

# Jennum O'Hara Acupuncture



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Delegate Joshua J. Stonko  
Health and Government Operations Committee  
Room 241 House Office Building  
Annapolis, Maryland 21401

February 13, 2023

**Re: HB 172 – UNFAVORABLE – Health Occupations – Licensed Athletic Trainers – Dry Needling Registration**

To Whom It May Concern:

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. Should this bill pass, and allow athletic trainers to use the appropriated technique described as dry needling, Maryland patients are at risk of grave harm including punctured lungs, infection, nerve damage, and more. These harms have already occurred when dry needling has been performed by other professionals outside of acupuncture. I do not wish to see more harm done by extending this practice to athletic trainers.

Multiple medical boards, professional organizations, and certifying bodies, including CMS, AMA, AAMA, AAPMR have concluded that not only is dry needling the practice of acupuncture, but that it's practice should be limited to providers with extensive training in the use of filiform needles such as trained physicians and licensed acupuncturists going back to 2012.

The use of filiform needles for medical purposes is part of a larger system of traditional medicine that has long faced disparagement from the medical community at large and must be practiced with the proper context and training. Acupuncture practice involves an entirely separate system of examination, diagnosis, and treatment that informs licensed acupuncturists not only where to place the needles but provides the why and when. It is not enough to know simple anatomy, but knowledge of the larger systemic effects of using needles is necessary for public safety. Not just to avoid physical harm, but also the financial harm of ineffective treatment at best, and additional treatment needed to combat adverse effects at worst.

Physicians require 300 hours of additional training in order to perform acupuncture, and athletic trainers are requesting to be approved with an 80-hour course. Athletic trainers are also seeking to expand their scope to include an invasive procedure which they have no training for, without going through the necessary process of a change to their statute. Furthermore, the Medical Board has already testified that they have no mechanism in place to perform the required supervision of athletic trainers in the state of Maryland. This bill is an attempt at an often-effective technique used in the past to disparage acupuncture while re-naming it 'dry needling' with the purpose of avoiding the extensive requirements placed on licensed acupuncturists to ensure patient safety and clinical efficacy. The American Academy of Medical Acupuncture (AAMA) issued a statement in 2016 with the following conclusion: "To include dry

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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.” If the AMA believes Physical Therapists are not fit to safely perform acupuncture and dry needling, why would we include athletic trainers to pose additional risk to the public?

For all these reasons, I am asking you to oppose HB172.

Jennum O'Hara

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