal of Sports Medicine and Allied Health Sciences: Official Journal of the Ohio Athletic Trainers Association*. Vol. 4 : Iss. 3 , Article 5. DOI: 10.25035/jsmahs.04.03.05

Available at: <https://scholarworks.bgsu.edu/jsmahs/vol4/iss3/5>

AT Dry Needling Letter.pdf

Uploaded by: Scott Spause

Position: FAV

Scott Spause
6362 Hanover Crossing Way
sspaus1@students.towson.edu
Position: SUPPORT

Dear Chair, Vice-Chair, and Members of the Committee:

I am writing in Support of **SB 232/HB 172- LICENSED ATHLETIC TRAINERS- DRY NEEDLING APPROVAL.**

Athletic Training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations, and disabilities.

Athletic Trainers are licensed and board certified health care professionals with, at minimum, a bachelor's degree in athletic training from an accredited institution. More than 70% of the profession has a master's degree or higher level of education, and the profession now requires a master's level degree for entry.

Dry Needling is a modality used when hands and fingers are unable to palpate all of a soft tissue, especially deeper layers of muscles.

Maryland COMAR 10.38.12.02 defines Dry Needling as an intramuscular manual therapy that involves the insertion of one or more solid needles, a mechanical device, into the muscle and related tissues to affect change in muscle and related tissues; Deactivation of the trigger points and related tissue can bring immediate relief of symptoms, which cannot be obtained by any other treatment.

Maryland COMAR already has language differentiating between Acupuncture and Dry Needling.

Qualified athletic trainers in 28 other states and the District of Columbia are allowed to use this skill on their athletes. The skill of Dry Needling is one that is shared with other medical professionals such as physical therapists, chiropractors, and physicians. With appropriate training, athletic trainers are very well prepared to administer dry needling treatments. Most courses last over a four-day span which involve over 25 hours of coursework and hands on practice which included other health professionals like physical therapists and chiropractors.

Currently, athletic trainers are unable to use dry needling as a course of treatment for their patients because it is not included in the MD Practice Act. As a result, many Athletic Trainers, including in the university settings, are hindered in their ability to provide a high standard of care to their current student-athletes. This places Maryland athletes at a disadvantage because they cannot otherwise receive dry needling in a manner that easily accommodates their already demanding class and practice schedules. Passing this bill would allow certain Athletic Trainers the ability to administer dry needling to their patients, which many may have done in another state before coming to Maryland.

Additionally, Athletic Trainers who work for national governing bodies and US Olympic teams are guided by their home state practice act. So limiting dry needling from Athletic Trainers licensed in Maryland will also have a potential international impact and could limit local Athletic Trainers from being selected as Health Care Providers supporting these athletes.

For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely

Scott Spause

Seanta Cleveland Dry Needling Support.pdf

Uploaded by: Seanta Cleveland

Position: FAV

Seanta Cleveland
1230 Brollass Road, Clinton MD 20735
seantrenclv@gmail.com

Position: Support

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For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely,

Seanta Cleveland

Dry Needling Support Letter.pdf

Uploaded by: Stephanie Guzzo

Position: FAV

Stephanie Guzzo MS, LAT, ATC, BCN

7924 Green Moss Glen Severn, MD 21144 • (603) 660-1901 • Stephanie.Guzzo@gmail.com

Position: Support

February 6, 2023

Dear Chair, Vice-Chair, and Members of the Committee:

I am writing in Support of **SB 232/HB 172- LICENSED ATHLETIC TRAINERS- DRY NEEDLING APPROVAL**.

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For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely,

Stephanie Guzzo

MATA Dry Needling Support.pdf

Uploaded by: Tyler Faulkner

Position: FAV

Tyler Faulkner
300 Washington Avenue, Chestertown, MD 21620
Tfaulkner2@washcoll.edu
Position: SUPPORT

Dear Chair, Vice-Chair, and Members of the Committee:

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licensed in Maryland will also have a potential international impact and could limit local Athletic Trainers from being selected as Health Care Providers supporting these athletes.

For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely,

Tyler Faulkner, MS, LAT, ATC, CES, FMSC

MATA dry needling support letter.pdf

Uploaded by: Veronica Ampey

Position: FAV

Veronica Ampey
7616 Mandan Road
Greenbelt, MD. 20770
veronicaampey@gmail.com

Position: SUPPORT

Dear Chair, Vice-Chair, and Members of the Committee:

I am writing in Support of **SB 232/HB 172- LICENSED ATHLETIC TRAINERS' - DRY NEEDLING APPROVAL.**

Athletic Training encompasses the prevention, identification, diagnosis, management, and intervention of emergency, acute and chronic medical conditions involving injury, impairment, functional limitations, and/or disabilities.

Athletic Trainers are licensed and board-certified health care professionals with, at minimum, a bachelor's degree in athletic training from an accredited institution. More than 70% of the profession has a master's degree or higher level of education, and the profession now requires a master's level degree for entry.

Dry Needling is a specific modality used when a provider is otherwise unable to palpate all of a soft tissue, especially deeper layers of muscles.

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Currently, athletic trainers are unable to use dry needling as a course of treatment for their patients because it is not included in the Maryland Practice Act. Consequently, Athletic Trainers are limited in their ability to utilize this modality to facilitate a high standard of care to their patients. This places Maryland athletes at a disadvantage because they cannot otherwise receive dry needling in a manner that easily accommodates their already demanding class and practice schedules. Passing this bill would allow appropriately trained Athletic Trainers the ability to administer dry needling to their patients, which many may have done in other states prior to coming to Maryland.

Additionally, Athletic Trainers who work for national governing bodies and US Olympic teams are guided by their home state practice act. Not permitting dry needling by Athletic Trainers licensed in Maryland might also have a potential international impact by limiting local Athletic Trainers from being selected as Health Care Providers supporting these athletes.

For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely,

Veronica Ampey

Veronica Ampey MSS, ATC

NPI# 1952364432

Maryland Dry Needling Written Testimony.docx.pdf

Uploaded by: Victoria Padgett

Position: FAV

Victoria A. Padgett
6 Baffin Bay Court Rockville, MD 20853
tannpadgett@gmail.com
Position: SUPPORT

Dear Chair, Vice-Chair, and Members of the Committee

I am writing in Support of **SB 232/HB 172- LICENSED ATHLETIC TRAINERS- DRY NEEDLING APPROVAL.**

Athletic Training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations, and disabilities.

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Currently, athletic trainers are unable to use dry needling as a course of treatment for their patients because it is not included in the MD Practice Act. As a result, many Athletic Trainers, including in the university settings, are hindered in their ability to provide a high standard of care to their current student-athletes. This places Maryland athletes at a disadvantage because they cannot otherwise receive dry needling in a manner that easily accommodates their already demanding class and practice schedules. Passing this bill would allow certain Athletic Trainers the ability to administer dry needling to their patients, which many may have done in another state before coming to Maryland.

Additionally, Athletic Trainers who work for national governing bodies and US Olympic teams are guided by their home state practice act. So limiting dry needling from Athletic Trainers licensed in Maryland will also have a potential international impact and could limit local Athletic Trainers from being selected as Health Care Providers supporting these athletes.

For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232.

Sincerely,

Victoria A. Padgett

MATA Letter of Support.pdf

Uploaded by: William Needum

Position: FAV

William Needum
1604 Pentwood Road, Baltimore, Maryland, 21239
williamneedum@gmail.com
Position: SUPPORT

Dear Chair, Vice-Chair, and Members of the committee:

I am writing in Support of **SB 232/HB 172 - LICENSED ATHLETIC TRAINERS - DRY NEEDLING APPROVAL**

The Athletic Training profession incorporates immediate emergency response, injury prevention, diagnosis and intervention of emergency, acute and chronic medical conditions including impairment, functional limitations, and disabilities.

Athletic Trainers are licensed and board certified healthcare professionals with, at minimum, a bachelor's degree in athletic training from an accredited institution. Most members of the athletic training profession, about 70% to be exact, have a master degree or higher level of education. The athletic training profession has progressively moved their requirements to a master's level degree for entry, which incorporates students with more background in science and broadens the scope of practice and knowledge in the healthcare field.

Dry needling is a therapeutic modality used when hands and fingers of a clinician are unable to palpate all of a soft tissue, including deeper layers of muscles

Maryland COMAR 10.38.12.02 defines Dry Needling as an intramuscular manual therapy that involves the insertion of one or more solid needles, a mechanical device, into the muscle and related tissues to affect change in muscle and related tissues; Deactivation of the trigger points and related tissue can bring immediate relief of symptoms, which cannot be obtained by any other treatment.

Maryland COMAR already has language differentiating between Acupuncture and Dry Needling.

Qualified athletic trainers in 12 states are allowed to dry needle through regulation or the Athletic Training practice act. Qualified athletic trainers in 16 states and the District of Columbia consider dry needling a method of treatment available to Athletic Trainers without specific statutory authority. The adept skill of dry needling is commonly used with other medical professionals such as physical therapists, physicians, and chiropractors. With appropriate training, athletic trainers are very well prepared to administer dry needling treatments.

In the state of Maryland, athletic trainers are currently unable to perform dry needling due to the Maryland State Practice Act. Consequently, certified athletic trainers are prevented from providing the best and up to date standard of care for their current patients. Not only is it affecting certified athletic trainers, it is affecting the athletic training students and their education. Since athletic trainers in Maryland cannot dry needle, there are institutions that are not educating their students on how to dry needle their patients. That puts athletic training students in Maryland at a disadvantage of dry needling competencies compared to other students in states where dry needling is allowed for athletic trainers.

Furthermore, In a state, such as Maryland, where dry needling is not in the state act, has a potential international impact and could limit local Athletic Trainers from being selected as Health Care Providers supporting patients in international or olympic events.

For these reasons, I respectfully request a favorable vote on both HB 172 and SB 232

Sincerely,

William Needum

MarylandAgainstTrainers.pdf

Uploaded by: Barbara Dummermuth

Position: UNF



Dear Senator Beidle

On behalf of the 90 patients I treat as a Massachusetts Licensed Acupuncturist, I am writing to you today for your help, and IN OPPOSITION to the expansion of acupuncture being added to the scope of Athletic Trainers in our state. We agree with the Athletic Trainers in their recent petition seeking support for the efforts, that without adding “dry needling” to their scope, it will hinder their ability to provide the **highest quality of care** for their patients. However, we disagree that a “4-day course with over 25 hours of hands on training that include physical therapists and chiropractors,” who also don’t learn more than 80-100 hours of training in acupuncture or dry needling techniques and theory, is a benchmark for high quality delivery of acupuncture services. Acupuncture is an invasive procedure that if performed by those without extensive training will ultimately put the public at risk for procedural complications that include, but are not limited to, pneumothorax. This dangerous condition can lead to collapsed lungs, difficult surgeries that require extended medical attention, and can lead to fatalities. The Athletic Trainers did not include this information in their bills, which is either an admission of the gravity of performing an invasive procedure which they should be trained for; or worse: they didn’t know the information to list for contraindication beyond bruising, swelling and localized pain at the injection site.

By comparison, Traditional Asian Medicine practitioners, who are Licensed Acupuncturists by statute, require a minimum of 3-4 YEARS of didactic/clinical training in a whole health medical system that is practiced globally and throughout the United States. Prior to our Practice Act, Maryland acupuncturists were jailed and fined for practicing surgery without a medical license. If it was important to safeguard the public from an invasive procedure then, it should be equally important now that others want to perform it without learning the medical system in which the technique serves the greatest purpose for better health outcomes. Also of note, MDs who perform acupuncture in the state (and nationwide,) receive 300 hours of training and are a much more extensive education in medical theory in general. Why would we accept anything less for patients from other practitioner groups with less medical education in this arena?

We not only understand, like all other healthcare professionals seeking to add acupuncture to scope, THAT Acupuncture works. We understand how and why. If sports teams, the US Olympic circuit, or anyone else wants to deliver the highest quality of care when PERFORMING ACUPUNCTURE, they should hire acupuncturists or develop a strong referral network with the more than 1100 Acupuncturists currently licensed by the state of Maryland, or the 35,000 Licensed Acupuncturists nationwide. We are not denigrating the education that Athletic Trainers, Physical Therapists, or Chiropractors receive when learning their craft. However, they are dismissive of the extensive training licensed acupuncturists receive. If better health outcomes are the purpose of their expansion of scope, then they should be equally sincere about the education and training needed to keep the public safe. Please reach out to the members of the Senate Finance Committee & House Health & Government Operations Committee to tell them to **PUT YOUR CONSTITUENTS’ SAFETY FIRST!** Vote NO on SB232 TUESDAY FEBRUARY 7TH and HB172 on February 15th!!! Tell the stakeholders to WORK TOGETHER to ensure patient best practices for safety and come up with a solution that doesn’t negatively impact any of the practitioner groups or the patients they provide medical services for.

Best Regards,
Barbara Dummermuth, Lic. Ac. MAOM

Athletic trainers.pdf

Uploaded by: Carrie Durkee Immler

Position: UNF

Greetings,

On behalf of the patients I treat as a Maryland Licensed Acupuncturist, I am writing to you today for your help, and IN OPPOSITION to the expansion of acupuncture being added to the scope of Athletic Trainers in our state. We agree with the Athletic Trainers in their recent petition seeking support for the efforts, that without adding "dry needling" to their scope, it will hinder their ability to provide the highest quality of care for their patients. However, we disagree that a "4-day course with over 25 hours of hands on training that include physical therapists and chiropractors," who also don't learn more than 80-100 hours of training in acupuncture or dry needling techniques and theory, is a benchmark for high quality delivery of acupuncture services. Acupuncture is an invasive procedure that if performed by those without extensive training will ultimately put the public at risk for procedural complications that include, but are not limited to, pneumothorax. This dangerous condition can lead to collapsed lungs, difficult surgeries that require extended medical attention, and can lead to fatalities. The Athletic Trainers did not include this information in their bills, which is either an admission of the gravity of performing an invasive procedure which they should be trained for; or worse: they didn't know the information to list for contraindication beyond bruising, swelling and localized pain at the injection site.

By comparison, Traditional Asian Medicine practitioners, who are Licensed Acupuncturists by statute, require a minimum of 3-4 YEARS of didactic/clinical training in a whole health medical system that is practiced globally and throughout the United States. Prior to our Practice Act, Maryland acupuncturists were jailed and fined for practicing surgery without a medical license. If it was important to safeguard the public from an invasive procedure then, it should be equally important now that others want to perform it without learning the medical system in which the technique serves the greatest purpose for better health outcomes. Also of note, MDs who perform acupuncture in the state (and nationwide,) receive 300 hours of training and are a much more extensive education in medical theory in general. Why would we accept anything less for patients from other practitioner groups with less medical education in this arena?

We not only understand, like all other healthcare professionals seeking to add acupuncture to scope, THAT Acupuncture works. We understand how and why. If sports teams, the US Olympic circuit, or anyone else wants to deliver the highest quality of care when PERFORMING ACUPUNCTURE, they should hire acupuncturists or develop a strong referral network with the more than 1100 Acupuncturists currently licensed by the state of Maryland, or the 35,000 Licensed Acupuncturists nationwide. We are not denigrating the education that Athletic Trainers, Physical Therapists, or Chiropractors receive when learning their craft. However, they are dismissive of the extensive training licensed acupuncturists receive. If better health outcomes are the purpose of their expansion of scope, then they should be equally sincere about the education and training needed to keep the public safe. Please reach out to the members of the Senate Finance Committee & House Health & Government Operations Committee to tell them to PUT YOUR CONSTITUENTS' SAFETY FIRST! Vote NO on SB232 TUESDAY FEBRUARY 7TH and HB172 on February 15th!!! Tell the stakeholders to WORK TOGETHER to ensure

patient best practices for safety and come up with a solution that doesn't negatively impact any of the practitioner groups or the patients they provide medical services for.

Kindly,

Carrie Durkee Immler, L.Ac., M.Ac.

Carriedurkeeacu@gmail.com

410.925.2126

sb232opposition.pdf

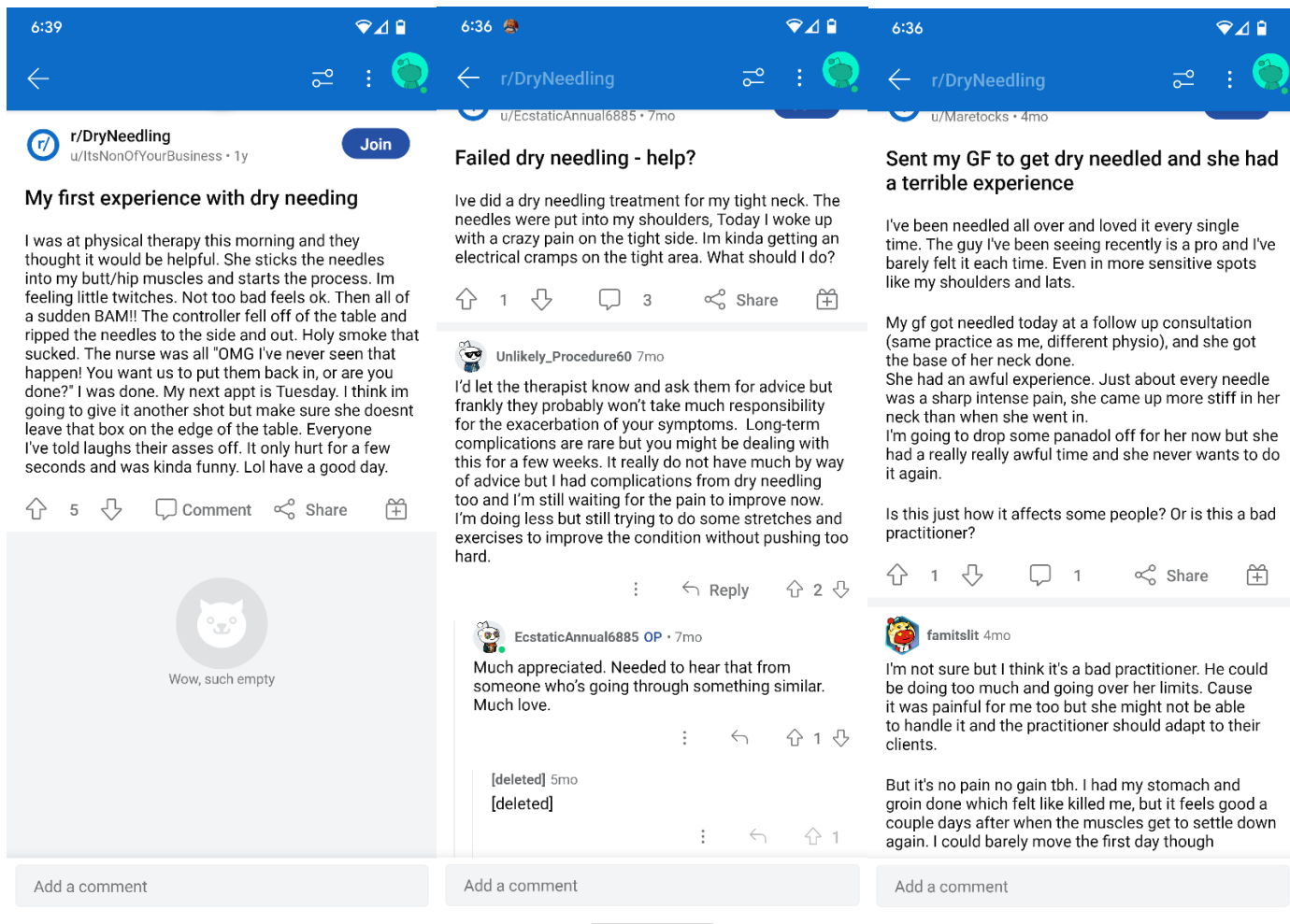
Uploaded by: Cindy Tran

Position: UNF

To the Senators of the Finance Committee,

On behalf of the 900 patients that I treat as a Maryland Licensed Acupuncturist, I am writing to you IN OPPOSITION to the expansion of acupuncture being added to the scope of Athletic Trainers in our state. We agree with the Athletic Trainers in their recent petition seeking support for the efforts, that without adding “dry needling” to their scope, it will hinder their ability to provide the highest quality of care for their patients. However, we disagree that a “4-day course with over 25 hours of hands on training that include physical therapists and chiropractors,” who also do not learn more than 80-100 hours of training in acupuncture or dry needling techniques and theory, is a benchmark for high quality delivery of acupuncture services.

Acupuncture is an invasive procedure that if performed by those without extensive training will ultimately put the public at risk for procedural complications that include, but are not limited to, pneumothorax. This dangerous condition can lead to collapsed lungs, difficult surgeries that require extended medical attention, and can lead to fatalities. Although there does not seem to be enough official data to show adverse incident reports, there are PLENTY of informal reports of adverse incidents seen on social media and public forums (see some screenshots below). The Athletic Trainers did not include this information in their bills, which is either an admission of the gravity of performing an invasive procedure which they should be trained for; or worse: they didn’t know the information to list for contraindication beyond bruising, swelling and localized pain at the injection site.



By comparison, Traditional Asian Medicine practitioners, who are Licensed Acupuncturists by statute, require a minimum of 3-4 YEARS of didactic/clinical training in a whole health medical system that is practiced globally and

throughout the United States. Prior to our Practice Act, Maryland acupuncturists were jailed and fined for practicing surgery without a medical license. If it was important to safeguard the public from an invasive procedure then, it should be equally important now that others want to perform it without learning the medical system in which the technique serves the greatest purpose for better health outcomes. Also of note, MDs who perform acupuncture in the state (and nationwide,) receive 300 hours of training and are a much more extensive education in medical theory in general. Why would we accept anything less for patients from other practitioner groups with less medical education in this arena?

We not only understand, like all other healthcare professionals seeking to add acupuncture to scope, that acupuncture works, we also understand how and why. If sports teams, the US Olympic circuit, or anyone else wants to deliver the highest quality of care when PERFORMING ACUPUNCTURE, they should hire acupuncturists or develop a strong referral network with the more than 1100 Acupuncturists currently licensed by the state of Maryland, or the 35,000 Licensed Acupuncturists nationwide. We are not denigrating the education that Athletic Trainers, Physical Therapists, or Chiropractors receive when learning their craft.

However, they are dismissive of the extensive training licensed acupuncturists receive. They are also denouncing the cultural root of dry needling (also known as acupuncture) which is a form of structural racism! By saying that the practice of dry needling is NOT based on Chinese medical theory, it is saying that the providers who want to practice dry needling are willing to take shortcuts from an ancient form of medicine, making it their own, and getting paid more for it. The fee schedules for dry needling versus acupuncture services demonstrate the inequality of the reimbursements. Dry needling reimbursement is higher for multiple muscular treatments performed in less than 30 minutes than acupuncture treatments performed for at least 30 minutes.

Trading jabs: CMS changes coverage status for dry needling, acupuncture

by Julia Kyles, CPC on Feb 14, 2020

If [the news that Medicare will cover acupuncture for chronic low back pain piqued your interest](#), review the guidelines for dry needling and acupuncture codes. CMS flipped the coverage status for codes **20560-20561** and **97810-97814** from non-covered to active effective Jan. 21, according to [CMS 100-04, Change Request 11661](#), published Feb. 14.

We sent a few questions to Medicare about the coverage update, including when CMS will publish coding guidance for the service, what practices should do with any claims for services before the change request's April 6 implementation date and whether [P-Stim and other electroauricular acupuncture systems](#) will be covered, so stay tuned. In the meantime, take in the full descriptors and national non-facility reimbursement rates for the codes:

20560 Needle insertion(s) without injection(s); 1 or 2 muscle(s) – \$25.74.

20561 Needle insertion(s) without injection(s); 3 or more muscles – \$38.32.

97810 Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient – \$37.03.

97811 Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure) – \$28.47.

97813 Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient – \$41.15.

97814 Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure) – \$33.91.

CMS has not created a medically unlikely edit (MUE) for the dry needling codes, but the MUE for the acupuncture codes is currently set at 0. Watch the the April MUE update for a change.

Here are a few more coding points from the 2020 CPT manual:

- Count face-to-face time for the acupuncture codes. The clock starts when the clinician applies the needles, stops if she leaves the room, and starts again when she returns.
- You may report acupuncture with and without electrical stimulation for the same patient on the same day, but you can only report one primary code. For example, if the doctor performs 15 minutes of acupuncture with electrical stimulation followed by 15 minutes of acupuncture without, you would report one unit of 97813 and one unit of add-on code 97811.
- Dry needling is bundled into the acupuncture codes. Because medical coding is never simple, you may see dry needling referred to as trigger point acupuncture. Make sure you know what the doctor or other clinician did to avoid errors.

If better health outcomes are the purpose of their expansion of scope, then they should be equally sincere about the education and training needed to keep the public safe. Please, members of the [Senate Finance Committee](#), **PUT YOUR CONSTITUENTS' SAFETY FIRST! Vote NO on SB232, TUESDAY FEBRUARY 7TH**. Tell the stakeholders to WORK TOGETHER and REFER to one another to ensure patient best practices for safety and have no negative impact on any of the practitioner groups or the patients they provide medical services for.

With great opposition and sincerity,

Dr. Cindy Tran, D.Ac., L.Ac., Secretary, Maryland Acupuncture Society

Maryland Legislative District 21

cindy@aihgwelness.com

SB 232_MAS_UNF.pdf

Uploaded by: Denise Tyson

Position: UNF

Senator Melony Griffith, Chair
Finance Committee
3 West, Miller Senate Office Building
Annapolis, MD 21401



The Maryland
Acupuncture
Society, Inc.

February 7, 2023

Re: SB 232 – UNFAVORABLE – Licensed Athletic Trainers – Dry Needling Registration

Dear Chairwoman Griffith and Members of the Committee:

Please accept this letter on behalf of the Maryland Acupuncture Society (“MAS”) as our opposition to Senate Bill 232 Licensed Athletic Trainers – Dry Needling Registration. MAS represents over 1,000 licensed practitioners throughout the State of Maryland, and we are in **strong opposition** to this bill.

Senate Bill 232 would give athletic trainers the authority to perform dry needling on patients in Maryland. MAS is strongly opposed to expanding the scope of who is certified to perform dry needling. Dry needling an invasive procedure wherein needles are inserted through the skin into muscle and related tissue. The act of penetrating the skin is potentially dangerous, and without the proper education and training, could result in significant patient injury and harm including a pneumothorax, which is the collapsing of a lung, hemorrhage, nerve damage, and infections, to name just a few. Athletic trainers should not be permitted to perform this invasive procedure because their educational training, which is at a minimum a Bachelor’s Degree, is profoundly insufficient. Their coursework does not include instruction specific to the musculoskeletal and neuromuscular systems.

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 of 105 credits, with many acupuncturists opting for a more extensive Doctorate education. 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.

MAS is very concerned that expanding the scope for athletic trainers to perform dry needling without the requisite level education will put patients’ safety at risk and not uphold Maryland’s highest standards of care. For these reasons, we **STRONGLY OPPOSE** SB 232. Thank you for your consideration of this important piece of legislation.

Sincerely,

Denise Tyson
President
Maryland Acupuncture Society

acupuncture letter_Feb 2023.pdf

Uploaded by: Georgeann Smale

Position: UNF

Date: February 6, 2023

To: Senator Susan C. Lee and Representatives Ariana B. Kelly, Marc Korman, Sara Love,

I am an acupuncture patient and am writing today in opposition to the proposal to add dry needling to the scope of authorized treatments by Athletic Trainers in our state.

Athletic trainers in their recent petition have said that without adding dry needling to their scope, it will hinder their ability to provide the highest quality of care for their patients. However, their proposed training of a “4-day course with over 25 hours of hands on training that include physical therapists and chiropractors,” does not provide adequate training. Dry needling is essentially a limited form of acupuncture. By comparison, traditional Asian medicine practitioners, who are licensed acupuncturists, require a minimum of 3-4 years of didactic/clinical training in a whole health medical system that is practiced throughout the United States. In addition, MDs who perform acupuncture in the state and nationwide, receive 300 hours of training in it and have extensive and rigorous standards for their medical education, in general.

If athletic trainers and sports teams want to deliver the highest quality of care when performing needling techniques, they should consider hiring acupuncturists. Please do not grant the Athletic Trainers petition.

Georgeann Smale
Bethesda resident

SB 232 Testimony10.pdf

Uploaded by: Hayley Evans

Position: UNF

Honorable Senator Jeff Waldstreicher & State Delegates Kaufman, Shetty and Solomon:

On behalf of the 7 patients I treat as a Maryland Licensed Acupuncturist, I am writing to you today for your help, and IN OPPOSITION to the expansion of acupuncture being added to the scope of Athletic Trainers in our state. We agree with the Athletic Trainers in their recent petition seeking support for the efforts, that without adding “dry needling” to their scope, it will hinder their ability to provide the highest quality of care for their patients. However, we disagree that a “4-day course with over 25 hours of hands on training that include physical therapists and chiropractors,” who also don’t learn more than 80-100 hours of training in acupuncture or dry needling techniques and theory, is a benchmark for high quality delivery of acupuncture services. Acupuncture is an invasive procedure that if performed by those without extensive training will ultimately put the public at risk for procedural complications that include, but are not limited to, pneumothorax. This dangerous condition can lead to collapsed lungs, difficult surgeries that require extended medical attention, and can lead to fatalities. The Athletic Trainers did not include this information in their bills, which is either an admission of the gravity of performing an invasive procedure which they should be trained for; or worse: they didn’t know the information to list for contraindication beyond bruising, swelling and localized pain at the insertion site.

By comparison, Traditional Asian Medicine practitioners, who are Licensed Acupuncturists by statute, require a minimum of 3-4 YEARS of didactic/clinical training in a whole health medical system that is practiced globally and throughout the United States. Prior to our Practice Act, Maryland acupuncturists were jailed and fined for practicing surgery without a medical license. If it was important to safeguard the public from an invasive procedure then, it should be equally important now that others want to perform it without learning the medical system in which the technique serves the greatest purpose for better health outcomes. Also of note, MDs who perform acupuncture in the state (and nationwide,) receive 300 hours of training and have a much more extensive education in medical theory in general. Why would we accept anything less for patients from other practitioner groups with less medical education in this arena?

We not only understand, like all other healthcare professionals seeking to add acupuncture to scope, THAT Acupuncture works. We understand how and why. If sports teams, the US Olympic circuit, or anyone else wants to deliver the highest quality of care when PERFORMING ACUPUNCTURE, they should hire acupuncturists or develop a strong referral network with the more than 1100 Acupuncturists currently licensed by the state of Maryland, or the 35,000 Licensed Acupuncturists nationwide. We are not denigrating the education that Athletic Trainers, Physical Therapists, or Chiropractors receive when learning their craft. However, they are dismissive of the extensive training licensed acupuncturists receive. If better health outcomes are the purpose of their expansion of scope, then they should be equally sincere about the education and training needed to keep the public safe.

Please reach out to the members of the Senate Finance Committee & House Health & Government Operations Committee to tell them to PUT YOUR CONSTITUENTS’ SAFETY FIRST! Vote NO on SB232 TUESDAY FEBRUARY 7TH and HB172 on February 15th!!! Tell the stakeholders to WORK TOGETHER to ensure patient best practices for safety and come up

with a solution that doesn't negatively impact any of the practitioner groups or the patients they provide medical services for.

Earnestly,

Kimberly Coleman, PhD, LAc, RN

(DC Constituent, practicing in Maryland Legislative District 18

<https://kimcoleman.nccaomdiplomates.com/>

DrKimberlyColeman@gmail.com

240-330-2204

SB 232 Testimony11.pdf

Uploaded by: Hayley Evans

Position: UNF

February 6, 2023

Dear Senator William C. Smith:

On behalf of the 83 patients I treat as a Maryland Licensed Acupuncturist, I am writing to you today for your help, and IN OPPOSITION to the expansion of acupuncture being added to the scope of Athletic Trainers in our state. We agree with the Athletic Trainers in their [recent petition](#) seeking support for the efforts, that without adding “dry needling” to their scope, it will hinder their ability to provide the **highest quality of care** for their patients. However, we disagree that a “4-day course with over 25 hours of hands on training that include physical therapists and chiropractors,” who also don’t learn more than 80-100 hours of training in acupuncture or dry needling techniques and theory, is a benchmark for high quality delivery of acupuncture services. Acupuncture is an invasive procedure that if performed by those without extensive training will ultimately put the public at risk for procedural complications that include, but are not limited to, pneumothorax. This dangerous condition can lead to collapsed lungs, difficult surgeries that require extended medical attention, and can lead to fatalities. I have treated patients who have been harmed by dry needling, who experienced excruciating pain, numbness and tingling during and after the procedure. Many of these people experienced these effects for weeks and months later, until they received proper care.

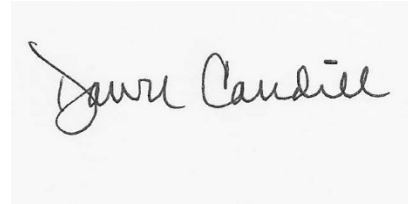
The Athletic Trainers did not include this information in their bills, which is either an admission of the gravity of performing an invasive procedure which they should be trained for; or worse: they didn’t know the information to list for contraindication beyond bruising, swelling and localized pain at the injection site.

By comparison, Traditional Asian Medicine practitioners, who are Licensed Acupuncturists by statute, require a minimum of 3-4 YEARS of didactic/clinical training in a whole health medical system that is practiced globally and throughout the United States. Prior to our Practice Act, Maryland acupuncturists were jailed and fined for practicing surgery without a medical license. If it was important to safeguard the public from an invasive procedure then, it should be equally important now that others want to perform it without learning the medical system in which the technique serves the greatest purpose for better health outcomes. Also of note, MDs who perform acupuncture in the state (and nationwide) receive 300 hours of training and a much more extensive education in medical theory in general. Why would we accept anything less for patients from other practitioner groups with inadequate medical education in this arena?

We not only understand, like all other healthcare professionals seeking to add acupuncture to scope, that **acupuncture works**. We understand how and why. If sports teams, the US Olympic circuit, or anyone else wants to deliver the highest quality of care when PERFORMING ACUPUNCTURE, they should hire acupuncturists or develop a strong referral network with the more than 1100 acupuncturists currently licensed by the state of Maryland, or the 35,000 licensed acupuncturists nationwide. We are not denigrating the education that Athletic Trainers, Physical Therapists, or Chiropractors receive when learning their craft. However, they are dismissive of the extensive training licensed acupuncturists receive. If better health outcomes are the purpose of their expansion of scope, then they should be equally sincere about the education and training needed to keep the public safe. Please reach out to the members of the [Senate Finance Committee](#) & [House Health & Government Operations Committee](#) to tell them to **PUT YOUR CONSTITUENTS’ SAFETY FIRST!** Vote NO on [SB232](#) TUESDAY FEBRUARY 7TH and [HB172](#) on February 15th. Tell the stakeholders to WORK TOGETHER to ensure patient best practices for

safety and come up with a solution that doesn't negatively impact any of the practitioner groups or the patients who receive their medical services.

Very Best Regards,

A handwritten signature in black ink that reads "Dawn Caudill". The signature is written in a cursive style and is centered within a light gray rectangular background.

Dawn Caudill
Maryland District 20 constituent
Founder and Owner of New Dawn Acupuncture and Chinese Medicine
109 Grant Ave
Takoma Park, MD 20912
202-538-3995
Licensed in Maryland since 2020



Located at 7000 Carroll Ave, S101
Takoma Park, MD 20912

SB 232 Testimony9.pdf

Uploaded by: Hayley Evans

Position: UNF

Maryland Center for Chinese Medicine
Dr. Laura D. Bracken DOM, ADS, L. Ac.
79 E Main Street Suite 404
Westminster, MD 21157
410-852-4977/410-857-6155
Laura@MarylandChineseMedicine.com
www.MarylandChineseMedicine.com

February 5, 2023

To Whom It May Concern,

I am contacting you as a Maryland constituent regarding Maryland SB 232, and HB 172 allowing athletic trainers to provide dry needling, and to express my strong opposition. Many healthcare providers have successfully rebranded acupuncture and named 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.

From the American Society of Acupuncture 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 pneumothoraces 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 on the basis of 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 Masters 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 of these reasons, I am asking you to oppose SB232/HB172.

Sincerely,

Laura D. Bracken, DOM, L.Ac.

SB 232-UNFAVORABLE H. Thompson.pdf

Uploaded by: Heather Thompson

Position: UNF

Senator Clarence Lam
District 12
Miller Senate Office Building, Room 420
Annapolis, Maryland 21401

February 6, 2023

Re: SB232 - UNFAVORABLE- Health Occupations - Licensed Athletic Trainers - Dry Needling Approval

Dear Senator Lam and Members of the Committee:

I am contacting you as a Maryland constituent regarding Maryland SB 232 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.

We agree with the Athletic Trainers in their recent petition seeking support for the efforts, that without adding "dry needling" to their scope, it will hinder their ability to provide the highest quality of care for their patients. However, we disagree that a "4-day course with over 25 hours of hands on training that include physical therapists and chiropractors," who also don't learn more than 80-100 hours of training in acupuncture or dry needling techniques and theory, is a benchmark for high quality delivery of acupuncture services.

This is the greatest concern I have as a practitioner- that patients will experience injury receiving treatment from improperly trained athletic trainers. It is my understanding that athletic trainers have varying requirements regarding education (e.g. some are able to practice with a bachelor's degree while others require a master's degree). Additionally, these degrees can be in a variety of fields. This vague education requirement and additional vague demonstration of proper training to perform dry needling as an additional requirement is concerning. It is crucial to protect the public.

Also of note, MDs who perform acupuncture in the state (and nationwide,) receive 300 hours of training and are a much more extensive education in medical theory in general. Why would we accept anything less for patients from other practitioner groups with less medical education in this arena? We not only understand, like all other healthcare professionals seeking to add acupuncture to scope, THAT Acupuncture works. We understand how and why. If sports teams, the US Olympic circuit, or anyone else wants to deliver the highest quality of care when PERFORMING ACUPUNCTURE, they should hire acupuncturists or develop a strong referral network with the more than 1100 Acupuncturists currently licensed by the state of Maryland, or the 35,000 Licensed Acupuncturists nationwide. We are not denigrating the education that Athletic Trainers, Physical Therapists, or Chiropractors receive when learning their craft. However, they are dismissive of the extensive training licensed acupuncturists receive. If better

health outcomes are the purpose of their expansion of scope, then they should be equally sincere about the education and training needed to keep the public safe.

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.

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."

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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."

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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 SB 232.

Thank you for your time, consideration, and effort.

Warmly,
Heather

Heather Thompson
Waypoint Integrative Health LLC
Doctor of Oriental Medicine
Licensed Acupuncturist in Maryland #U02196
1439 E. Fort Ave., 1st Fl
Baltimore, MD 21230

Heidi Most Opposition to Athletic Trainers doing D

Uploaded by: Heidi Most

Position: UNF

Dear legislator,

On behalf of the 100 patients I treat as a Maryland Licensed Acupuncturist, I am writing to you today for your help, and IN OPPOSITION to the expansion of acupuncture being added to the scope of Athletic Trainers in our state. We agree with the Athletic Trainers in their [recent petition](#) seeking support for the efforts, that without adding “dry needling” to their scope, it will hinder their ability to provide the **highest quality of care** for their patients. However, we disagree that a “4-day course with over 25 hours of hands on training that include physical therapists and chiropractors,” who also don’t learn more than 80-100 hours of training in acupuncture or dry needling techniques and theory, is a benchmark for high quality delivery of acupuncture services. Acupuncture is an invasive procedure that if performed by those without extensive training will ultimately put the public at risk for procedural complications that include, but are not limited to, pneumothorax. This dangerous condition can lead to collapsed lungs, difficult surgeries that require extended medical attention, and can lead to fatalities. The Athletic Trainers did not include this information in their bills, which is either an admission of the gravity of performing an invasive procedure which they should be trained for; or worse: they didn’t know the information to list for contraindication beyond bruising, swelling and localized pain at the injection site.

By comparison, Traditional Asian Medicine practitioners, who are Licensed Acupuncturists by statute, require a minimum of 3-4 YEARS of didactic/clinical training in a whole health medical system that is practiced globally and throughout the United States. Prior to our Practice Act, Maryland acupuncturists were jailed and fined for practicing surgery without a medical license. If it was important to safeguard the public from an invasive procedure then, it should be equally important now that others want to perform it without learning the medical system in which the technique serves the greatest purpose for better health outcomes. Also of note, MDs who perform acupuncture in the state (and nationwide,) receive 300 hours of training and are a much more extensive education in medical theory in general. Why would we accept anything less for patients from other practitioner groups with less medical education in this arena?

We not only understand, like all other healthcare professionals seeking to add acupuncture to scope, THAT Acupuncture works. We understand how and why. If sports teams, the US Olympic circuit, or anyone else wants to deliver the highest quality of care when PERFORMING ACUPUNCTURE, they should hire acupuncturists or develop a strong referral network with the more than 1100 Acupuncturists currently licensed by the state of Maryland, or the 35,000 Licensed Acupuncturists nationwide. We are not denigrating the education that Athletic Trainers, Physical Therapists, or Chiropractors receive when learning their craft. However, they are dismissive of the extensive training licensed acupuncturists receive. If better health outcomes are the purpose of their expansion of scope, then they should be equally sincere about the education and training needed to keep the public safe. Please reach out to the members of the [Senate Finance Committee](#) & [House Health & Government Operations Committee](#) to tell them to **PUT YOUR CONSTITUENTS’ SAFETY FIRST!** Vote NO on [SB232](#) TUESDAY FEBRUARY 7TH and [HB172](#) on February 15TH!!! Tell the stakeholders to WORK TOGETHER to ensure patient best practices for safety and come up with a solution that doesn’t negatively impact any of the practitioner groups or the patients they provide medical services for.

Thank you for your attention to this matter.

Sincerely

Heidi Most, D.Ac., L.Ac., Dipl.Ac. (NCCAOM)

3121 Evergreen Way Ellicott City, MD, 21042

CD 03, SD 09

greatermountains@yahoo.com, 410-531-3792

SB232 Testimony by Janice Willis, LAc in MD.pdf

Uploaded by: Janice Willis

Position: UNF

Janice Willis, LAc, LCSW-C
Healing Elements
7 S. Park St.
Easton, MD 21601
410-310-5584 jan@janwillisacu.com

February 6, 2023

To Whom it May Concern:

This written testimony is in opposition to SB 232 Athletic Trainers and Dry Needling.

Dry Needling is one form of acupuncture. In Maryland in order to provide acupuncture you must have an Acupuncture License. To receive an Acupuncture License you must have received a Masters Degree in Acupuncture which takes a minimum of 3 years to attain.

I am an acupuncturist in Maryland and I specialize in Orthopedic Acupuncture and provide Dry Needling.

Athletic Trainers do not have to hold an advanced degree in any type of medical field to be licensed in Maryland. Athletic Trainers, who do not have advanced medical training, are requesting to be allowed to conduct an invasive medical procedure after attending a 4 day course.

Dry Needling/Acupuncture can be dangerous and death or permanent disability can result in poorly performed needling. It takes hundreds of hours of study and clinical supervision to understand proper needle location and insertion depth.

In Maryland, Acupuncturist must attend 3+ years of advanced medical training to preform this invasive procedure. In Maryland, Medical Doctors must attend an additional 300-hour course in Acupuncture to be able to provide acupuncture in Maryland but Athletic Trainers want to perform this invasive medical procedure after a 4 day course.

I urge you to consider the safety of your constituents.

I thank you for your consideration and time.

Janice Willis, LAc

MD Licensed Acupuncturist

Athletic trainer letter.pdf

Uploaded by: Jennifer Poulin

Position: UNF

The Well Acupuncture Inc.

42 E Cross St
Baltimore MD
21230

February 6, 2023

Jennifer Poulin LAc.
42 E Cross St
Baltimore MD 21230

To whom it may concern,

On behalf of the 1200 patients I treat as a Licensed Acupuncturist, I am writing to you today for your help, and IN OPPOSITION to the expansion of acupuncture being added to the scope of Athletic Trainers in our state. We agree with the Athletic Trainers in their [recent petition](#) seeking support for the efforts, that without adding “dry needling” to their scope, it will hinder their ability to provide the **highest quality of care** for their patients.

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safety and come up with a solution that doesn't negatively impact any of the practitioner groups or the patients they provide medical services for.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jennifer Poulin', with a long horizontal flourish extending to the right.

Jennifer Poulin LAc

443-600-4329

jenforwellness@gmail.com

SB232OppositionltrDeLorme.pdf

Uploaded by: Lee Andrew DeLorme

Position: UNF

02/06/2023

Re: Written Testimony in Opposition to SB 232
Attention: Maryland Senate Finance Committee

Dear Honorable Senators,

As a resident of Queen Anne's County and a Maryland licensed acupuncturist I am asking that you vote no on SB 232, which seeks to expand the scope of practice of athletic trainers to include dry needling, another term for acupuncture popularized by physical therapists to skirt acupuncture licensure.

Athletic trainers are not healthcare providers in the traditional sense. Athletic trainers are not subject matter experts in acupuncture. I am a licensed acupuncturist as well as a certified phlebotomy technician. I am confident when I tell you as a subject matter expert in the diagnostic and therapeutic use of needles that the 80 hrs of training SB 232 proposes is insufficient to learn the fine motor skills needed to safely apply acupuncture/dry needling.

Acupuncture/dry needling is an invasive procedure that comes with serious risks to patient safety. Our great State acknowledged these risks when it created the Maryland Board of Acupuncture to oversee the issuance of licenses to qualified practitioners. Already, across the country and in Maryland, skin, blood and bone infections, lung punctures, lung collapse, nerve damage, paralysis, and loss of consortium have been reported in malpractice lawsuits arising from physical therapists performing acupuncture/dry needling.

Please help ensure patient safety by voting no on SB 232.

Sincerely,

Lee Andrew DeLorme, L.Ac., CPT
(302) 593-0820

8b - SB 232 - FIN - Various Bds - LOO.docx.pdf

Uploaded by: Maryland State of

Position: UNF



Maryland Board of Acupuncture
4201 Patterson Avenue, Suite 301
Baltimore, MD 21215

Maryland Board of Chiropractic Examiners
4201 Patterson Avenue,
Baltimore, Maryland 21215

Maryland Board of Physical Therapy Examiners
4201 Patterson Avenue,
Baltimore, Maryland 21215

**2023 SESSION
POSITION PAPER**

BILL NO: SB 232
COMMITTEE: Finance
POSITION: OPPOSE

TITLE: Health Occupations - Licensed Athletic Trainers - Dry Needling Approval

BILL ANALYSIS: This Bill expands the practice scope for athletic trainers to perform dry needling and creates registration with the Board of Physicians for athletic trainers performing dry needling who have completed dry needling training requirements of 80 hours.

POSITION AND RATIONALE: The Maryland Board of Acupuncture (the Board), in addition to the Maryland Board of Chiropractic Examiners and the Maryland Board of Physical Therapy Examiners, opposes SB 232.

Dry Needling is an intramuscular manual therapy that involves the insertion of one or more solid (filiform) needles, a mechanical device, into the muscle and related tissues to affect change in muscle and related tissues. In layman's terms, dry needling is an invasive procedure wherein the same needles used in acupuncture are inserted through the skin into muscle and related tissue. The act of penetrating the skin is potentially dangerous, and without the proper education and training, could result in significant patient injury and harm including a pneumothorax, which is the collapsing of a lung, hemorrhage, nerve damage, and infections, to name a few. The Board believes that Athletic Trainers, whose minimum required education is a bachelor's degree, do not have sufficient education to perform dry needling with 80 hours of additional education pertaining to exclusively dry needling.

1) Background

Dry needling, historically referred to in acupuncture as “ashi acupuncture”, is a treatment modality that has been used by acupuncturists for thousands of years to treat pain and improve motor function. Although dry needling professes that its treatment philosophy is based in Western medicine, it is modeled after acupuncture hence the use of the same filiform needles. The use of needles in the practice of healthcare is a privilege afforded to practitioners that are well prepared both academically and clinically. This preparation, as with all medical training, is patient-centered, focusing not only on the treatment efficacy but also overall patient safety.

In the 1980s, Maryland became the first jurisdiction in the United States to allow dry needling by licensed physical therapists. Since then, physical therapists and chiropractors, both highly educated medical

professionals, have used acupuncture needles with similar intent and effect, and integrated it into their Western medical framework as Dry Needling. No such history is present for athletic trainers. In 2012, the Board of Physical Therapy Examiners proposed regulations regarding dry needling that were approved in 2016 and went into effect in 2017, requiring 80 hours of additional training in needling technique and 40 hours of hands-on training. In 2020, chiropractors also adopted regulations requiring an additional 80 hours of training.

This bill similarly asks for athletic trainers to be registered after just 80 additional hours of training as physical therapists and chiropractors. However, as the Board explains below, athletic trainers have insufficient education and training to justify the addition of dry needling to their scope of practice even with the addition of 80 hours of training on the subject.

2) Education for Athletic Trainers is Significantly Less than Acupuncturists, Physical Therapists and Chiropractors

The act of piercing the skin and contacting or exposing the internal terrain of the body carries with it a myriad of possible after-effects, many of which can be damaging and even dangerous to the health and well-being of a patient. This is the main reason that licensed acupuncturists in our State, as well as the entire country, are required to have over 1800 hours of educational training in acupuncture, in addition to at least 300 hours of hands-on, clinical training, before they are granted a license to practice. As part of the East Asian medicine training related to acupuncture points, acupuncture education includes point location and associated risk factors, training on adverse events, infection control, patient position, information about the correct length, gauge, filiform or other types of needles, needling technique, insertion techniques (such as angle, depth, stretching skin), needle manipulation, needle retention time, needle removal techniques, and contraindications. Their education also includes extensive biomedical training such as anatomy, physiology, pathology, pathophysiology, differentiation of normal and abnormal structures and functions of body systems from a biomedical perspective, and recognition of signs, symptoms, and morbidities associated with common medical conditions and all relevant to patient safety when needling. The entry level degree for licensure in Maryland is a Master of Acupuncture and many practitioners go on to complete a doctorate in the field. Furthermore, it is noteworthy that even Physicians, Dentists and Veterinarians, after completing medical school, complete hundreds more hours training to be certified to treat patients with needles via a treatment known as medical acupuncture.

This bill creates similar registration requirements for athletic trainers as physical therapists and requires athletic trainers to complete an identical 80 hours of additional training to register to perform dry needling. Physical therapists (PTs) and athletic trainers, however, have significantly different levels of training, education, and a different history of performing dry needling.

Approximately 96% of PTs are trained at the doctoral level, consistent with Chiropractors, who are all required to have doctoral level degrees. Athletic trainers, on the other hand, need only a bachelor's degree to be licensed to practice athletic training. The difference in education between a bachelor's degree and a doctorate is significant, and the Board believes that the depth of anatomical and physiology education, as well as the depth of emergency care learned in a bachelor's degree program cannot match those learned at the doctorate level.

The subject matter of the educational instruction is also relevant to determining whether the licensees are competent to perform invasive dry needling procedures. As noted above, acupuncturists are required to devote hundreds of hours to needling technique, infection control, and safe handling of needles, as well as biomedical factors, and hands-on clinical training. PTs have less experience with needling directly, but have doctorate level training which includes significant instruction specific to the musculoskeletal system and the neuromuscular system. Accredited education programs in physical therapy must include extensive instruction in anatomy, histology, physiology, biomechanics, kinesiology, neuroscience, pharmacology,

pathology, clinical sciences, clinical interventions, clinical application, and screening. The basic anatomical, physiological, and biomechanical knowledge necessary for the safe and competent provision of dry needling is taught as part of the core education for physical therapists; specific dry needling skills are supplemental to that core knowledge. Furthermore, certain content areas relevant to the competent provision of dry needling, such as surface anatomy and skeletal muscle physiology, are part of the national physical therapist licensing examination. Chiropractors have a similar background and extensive training. Physicians, dentists and veterinarians, who by training, are too well prepared to render whole patient care, as their practices routinely address the duality of external and internal treatment.

In contrast, according to the Commission on Accreditation of Athletic Training Education, accredited programs include formal instruction in areas such as injury/illness prevention, first aid and emergency care, assessment of injury/illness, human anatomy and physiology, therapeutic modalities, and nutrition. According to their website, AT certification examination covers the following topics:

- Injury and illness prevention and wellness promotion
- Examination, assessment and diagnosis
- Immediate and emergency care
- Therapeutic intervention
- Health care administration and professional responsibility

While these are perfectly adequate for the typical activities done by athletic trainers, these educational topics in a bachelor's or even master's degree do not appear to have nearly as much in-depth training about the body and about invasive procedures that would be necessary for dry needling. This point is further illuminated when you consider the following comparison. A Master's degree in Acupuncture requires more than 120 credits (source: 128.5 credits from the MD University of Integrative Health). A Master's degree in Physical Therapy requires almost 90 credits (source: 86 credits from the University of Pittsburgh). A Master's degree in Athletic Training requires 60 credits (source: Towson State University).

Even advocates for Athletic Trainers who claim that the most recent educational competencies are sufficient, acknowledge that only a third of Athletic Trainers have been trained under the most recent competencies and two thirds of Athletic Trainers do not have sufficient educational background to perform dry needling. Moreover, a National Athletic Trainers Association fact sheet has admitted, "Currently, there is no profession-wide standard that defines athletic trainer competence in dry needling."

When the physical therapist regulations were introduced, the physical therapists relied heavily on their prior education as a justification for the eighty hours of dry needling training. They demonstrated that much of the information that is required for dry needling was already adequately covered by core physical therapy education. The Board believes that athletic trainers have made no similar showing, and that the thousands of fewer hours and the lack of similar depth of training simply cannot be deemed equivalent to a master's in Acupuncture or the doctorate level training of physical therapists and chiropractors.

3) Miscellaneous Concerns

SB 232 contains an additional provision of concern. The educators teaching dry needling to the athletic trainers need no specialized education themselves, but merely need five years of dry needling experience and to have taken the 80 hours of classwork themselves. As such, the Board has concerns that even those providing the education are ill-equipped to provide the necessary safety and clinical training to those learning this for the first time.

Second, the bill defines dry needling as allowing the insertion of needles or mechanical devices. By allowing insertion of unnamed mechanical devices, the definition of dry needling goes beyond any dry needling practice performed by PTs or other practitioners. The Board has

serious concerns about this potential expansion of dry needling to mechanical devices.

4) Summary of Concerns

In summation, dry needling is a therapeutic intervention that is gaining notoriety amongst Western medicine practitioners for its potential to achieve positive patient outcomes when administered by well academically and clinically prepared practitioners. This same therapeutic intervention is a potentially dangerous medical technique that can result in patient injury and harm if administered by an ill-prepared practitioner. Athletic trainers lack the necessary underlying academic education to safely perform the invasive procedure of dry needling. In contrast to physical therapists and chiropractors who almost universally have doctorate level degrees with substantially more depth and breadth of relevant medical foundations and acupuncturists who have biomedical training and specifically train for hundreds of hours of needling techniques and safety protocols, athletic trainers lack the foundational fundamentals. With a mere 80 hours of training athletic trainers cannot be brought to the level of competency necessary to safely perform dry needling.

For all of these reasons, the Board, along with the State Board of Chiropractic Examiners and the State Board of Physical Therapy Examiners, respectfully urges, for the safety of the public, that the Committee vote unfavorably on SB 232.

Thank you for your consideration. For more information, please contact Tiffany Smith-Williams, Executive Director for the Acupuncture Board, at 410-764-5925 or tiffany.smith-williams@maryland.gov or Lillian Reese, the legislative liaison for the boards at 443-794-4757 or at lillian.reese@maryland.gov.

The opinion of the Boards expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

Dawn Gile.pdf

Uploaded by: Meaghan Massella

Position: UNF

Dear Ms. Dawn Gile

On behalf of the 5000 patients I have treated over the last 13 years as a Maryland Licensed Acupuncturist, I am writing to you today for your help, and IN OPPOSITION to the expansion of acupuncture being added to the scope of Athletic Trainers in our state. We agree with the Athletic Trainers in their recent petition seeking support for the efforts, that without adding "dry needling" to their scope, it will hinder their ability to provide the highest quality of care for their patients. However, we disagree that a "4-day course with over 25 hours of hands on training that include physical therapists and chiropractors," who also don't learn more than 80-100 hours of training in acupuncture or dry needling techniques and theory, is a benchmark for high quality delivery of acupuncture services. Acupuncture is an invasive procedure that if performed by those without extensive training will ultimately put the public at risk for procedural complications that include, but are not limited to, pneumothorax. This dangerous condition can lead to collapsed lungs, difficult surgeries that require extended medical attention, and can lead to fatalities. The Athletic Trainers did not include this information in their bills, which is either an admission of the gravity of performing an invasive procedure which they should be trained for; or worse: they didn't know the information to list for contraindication beyond bruising, swelling and localized pain at the injection site.

By comparison, Traditional Asian Medicine practitioners, who are Licensed Acupuncturists by statute, require a minimum of 3-4 YEARS of didactic/clinical training in a whole health medical system that is practiced globally and throughout the United States. Prior to our Practice Act, Maryland acupuncturists were jailed and fined for practicing surgery without a medical license. If it was important to safeguard the public from an invasive procedure then, it should be equally important now that others want to perform it without learning the medical system in which the technique serves the greatest purpose for better health outcomes. Also of note, MDs who perform acupuncture in the state (and nationwide,) receive 300 hours of training and are a much more extensive education in medical theory in general. Why would we accept anything less for patients from other practitioner groups with less medical education in this arena?

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Thank you,

Meaghan Massella, M.Ac, L.Ac, Dipl. Ac (NCCAOM)
Edgewater Acupuncture
131 Mayo Road, Edgewater, 21037
8950 Route 108, Ste 113, Columbia, 21045

Residency
2 Anne Court, Severna Park

Opposition SB232.pdf

Uploaded by: Nicola Richman

Position: UNF

Dear Congressman Raskin / Senator Beidle

On behalf of the 750 patients I treat as a **Maryland Licensed** Acupuncturist, I am writing to you today for your help, and **IN OPPOSITION** to the expansion of acupuncture being added to the scope of Athletic Trainers in our state. We agree with the Athletic Trainers in their [recent petition](#) seeking support for the efforts, that without adding “dry needling” to their scope, it will hinder their ability to provide the **highest quality of care** for their patients. However, we disagree that a “4-day course with over 25 hours of hands on training that include physical therapists and chiropractors,” who also don’t learn more than 80-100 hours of training in acupuncture or dry needling techniques and theory, is a benchmark for high quality delivery of acupuncture services. Acupuncture is an invasive procedure that if performed by those without extensive training will ultimately put the public at risk for procedural complications that include, but are not limited to, pneumothorax. This dangerous condition can lead to collapsed lungs, difficult surgeries that require extended medical attention, and can lead to fatalities. The Athletic Trainers did not include this information in their bills, which is either an admission of the gravity of performing an invasive procedure which they should be trained for; or worse: they didn’t know the information to list for contraindication beyond bruising, swelling and localized pain at the injection site.

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Yours truly,

Nicola Richman, M.Ac, L.Ac. (Licensed Acupuncturist)

Montgomery County Constituent

T) 301.828.8856

E) Nikki@metsuyanwellness.com

Metsuyan Wellness, 6216 Montrose Road, Montrose Professional Park, Rockville, MD, 20852

SB 232 Testimony1.pdf

Uploaded by: Rachel Clark

Position: UNF

Dear Baltimore City Legislators,

On behalf of the 100 patients I treat as a Maryland Licensed Acupuncturist, I am writing to you today for your help, and IN OPPOSITION to the expansion of acupuncture being added to the scope of Athletic Trainers in our state. We agree with the Athletic Trainers in their [recent petition](#) seeking support for the efforts, that without adding “dry needling” to their scope, it will hinder their ability to provide the **highest quality of care** for their patients. However, we disagree that a “4-day course with over 25 hours of hands on training that include physical therapists and chiropractors,” who also don’t learn more than 80-100 hours of training in acupuncture or dry needling techniques and theory, is a benchmark for high quality delivery of acupuncture services. Acupuncture is an invasive procedure that if performed by those without extensive training will ultimately put the public at risk for procedural complications that include, but are not limited to, pneumothorax. This dangerous condition can lead to collapsed lungs, difficult surgeries that require extended medical attention, and can lead to fatalities. The Athletic Trainers did not include this information in their bills, which is either an admission of the gravity of performing an invasive procedure which they should be trained for; or worse: they didn’t know the information to list for contraindication beyond bruising, swelling and localized pain at the injection site.

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ENDING SALUTION,

Lillian Cooperman, L.Ac., Dipl.Ac.
MD Constituent)
410-926-8008

SB 232 Testimony12.pdf

Uploaded by: Rachel Clark

Position: UNF

Dear Mr. Pruski

On behalf of the patients I treat as a **Maryland Licensed** Acupuncturist, I am writing to you today for your help, and IN OPPOSITION to the expansion of acupuncture being added to the scope of Athletic Trainers in our state. We agree with the Athletic Trainers in their [recent petition](#) seeking support for the efforts, that without adding “dry needling” to their scope, it will hinder their ability to provide the **highest quality of care** for their patients. However, we disagree that a “4-day course with over 25 hours of hands on training that include physical therapists and chiropractors,” who also don’t learn more than 80-100 hours of training in acupuncture or dry needling techniques and theory, is a benchmark for high quality delivery of acupuncture services. Acupuncture is an invasive procedure that if performed by those without extensive training will ultimately put the public at risk for procedural complications that include, but are not limited to, pneumothorax. This dangerous condition can lead to collapsed lungs, difficult surgeries that require extended medical attention, and can lead to fatalities. The Athletic Trainers did not include this information in their bills, which is either an admission of the gravity of performing an invasive procedure which they should be trained for; or worse: they didn’t know the information to list for contraindication beyond bruising, swelling and localized pain at the injection site.

By comparison, Traditional Asian Medicine practitioners, who are Licensed Acupuncturists by statute, require a minimum of 3-4 YEARS of didactic/clinical training in a whole health medical system that is practiced globally and throughout the United States. Prior to our Practice Act, Maryland acupuncturists were jailed and fined for practicing surgery without a medical license. If it was important to safeguard the public from an invasive procedure then, it should be equally important now that others want to perform it without learning the medical system in which the technique serves the greatest purpose for better health outcomes. Also of note, MDs who perform acupuncture in the state (and nationwide,) receive 300 hours of training and are a much more extensive education in medical theory in general. Why would we accept anything less for patients from other practitioner groups with less medical education in this arena?

We not only understand, like all other healthcare professionals seeking to add acupuncture to scope, ACUPUNCTURE WORKS. We understand how and why. If sports teams, the US Olympic circuit, or anyone else wants to deliver the highest quality of care WHEN PERFORMING ACUPUNCTURE, THEY SHOULD HIRE ACUPUNCTURISTS or develop a strong referral network with the More than 1100 Acupuncturists currently licensed by the state of Maryland, or the 35,000 Licensed Acupuncturists nationwide. We are not denigrating the education that Athletic Trainers, Physical Therapists, or Chiropractors receive when learning their craft. However, they are dismissive of the extensive training licensed acupuncturists receive. If better health outcomes are the purpose of their expansion of scope, then they should be equally sincere about the education and training needed to keep the public safe. Please reach out to the members of the [Senate Finance Committee](#) & [House Health & Government Operations Committee](#) to tell them to **PUT YOUR CONSTITUENTS’ SAFETY FIRST!** Vote NO on [SB232](#) TUESDAY FEBRUARY 7TH and [HB172](#) on February 15TH!!! Tell the stakeholders to WORK TOGETHER to ensure patient best practices for safety and come up with a solution that doesn’t negatively impact any of the practitioner groups or the patients they provide medical services for.

Michele Haberman, M.Ac., Dipl.Ac., L.Ac.

Maryland district 33A constituent

Acupoint Acupuncture Center
1350 Blair Drive, Suite HH
Odenton, MD 21113

SB 232 Testimony13.pdf

Uploaded by: Rachel Clark

Position: UNF

Dianna Sisas, M.Ac., L.Ac.
Licensed Acupuncturist
31 Old Solomons Island Rd., Annapolis, MD 21401
443.994.5118 ~stillrippleacupuncture.com ~ dianna@stillrippleacupuncture.com

February 6, 2023

Dear Ms. Elfreth,

On behalf of the over 100 patients I treat monthly as a Maryland Acupuncturist, I am writing to you today for your help, and IN OPPOSITION to the expansion of acupuncture being added to the scope of Athletic Trainers in our state. We agree with the Athletic Trainers in their [recent petition](#) seeking support for the efforts, that without adding “dry needling” to their scope, it will hinder their ability to provide the **highest quality of care** for their patients. However, we disagree that a “4-day course with over 25 hours of hands on training that include physical therapists and chiropractors,” who also don’t learn more than 80-100 hours of training in acupuncture or dry needling techniques and theory, is a benchmark for high quality delivery of acupuncture services. Acupuncture is an invasive procedure that if performed by those without extensive training will ultimately put the public at risk for procedural complications that include, but are not limited to, pneumothorax. This dangerous condition can lead to collapsed lungs, difficult surgeries that require extended medical attention, and can lead to fatalities. The Athletic Trainers did not include this information in their bills, which is either an admission of the gravity of performing an invasive procedure which they should be trained for; or worse: they didn’t know the information to list for contraindication beyond bruising, swelling and localized pain at the injection site.

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Thank you for all you do.

Dianna S. Sisas

SB 232 Testimony2.pdf

Uploaded by: Rachel Clark

Position: UNF

Hello!

I hope you are well. My name is Dr Michelle Lee and have been a licensed acupuncturist for this great state of Maryland for over 15 years. And I am sick of this discussion of dry needling to those who are NOT qualified to be doing MY JOB.

This is a not a debate. Dry needling is ACUPUNCTURE. I have gone through extensive training to allow for me to work as an acupuncturist and to find out another group is trying to muscle in on my business? No. This has got to stop. If I were to proposed the same thing allowing me as an acupuncturist to be an Athletic Trainer (or physical therapist or chiropractor or medical doctor) with a weekend course, you know for a fact the athletic trainers will rally because their education isn't boiled down to a few hours. This is an insult to what I worked very hard for and to my industry in Eastern Medicine. Implications of racist appropriation are indeed being said.

I am vehemently against any further exploitation of acupuncture as a cavalier form of medicine. This cheapens the integrity of acupuncture to the populace if you allow for this bill to pass.

Respectfully,
Dr Michelle Lee, DACM, L.Ac.

SB 232 Testimony3.pdf

Uploaded by: Rachel Clark

Position: UNF

Louis J. Casimir III, M.S., L.Ac.
637 Market St.
Lewisburg, PA 17837
(570) 523-3004
casimir3@gmail.com

February 6, 2023

Re: SB232/HB172

Dear Maryland lawmakers:

Although I am a resident of your neighbor, Pennsylvania, and so not immediately impacted by your proposed rules changes, in our young and marginalized profession we are all affected by every new precedent. I therefore write today with a sense of urgency, feeling my profession and livelihood are at stake.

It is a curious position to be in, being a modern, well-educated and rational American practicing ancient Chinese medicine. Most of us became acupuncturists due to our own personal experience with this medicine -- I certainly did. Among other things, it was a mystery -- it plainly helped me when Western medicine could not, yet I could make no sense of it. When I entered acupuncture school in 1996 I quickly realized that I had to let go of what I already knew and try to understand Chinese medicine on its own terms. I have been licensed and in private practice for 23 years now, and still must continually, humbly accept Chinese medicine on its own terms. However, in doing so my understanding and ability to practice has only grown and expanded, and I expect this growth and expansion to continue for the rest of my life. The pandemic was a good example of this growth -- I was trained in pandemic Chinese medicine but never expected to use it. However, when Covid 19 arrived and I started treating people for chronic and acute forms of the disease my patients had excellent results. I couldn't have guessed that this would be the case, but by continually honing my skills and returning over and over to the basic premises of Chinese medicine, I was in an excellent position to help my patients when this new scourge arrived. This required an ongoing commitment to the medicine -- I didn't just open a book and follow a recipe. Forming treatment plans, developing needling protocols and counselling my patients on associated therapeutics were all crucial to their success, and were only possible because I have been a serious student of this medicine for almost three decades.

Mostly we American acupuncturists have accepted our place in the medical establishment -- on the fringes. That included regular scornful treatment from physicians and other members of the establishment when I first started in 2000. However, as time has gone on and acupuncture and other Chinese modalities have proven themselves over and over again, not just to individual patients, but to the Veterans' Administration, Medicare, Workers' Compensation Boards and other shrewd purchasers of healthcare, the establishment's scorn has almost instantly switched to covetousness. Now many physical therapists, chiropractors, athletic trainers and other practitioners regularly use

cupping, tui na ("scraping"), tui na (Chinese medical massage) techniques and other non-invasive forms of traditional Chinese medicine. This makes us grind our teeth, and the "scientific" rationalizations of why and where these techniques originated are laughable, but we have been patient and silent. But now they are coming for acupuncture and we must speak up.

Many vendors of weight loss and other highly marketable supplements have used cursory knowledge of Chinese herbal medicine to sell formulas that turned out to be highly dangerous. For instance, ephedra is no longer available to we responsible practitioners of Chinese medicine because it was mis-used by some in the supplement industry, and people died. To be clear: ephedra was used for thousands of years in Chinese medical formulas and there was no problem, and therefore no need to prohibit its use. Within five years of it being appropriated by irresponsible, profit-driven people who were disrespectful of its origins, traditions and appropriate use, it was ruined for everyone, especially the people who died. But it also hurt we who know how to use it, and the patients who would benefit from its appropriate use. This is the appropriate comparison for efforts to allow non-trained people to use acupuncture needles. "Dry needling" is a disrespectful scam, a dishonest theft and a dangerous development to both our profession and to patients. Long needles are used in a reckless way by practitioners who otherwise are not legally allowed to penetrate the body. There will be injuries and there will be deaths. Lawmakers will then conclude that acupuncture is dangerous and will forbid we licensed, trained acupuncturists from practicing this medicine that some of us have practiced safely for decades. Until this day arrives, the reputation of our profession will be muddied, confused and sullied by the inferior, amateurish and dangerous fumbling of the profit-driven dilettantes who decide to try a little "dry needling" to bring in some more revenue. You couldn't plan a more efficient strategy for destroying a branch of healthcare.

The solution is simple: if athletic trainers, physical therapists or other healthcare providers want to practice acupuncture, let them attend acupuncture school, qualify for a state license and open a practice. Otherwise, it makes no more sense to allow them to treat people with acupuncture needles than it would make to allow me to treat people with antibiotics or steroids. It is dangerous to patients and diminishes the branch of medicine that developed the technique.

Please protect your constituents and our profession by voting NO on these bills. If action on acupuncture is required, please consider expanding your definitions of "healthcare provider" to include licensed acupuncturists, and please consider adding acupuncture performed by licensed acupuncturists to your state employees' healthcare coverage. I am confident that you will quickly see how effective and economical acupuncture performed by trained, skilled and licensed practitioners can be.

Thank you for your consideration.

Louis J. Casimir III, M.S., L.Ac.

SB 232 Testimony4.pdf

Uploaded by: Rachel Clark

Position: UNF

As a resident of Queen Anne's County and a Maryland licensed acupuncturist I am asking that you vote no on SB 232, which seeks to expand the scope of practice of athletic trainers to include dry needling, another term for acupuncture popularized by physical therapists to skirt acupuncture licensure.

Athletic trainers are not healthcare providers. Athletic trainers are not subject matter experts in acupuncture. I am a licensed acupuncturist as well as a certified phlebotomy technician. I am confident when I tell you as a subject matter expert in the diagnostic and therapeutic use of needles that the 80 hrs of training SB 232 proposes is insufficient to learn the fine motor skills needed to safely apply acupuncture/dry needling.

Acupuncture/dry needling in an invasive procedure that comes with serious risks to patient safety. Our great State acknowledged these risks when it created the Maryland Board of Acupuncture to oversee the issuance of licenses to qualified practitioners. Already, across the country and in Maryland, skin, blood and bone infections, lung punctures, lung collapse, nerve damage, paralysis, and loss of consortium have been reported in malpractice lawsuits arising from physical therapists performing acupuncture/dry needling.

Please help ensure patient safety by voting no on SB 232.

Sincerely,

Lee Andrew DeLorme, L.Ac., CPT
(302) 593-0820

SB 232 Testimony5.pdf

Uploaded by: Rachel Clark

Position: UNF

February 6, 2023

Greetings Maryland Senate Committee voting on SB232,

I am writing to you today for your help in Opposition of the expansion of Dry Needling (aka Acupuncture) being added to the scope of practice for Athletic Trainers in our state. Athletic Trainers recent petition seeking expansion in their field, notes that dry needling is necessary for them to provide the highest quality of care. Unfortunately the training required is insufficient (80-100 hours), and has potential public safety issues when performed by an unskilled practitioner. Most notably, as an invasive procedure there is the potential for pneumothorax, due to improper needle insertion. This information is absent in the current training received by Athletic trainers. Pneumothorax can lead to a collapsed lung, with the potential for necessary surgeries and even fatalities.

As an Acupuncturist in Maryland for over 20 years, we have a minimum of 3-4 years both didactic and clinical training. We also have 30 CEU credits to keep up-to-date bi-annually. It is important that we safeguard the public by ensuring that those practicing needling of any kind have the proper training and understanding of potential contraindications.

Acupuncture should be provided by licensed Acupuncturists, and dry needling is in fact Acupuncture, it is performed on Ashi points.

Acupuncture is a powerful modality for healing and wellness. It requires proper training and should not be used as an adjunct for folks in other fields. This is unsafe for the public, and creates misunderstanding and misinformation regarding the field of Chinese Medicine, which is a comprehensive system for health, that includes Acupuncture.

Please hold others to the standards we have achieved in Maryland.

Practicing Acupuncture in Maryland requires a Masters Degree in Acupuncture, a Maryland State license, mal-practice insurance, bi-yearly renewal, as well as, continued educational studies of 30 CEU's bi-annually. It is a comprehensive modality that is diluted and misused when added as an adjunct by people who are not licensed Acupuncturists, nor properly trained in the potential risks of needle insertion.

Please do not allow our field of practice, Acupuncture and Chinese Medicine, to be diluted or minimalized by allowing Dry needling to be considered as "the scope of service" by unqualified practitioners in other fields.

Thank you for your time to this issue.
Sincerely,

Melanie L. Birch, M.Ac, L.Ac
3520 St. James Road
Windsor Mill, MD 21244
maebirch@gmail.com

SB 232 Testimony6.pdf

Uploaded by: Rachel Clark

Position: UNF

Greetings MD State Senator, Shelly L. Hettleman:

On behalf of the 80 patients I treat per month as a Maryland Licensed Acupuncturist, I am writing to you today for your help, and IN OPPOSITION to the expansion of acupuncture being added to the scope of Athletic Trainers in our state. We agree with the Athletic Trainers in their [recent petition](#) seeking support for the efforts, that without adding “dry needling” to their scope, it will hinder their ability to provide the **highest quality of care** for their patients. However, we disagree that a “4-day course with over 25 hours of hands on training that include physical therapists and chiropractors,” who also don’t learn more than 80-100 hours of training in acupuncture or dry needling techniques and theory, is a benchmark for high quality delivery of acupuncture services. Acupuncture is an invasive procedure that if performed by those without extensive training will ultimately put the public at risk for procedural complications that include, but are not limited to, pneumothorax. This dangerous condition can lead to collapsed lungs, difficult surgeries that require extended medical attention, and can lead to fatalities. The Athletic Trainers did not include this information in their bills, which is either an admission of the gravity of performing an invasive procedure which they should be trained for; or worse: they didn’t know the information to list for contraindication beyond bruising, swelling and localized pain at the injection site.

By comparison, Traditional Asian Medicine practitioners, who are Licensed Acupuncturists by statute, require a minimum of 3-4 YEARS of didactic/clinical training in a whole health medical system that is practiced globally and throughout the United States. Prior to our Practice Act, Maryland acupuncturists were jailed and fined for practicing surgery without a medical license. If it was important to safeguard the public from an invasive procedure then, it should be equally important now that others want to perform it without learning the medical system in which the technique serves the greatest purpose for better health outcomes. Also of note, MDs who perform acupuncture in the state (and nationwide,) receive 300 hours of training and are a much more extensive education in medical theory in general. Why would we accept anything less for patients from other practitioner groups with less medical education in this arena?

We not only understand, like all other healthcare professionals seeking to add acupuncture to scope, THAT Acupuncture works. We understand how and why. If sports teams, the US Olympic circuit, or anyone else wants to deliver the highest quality of care when PERFORMING ACUPUNCTURE, they should hire acupuncturists or develop a strong referral network with the more than 1100 Acupuncturists currently licensed by the state of Maryland, or the 35,000 Licensed Acupuncturists nationwide. We are not denigrating the education that Athletic Trainers, Physical Therapists, or Chiropractors receive when learning their craft. However, they are dismissive of the extensive training licensed acupuncturists receive. If better health outcomes are the purpose of their expansion of scope, then they should be equally sincere about the education and training needed to keep the public safe. Please reach out to the members of the [Senate Finance Committee](#) & [House Health & Government Operations Committee](#) to tell them to **PUT YOUR CONSTITUENTS’ SAFETY FIRST!** Vote NO on [SB232](#) TUESDAY FEBRUARY 7TH and [HB172](#) on February 15th!!! Tell the stakeholders to WORK TOGETHER to ensure patient best practices for safety and come up with a solution that doesn’t negatively impact any of the practitioner groups or the patients they provide medical services for.

Best Regards,

Gena Roberge, L.Ac. MAOM
gena.acupuncture@gmail.com
209 Old Padonia Rd.
Cockeysville, MD. 21030

SB 232 Testimony7.pdf

Uploaded by: Rachel Clark

Position: UNF

February 6, 2023

Dear Senators and Representatives,

On behalf of the thousands of patients I have treated as a Maryland Licensed and National Board Certified Acupuncturist, I am writing to you today for your help, and IN OPPOSITION to the expansion of acupuncture (aka dry needling) being added to the scope of Athletic Trainers in our state. I disagree that a “4-day course with over 25 hours of hands on training that include physical therapists and chiropractors,” is a benchmark for high quality delivery of acupuncture services. Acupuncture is an invasive procedure that if performed by those without extensive training will ultimately put the public at risk for procedural complications that include, but are not limited to, pneumothorax, puncture of other internal organs such as the liver, or injury to the spinal cord and nerves. These dangerous conditions can lead to collapsed lungs, difficult surgeries that require extended medical attention--and can even lead to fatalities. The Athletic Trainers did not include this information in their bills, which further indicates their lack of understanding of the practice of acupuncture, its risks and constraints.

By comparison, acupuncturists, who are Licensed Acupuncturists by statute, require a minimum of 3-4 YEARS of didactic/clinical training.. Prior to our Practice Act, Maryland acupuncturists were jailed and fined for practicing surgery without a medical license. If it was important to safeguard the public from an invasive procedure then it should be equally important now. Medical doctors who have far more baseline training in invasive procedures, have determined that the minimum training of already licensed medical doctors is 300 hours in order to practice acupuncture. How can Athletic Trainers determine they need so little training to practice an invasive procedure for which they are ill-prepared?

Did you know that the American Medical Association, representing MD's nationwide, and the American Academy of Medical Acupuncture, representing MD's who practice acupuncture, both have issued formal opinions against the practice of acupuncture by allied health professionals? These medical organizations have determined that the training currently received by chiropractors and physical therapists (which are more hours than proposed for Athletic Trainers) is inadequate and a threat to public safety. These organizations and medical doctors urge the public to only receive acupuncture (also known as dry needling) only from licensed acupuncturists and medical doctors who have received 300 additional hours of training in acupuncture.

If sports teams, the US Olympic circuit, or anyone else wants to deliver the highest quality of care when PERFORMING ACUPUNCTURE, they should hire acupuncturists or develop a strong referral network with the more than 1100 Acupuncturists currently licensed by the state of Maryland, or the 35,000 Licensed Acupuncturists nationwide. We are not denigrating the education that Athletic Trainers, Physical Therapists, or Chiropractors receive when learning their craft. However, they are dismissive of the extensive training licensed acupuncturists receive, that is necessary to safe practice. If better health outcomes are the purpose of their expansion of scope, then they should be equally sincere about the education and training needed to keep the public safe. Please reach out to the members of the [Senate Finance Committee](#) & [House Health & Government Operations Committee](#) to tell them to **PUT YOUR CONSTITUENTS' SAFETY FIRST!** Vote NO on [SB232](#) TUESDAY FEBRUARY 7TH and [HB172](#) on February 15th!!! Tell the stakeholders to WORK TOGETHER to ensure patient best practices for safety and come up with a solution that doesn't negatively impact any of the practitioner groups or the patients they provide medical services for.

Warm Regards,

Lisa Marie Price, L.Ac., Dipl.Ac.

SB 232 Testimony8.pdf

Uploaded by: Rachel Clark

Position: UNF

On behalf of the 200 patients I treat as a Washington DC Licensed Acupuncturist, I am writing to you today for your help, and IN OPPOSITION to the expansion of acupuncture being added to the scope of Athletic Trainers in our state. We agree with the Athletic Trainers in their [recent petition](#) seeking support for the efforts, that without adding “dry needling” to their scope, it will hinder their ability to provide the **highest quality of care** for their patients. However, we disagree that a “4-day course with over 25 hours of hands on training that include physical therapists and chiropractors,” who also don’t learn more than 80-100 hours of training in acupuncture or dry needling techniques and theory, is a benchmark for high quality delivery of acupuncture services. Acupuncture is an invasive procedure that if performed by those without extensive training will ultimately put the public at risk for procedural complications that include, but are not limited to, pneumothorax. This dangerous condition can lead to collapsed lungs, difficult surgeries that require extended medical attention, and can lead to fatalities. The Athletic Trainers did not include this information in their bills, which is either an admission of the gravity of performing an invasive procedure which they should be trained for; or worse: they didn’t know the information to list for contraindication beyond bruising, swelling and localized pain at the injection site.

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Sincerely,

Samina Moiduddin L.AC., BSN

Cerra_Letter.pdf

Uploaded by: SARAH DAMIANI

Position: UNF

Greetings District 21 Legislators:

On behalf of the numerous patients I treat and have treated over many years as a Maryland Licensed Acupuncturist, I am writing to you today for your help, and IN OPPOSITION to the expansion of acupuncture being added to the scope of Athletic Trainers in our state. We agree with the Athletic Trainers in their [recent petition](#) seeking support for the efforts, that without adding “dry needling” to their scope, it will hinder their ability to provide the **highest quality of care** for their patients. However, we disagree that a “4-day course with over 25 hours of hands on training that include physical therapists and chiropractors,” who also don’t learn more than 80-100 hours of training in acupuncture or dry needling techniques and theory, is a benchmark for high quality delivery of acupuncture services. Acupuncture is an invasive procedure that if performed by those without extensive training will ultimately put the public at risk for procedural complications that include, but are not limited to, pneumothorax. This dangerous condition can lead to collapsed lungs, difficult surgeries that require extended medical attention, and can lead to fatalities. The Athletic Trainers did not include this information in their bills, which is either an admission of the gravity of performing an invasive procedure which they should be trained for; or worse: they didn’t know the information to list for contraindication beyond bruising, swelling and localized pain at the injection site.

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Sincerely,

Brooke Cerra, M.Ac., L.Ac.
Complete Care Acupuncture and Wellness LLC
2191 Defense Hwy #401
Crofton, MD 21114
410-697-1235

ACUPUNCTURE IS AN INVASIVE PROCEDURE THAT REQUIRES EXTENSIVE TRAINING TO PERFORM SAFELY



**ATHLETIC TRAINERS
EDUCATION/CLINICAL TRAINING TO
PERFORM ACUPUNCTURE: 80 HOURS.**

WHAT COULD POSSIBLY GO WRONG?



PNEUMOTHORAX IS A REPORTED
ADVERSE INCIDENT THAT CAN LEAD TO
COLLAPSED LUNGS AND CAN BE FATAL
IF NOT TREATED IMMEDIATELY.

**MARYLAND CONSTITUENTS DESERVE PRACTITIONERS OF
ACUPUNCTURE WITH MORE, NOT LESS, TRAINING TO
ENSURE PUBLIC SAFETY.**

**PUT PATIENT SAFETY FIRST!!!
VOTE NO ON SB232 & HB172**

Damiani_Letter.pdf

Uploaded by: SARAH DAMIANI

Position: UNF

Greetings District 21 Legislators:

On behalf of the numerous patients I treat and have treated over the last 12 years as a Maryland Licensed Acupuncturist, I am writing to you today for your help, and IN OPPOSITION to the expansion of acupuncture being added to the scope of Athletic Trainers in our state. We agree with the Athletic Trainers in their [recent petition](#) seeking support for the efforts, that without adding “dry needling” to their scope, it will hinder their ability to provide the **highest quality of care** for their patients. However, we disagree that a “4-day course with over 25 hours of hands on training that include physical therapists and chiropractors,” who also don’t learn more than 80-100 hours of training in acupuncture or dry needling techniques and theory, is a benchmark for high quality delivery of acupuncture services. Acupuncture is an invasive procedure that if performed by those without extensive training will ultimately put the public at risk for procedural complications that include, but are not limited to, pneumothorax. This dangerous condition can lead to collapsed lungs, difficult surgeries that require extended medical attention, and can lead to fatalities. The Athletic Trainers did not include this information in their bills, which is either an admission of the gravity of performing an invasive procedure which they should be trained for; or worse: they didn’t know the information to list for contraindication beyond bruising, swelling and localized pain at the injection site.

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Sincerely,

Sarah Damiani, M.A., M.Ac., L.Ac.
Complete Care Acupuncture and Wellness LLC
2191 Defense Hwy #401
Crofton, MD 21114
410-697-1235

ACUPUNCTURE IS AN INVASIVE PROCEDURE THAT REQUIRES EXTENSIVE TRAINING TO PERFORM SAFELY



**ATHLETIC TRAINERS
EDUCATION/CLINICAL TRAINING TO
PERFORM ACUPUNCTURE: 80 HOURS.**

WHAT COULD POSSIBLY GO WRONG?



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**PUT PATIENT SAFETY FIRST!!!
VOTE NO ON SB232 & HB172**

Fabian_Letter.pdf

Uploaded by: SARAH DAMIANI

Position: UNF

Greetings District 33B Legislators:

I am writing to you today for your help, and IN OPPOSITION to the expansion of acupuncture being added to the scope of Athletic Trainers in our state. We agree with the Athletic Trainers in their [recent petition](#) seeking support for the efforts, that without adding “dry needling” to their scope, it will hinder their ability to provide the **highest quality of care** for their patients. However, we disagree that a “4-day course with over 25 hours of hands on training that include physical therapists and chiropractors,” who also don’t learn more than 80-100 hours of training in acupuncture or dry needling techniques and theory, is a benchmark for high quality delivery of acupuncture services. Acupuncture is an invasive procedure that if performed by those without extensive training will ultimately put the public at risk for procedural complications that include, but are not limited to, pneumothorax. This dangerous condition can lead to collapsed lungs, difficult surgeries that require extended medical attention, and can lead to fatalities. The Athletic Trainers did not include this information in their bills, which is either an admission of the gravity of performing an invasive procedure which they should be trained for; or worse: they didn’t know the information to list for contraindication beyond bruising, swelling and localized pain at the injection site.

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Sincerely,

Matthew Fabian
Maryland District 33B Constituent
1012 Miller Cir
Crownsville, MD 21032

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Harris_Letter.pdf

Uploaded by: SARAH DAMIANI

Position: UNF

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Sincerely,

Mia Harris
Maryland District 21 Constituent
2455 Warm Spring Way
Odenton, MD 21113

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**ATHLETIC TRAINERS
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Kim_Letter.pdf

Uploaded by: SARAH DAMIANI

Position: UNF

Greetings District 21 Legislators:

On behalf of the numerous patients I treat and have treated over the last 5 years as a Maryland Licensed Acupuncturist, I am writing to you today for your help, and IN OPPOSITION to the expansion of acupuncture being added to the scope of Athletic Trainers in our state. We agree with the Athletic Trainers in their [recent petition](#) seeking support for the efforts, that without adding “dry needling” to their scope, it will hinder their ability to provide the **highest quality of care** for their patients. However, we disagree that a “4-day course with over 25 hours of hands on training that include physical therapists and chiropractors,” who also don’t learn more than 80-100 hours of training in acupuncture or dry needling techniques and theory, is a benchmark for high quality delivery of acupuncture services. Acupuncture is an invasive procedure that if performed by those without extensive training will ultimately put the public at risk for procedural complications that include, but are not limited to, pneumothorax. This dangerous condition can lead to collapsed lungs, difficult surgeries that require extended medical attention, and can lead to fatalities. The Athletic Trainers did not include this information in their bills, which is either an admission of the gravity of performing an invasive procedure which they should be trained for; or worse: they didn’t know the information to list for contraindication beyond bruising, swelling and localized pain at the injection site.

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Sincerely,

Dr. Da Rye Kim, D.Ac., L.Ac.
Complete Care Acupuncture and Wellness LLC
2191 Defense Hwy #401
Crofton, MD 21114
410-697-1235

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EDUCATION



CLINICAL TRAINING



HIGHEST
STANDARD OF
ACUPUNCTURE
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Minor_Letter.pdf

Uploaded by: SARAH DAMIANI

Position: UNF

Greetings District 23 Legislators:

On behalf of the numerous patients I encounter at my job at an acupuncture clinic, and myself as an acupuncture patient, I am writing to you today for your help, and IN OPPOSITION to the expansion of acupuncture being added to the scope of Athletic Trainers in our state. We agree with the Athletic Trainers in their [recent petition](#) seeking support for the efforts, that without adding “dry needling” to their scope, it will hinder their ability to provide the **highest quality of care** for their patients. However, we disagree that a “4-day course with over 25 hours of hands on training that include physical therapists and chiropractors,” who also don’t learn more than 80-100 hours of training in acupuncture or dry needling techniques and theory, is a benchmark for high quality delivery of acupuncture services. Acupuncture is an invasive procedure that if performed by those without extensive training will ultimately put the public at risk for procedural complications that include, but are not limited to, pneumothorax. This dangerous condition can lead to collapsed lungs, difficult surgeries that require extended medical attention, and can lead to fatalities. The Athletic Trainers did not include this information in their bills, which is either an admission of the gravity of performing an invasive procedure which they should be trained for; or worse: they didn’t know the information to list for contraindication beyond bruising, swelling and localized pain at the injection site.

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Sincerely,

India Minor
Maryland District 23 Constituent
901 Postwick Pl
Bowie, MD 20716

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**ATHLETIC TRAINERS
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Quinn_Letter.pdf

Uploaded by: SARAH DAMIANI

Position: UNF

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Sincerely,

Grace Quinn
Maryland District 21 Constituent
2917 Middle Bridge Ct
Crofton, MD 21114

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Vu_Letter.pdf

Uploaded by: SARAH DAMIANI

Position: UNF

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Dr. Quang Vu DACM, L.Ac.
Complete Care Acupuncture and Wellness LLC
2191 Defense Hwy #401
Crofton, MD 21114
410-697-1235

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Uploaded by: State of Maryland (MD)

Position: INFO



Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Acting Secretary

*Damean W.E. Freas Board Chair – Christine Farrelly, Executive Director
4201 Patterson Avenue, Baltimore MD 21215 Phone: 410-764-4777; Email: mbpmail.rcn.com*

2023 SESSION POSITION PAPER

BILL NO.: SB 232 – Health Occupations – Licensed Athletic Trainers – Dry Needling Approval
COMMITTEE: Finance
POSITION: Letter of Information

TITLE: Health Occupations – Licensed Athletic Trainers – Dry Needling Approval

POSITION & RATIONALE:

The Maryland Board of Physicians (the Board) is submitting this Letter of Information for Senate Bill (SB) 232 – Health Occupations – Licensed Athletic Trainers – Dry Needling Approval. If passed, SB 232 would add dry needling to the scope of practice for licensed athletic trainers as a specialized task and establish training and education requirements. The Board does not take positions on scope of practice matters except as they impact the licensing and oversight of its licensees. However, the Board would appreciate clarification regarding some of the training and assessment requirements proposed under SB 232.

According to the proposed H.O. § 14-5D-11.4(b)(3), at least 40 hours of the required training for licensed athletic trainers must be practical, hands-on instruction under the supervision of a licensed health care practitioner who has completed all coursework established in § 14-5D-11.4 and who has practiced dry needling for at least 5 years. As the Board will be tasked with verifying these training requirements, the Board would appreciate clarification regarding what practitioners are qualified to perform this training, and if the 5-year minimum is specific to practice in Maryland. Additionally, the Board would like to inform the Committee that “supervision” is currently defined in H.O. § 14-5D-01(o) as the responsibility of a physician to provide ongoing and immediately available instruction to an athletic trainer.

The Board also has questions regarding the assessment required under the proposed H.O. § 14-5D-11.4(b)(4), which states that the instruction required under § 14-5D-11.4 shall include an assessment of the licensed athletic trainer’s competency to perform dry needling. The Board would like clarification regarding who is assessing the licensed athletic trainer’s competency and how that assessment is documented. This information will be essential to the Board as it develops an approval process for specialized task requests that include dry needling.

Finally, under H.O. § 14-504, a physician with at least 200 hours of training may register to perform acupuncture. The Board requests clarification regarding whether a physician who is registered to perform acupuncture is qualified under SB 232 to train a licensed athletic trainer for dry needling, or if they require an additional 80 hours of training specific to dry needling.

Thank you for your consideration. For more information, please contact Matthew Dudzic, Manager of Policy and Legislation, Maryland Board of Physicians, 410-764-5042.

Sincerely,

A handwritten signature in blue ink, appearing to read "Damean W. E. Freas".

Damean W. E. Freas, D.O.
Chair, Maryland Board of Physicians

The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.