

Delegate Joseline A. Pena-Melnyk, Chair
Health and Government Operations Committee
Room 241 House Office Building
Annapolis, Maryland 21401



The Maryland
Acupuncture
Society, Inc.

March 20, 2023

Re: SB 232 – SUPPORT WITH AMENDMENTS – Licensed Athletic Trainers – Dry Needling Registration

Dear Chairwoman Pena-Melnyk and Members of the Committee:

Please accept this letter on behalf of the Maryland Acupuncture Society (“MAS”) as our **support with amendments** 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 **support of this bill with our recommended amendments**.

Senate Bill 172 would give athletic trainers the authority to perform dry needling on patients in Maryland as a specialized task without the appropriate training. MAS will support expanding the scope of who is certified to perform dry needling (Ashi Acupuncture) for specific limited use if the Dry Needling (Ashi Acupuncture) training includes a foundation of Acupuncture with Clean Needle Technique for a least 300 hours of didactic and hands-on training. In addition, the patient safety protocol should include a referral procedure and adverse event reporting. 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.

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 to perform acupuncture, and athletic trainers are requesting to be approved with an 80-hour course. Any health occupation requesting to include Dry Needling (Ashi Acupuncture) into their scope of practice should be held to at least the equivalent training standards required of physicians. The Maryland Attorney General wrote an opinion in 2010 which supports this level of training to perform an invasive procedure as described in the following excerpt from **HEALTH OCCUPATIONS - PHYSICAL THERAPISTS – ACUPUNCTURISTS – PHYSICAL THERAPY BOARD HAS AUTHORITY TO DETERMINE BY REGULATION WHETHER “DRY NEEDLING” IS WITHIN THE SCOPE OF PRACTICE OF PHYSICAL THERAPY**, August 17, 2010:

In developing any such standards, the Physical Therapy Board should consider the standards the Legislature has established for physicians who **“perform acupuncture.”** **The practice of dry needling, as described in the materials provided to us, appears to be indistinguishable from the definition of “perform acupuncture” in the Maryland Medical Practice Act.** A physician who performed dry needling would be stimulating certain points near the surface of a person’s body “by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of ailments or conditions of the body.” Such a physician would, in the words of the Maryland Medical Practice Act, “perform acupuncture.” Under the Medical Practice Act, a physician must obtain at least 200 hours of instruction and meet other conditions set by the State Board of Physicians in order to use acupuncture needles in that way.

It seems very unlikely that the General Assembly would intend that physicians satisfy such education requirements and specially register with their own licensing board in order to insert “needles to prevent or modify the perception of pain or to normalize physiological functions,” but permit physical therapists to perform the same technique without any special educational requirements or oversight. Given that the Legislature has placed specific limitations on a physician’s use of acupuncture needles in the Medical Practice Act, any rulemaking process adopted by the Physical Therapy Board would presumably need to consider standards and restrictions at least as stringent as those imposed on physicians.

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. There has been no established method of adverse event reporting or training in Clean Needle Technique which is necessary in any patient safety protocol when performing an invasive procedure.

For all these reasons, I am asking you to consider our amendments in support of SB232.

Sincerely,

Denise Tyson
President
Maryland Acupuncture Society