

Delegate Joseline A. Pena-Melnyk, Chair
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

Dear Chairwoman Pena-Melnyk 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. 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.

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.

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."

According to American Medical Association (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 (AAMA) 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 (AAPMR) 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 HB172.

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