

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."

As noted from the Maryland Board of Physicians Athletic Trainer Advisory Committee meeting notes from Tuesday, January 12, 2021, "Health Occ. §14-5D-1(m)(3) states that the practice of athletic training does not include the practice of physical therapy, and if dry needling falls within the scope of practice of physical therapy than it cannot be included in the scope of practice of athletic training." Ms. Darin, esq. also noted "adding dry needling to the scope of practice would require a change to the statute."

Additionally, many physician groups have already issued statements going back to 2012 regarding invasive procedures being allowed by providers with minimal training and zero regulations based on patient safety.

According to AMA policy H-410.949 from 2016, "Our AMA recognizes dry needling as an invasive procedure and maintains that dry needling should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed medical physicians and licensed acupuncturists."

The American Academy of Medical Acupuncture issued a statement in 2016 with the following conclusion: "To include dry needling into the scope of practice by physical therapists is unnecessarily to expose the public to serious and potentially hazardous risks. Because of this we feel a duty to inform legislators and regulating bodies about the inherent danger to the public of this practice. Therefore, the AAMA strongly believes that, for the health and safety of the public, this procedure should be performed only by practitioners with extensive training and familiarity with routine use of needles in their practice and who are duly licensed to perform these procedures, such as licensed medical physicians or licensed acupuncturists. In our experience and medical opinion, it is

inadvisable legally to expand the scope of physical therapists to include dry needling as part of their practice.

The American Academy of Physical Medicine and Rehabilitation issued the following in 2012: "The American Academy of Physical Medicine and Rehabilitation recognizes dry needling as an invasive procedure using acupuncture needles that has associated medical risks. Therefore, the AAPMR maintains that this procedure should only be performed by practitioners with standard training and familiarity with routine use of needles in their practice, such as licensed acupuncturists or licensed medical physicians."

Furthermore, the recent acceptance of acupuncture by CMS for treatment of low back pain states the following regarding requirements for practice: "Physicians (as defined in 1861(r)(1) of the Social Security Act (the Act) may furnish acupuncture in accordance with applicable state requirements. Physician assistants (PAs), nurse practitioners (NPs)/clinical nurse specialists (CNSs) (as identified in 1861(aa)(5) of the Act), and auxiliary personnel may furnish acupuncture if they meet all applicable state requirements and have:

- a masters or doctoral level degree in acupuncture or Oriental Medicine from a school accredited by the Accreditation Commission on Acupuncture and Oriental Medicine (ACAOM); and,
- a current, full, active, and unrestricted license to practice acupuncture in a State, Territory, or Commonwealth (i.e., Puerto Rico) of the United States, or District of Columbia."

In addition to the requirement that non-physician providers have a minimal master's level training in acupuncture or Oriental Medicine, "All types of acupuncture *including dry needling* for any condition other than cLBP are non-covered by Medicare." CMS considers dry needling to be the practice of acupuncture.

For all these reasons, I am asking you to oppose SB 232.

Thank you for your time, consideration, and effort.

Warmly,  
Heather

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