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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.

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 states and the District of Columbia are allowed to use this skill on their patients. 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 well prepared to administer dry needling treatments. Most courses last over a four-day span and include over 25 hours of coursework, hands on practice and often include other health professionals like physical therapists and chiropractors in the training sessions.

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

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