

House Health & Human Services

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HB26-1042 Dry Needling by Occupational Therapists

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
April Bryant For themselves	<p>My name is April Bryant, and I am an occupational therapist practicing in Colorado Spring. Thank you for the opportunity to testify today in support of adding dry needling to the Occupational Therapy Practice Act.</p> <p>Occupational therapists are trained to treat the whole person, with the goal of helping individuals participate fully in their daily lives—work, self-care, and meaningful activities. Pain, muscle tension, and neuromuscular dysfunction are some of the most common barriers preventing our patients from doing just that. Dry needling is an evidence-based intervention that directly addresses these barriers.</p> <p>Dry needling targets myofascial trigger points and dysfunctional muscle tissue, reducing pain, improving range of motion, and restoring functional movement. When used appropriately, it allows patients to progress more quickly and effectively through their rehabilitation. This means fewer visits, less reliance on pain medication, and better long-term outcomes.</p> <p>Occupational therapists already possess extensive education in anatomy, physiology, neuro-musculoskeletal systems, and clinical reasoning. With proper post-professional training and competency standards, OTs are well qualified to safely and effectively perform dry needling within the scope of occupational therapy practice. This is not about expanding beyond our role, but rather about using a modern, well-researched tool to better fulfill it.</p> <p>Adding dry needling to the OT practice act also improves access to care. Many communities face long wait times or limited provider options. Allowing qualified occupational therapists to</p>

	<p>provide dry needling gives patients more timely, coordinated care from a provider who already understands their functional goals and overall treatment plan.</p> <p>Most importantly, this change benefits patients. It supports faster recovery, improved function, and greater independence—outcomes that align directly with the mission of occupational therapy and with responsible, patient-centered healthcare.</p> <p>I respectfully urge you to support this update to the Occupational Therapy Practice Act so that we may continue to provide safe, effective, and evidence-based care to the people we serve.</p> <p>Thank you for your time and consideration.</p>
<p>Paige Lindstrom Against themselves</p>	<p>Hello,</p> <p>I am a licensed acupuncturist practicing in Colorado. I am writing to share concerns regarding HB26-1042 moving forward at this time. While dry needling is not acupuncture under current law, it is an invasive needle-based intervention, and training, safety, and oversight are critical considerations whenever needles are used in patient care. Acupuncturists were not included in the stakeholder process leading up to this bill, despite our profession’s extensive training and experience with needle safety. I respectfully request that additional time be taken to ensure all relevant clinical perspectives are considered and that appropriate guardrails are fully reviewed. This is not about opposing other professions, but about ensuring patient safety and maintaining public trust as scope changes are considered.</p> <p>Thank you for your time and consideration.</p> <p>Sincerely, Paige Lindstrom Licensed Acupuncturist Denver, Colorado</p>

<p>Julie Johnson</p> <p>Against themselves</p>	<p>Thank you for the opportunity to testify on HB26-1042. I'm a licensed acupuncturist in the state of Colorado and currently serve as Secretary of the Acupuncture Association of Colorado. I've been in practice for 11 years and own my own clinic.</p> <p>I firmly oppose this bill as it seeks to allow dry needling by OTs without adequately addressing the education required for safe needling.</p> <p>Dry needling is invasive and has the potential to cause harm. It requires extensive anatomical knowledge, excellent physical dexterity, and a high level of facility using acupuncture needles, which comes only with 100s of hours of practice.</p> <p>I work with needles by trade, and I have a healthy respect for the skills and knowledge that dry needling entails. My baseline education included 1,110 hours of clinical needling experience. On top of that, 6 years into practice I trained for an additional 60 hours in sports medicine acupuncture, which is a branch of acupuncture that is considered by some to be synonymous with dry needling. My 1000+ hours of training coupled with multiple years of experience in practice enabled me to walk away from the 60-hour training with mastery of the techniques.</p> <p>And I would argue that nothing less than mastery of both anatomy and the use of acupuncture needles is acceptable for anyone in Colorado practicing dry needling. It's crucial for patient safety, and it's crucial for those of us who needle by trade. As professionals, acupuncturists are hit the hardest when someone in the community is hurt by an acupuncture needle. Why?</p> <p>Patients who have received both therapies ask me every day: "what is the difference between acupuncture and dry needling?" It is confusing for not only patients, but also practitioners, because at the end of the day, both involve the insertion of</p>
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	<p>acupuncture needles into the body. So when people are hurt by acupuncture needles, the belief generated is that acupuncture needles (and therefore acupuncture) are not safe.</p> <p>Acupuncture needles are safe only in the right hands.</p> <p>I urge you to ensure adequate protection of Coloradans when it comes to dry needling. HB26-1042 does not ensure that protection.</p> <p>Thank you for your time,</p> <p>Julie Johnson, L.Ac</p>
<p>Ruby Robbins Against themselves</p>	<p>To Whom It May Concern,</p> <p>I am writing to formally oppose the proposed regulations authorizing occupational therapists to perform dry needling. While I support evidence-based expansion of scope when it is supported by rigorous training and oversight, the current proposal does not meet the standard necessary to protect public health and safety.</p> <p>Dry needling is an invasive procedure that involves penetrating the skin and underlying tissues, often in close proximity to vital neurovascular structures and organs. Safe performance of this intervention requires extensive anatomical knowledge, advanced palpation skills, and substantial supervised clinical experience. The suggested regulations, as written, do not demonstrate that occupational therapists will receive sufficient education, depth of training, or clinical exposure to perform dry needling safely and competently.</p>

	<p>The proposed framework relies heavily on undefined future rule making to establish educational and clinical prerequisites. Without clearly articulated minimum standards—such as required hours of anatomy instruction, hands-on supervised practice, competency assessment, and ongoing proficiency requirements—the regulations leave too much ambiguity. This lack of specificity creates a significant risk that practitioners may be authorized with widely varying levels of preparation, which directly endangers the public.</p> <p>Furthermore, the requirement for written informed consent does not mitigate the fundamental issue of inadequate training. Informed consent cannot compensate for insufficient practitioner competence, nor does it protect patients from preventable adverse events such as infection, nerve injury, vascular injury, or pneumothorax. Allowing practitioners to perform invasive procedures without clearly defined, robust training standards undermines public trust in the regulatory system.</p> <p>Scope expansion should be grounded in demonstrated educational equivalence and patient safety outcomes, not assumptions that minimal coursework can substitute for comprehensive clinical training. Authorizing dry needling under the proposed regulations risks normalizing a level of preparation that would be unacceptable for other invasive procedures.</p> <p>For these reasons, I urge the Division to reject the proposed regulations until they include explicit, rigorous, and enforceable educational and clinical standards that ensure patient safety. The protection of the public must remain the primary responsibility of professional regulation.</p>
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	<p>Thank you for the opportunity to submit this comment and for your consideration of the serious safety concerns raised by this proposal.</p> <p>Sincerely, Ruby Robbins</p>
<p>Jessica Sylvanson</p> <p>Against Acupuncture Association of Colorado</p>	<p>To Whom It May Concern,</p> <p>I am in opposition to HB26-1042 as I am against having so little training for an invasive therapy like acupuncture/dry needling in general. However, I am also opposed as there has been no stakeholder process for this Bill. The training and settings for Occupational Therapy are different than those for Licensed Acupuncturists and for Physical Therapists. Both of these professions and others as well should be able to submit testimony as stakeholders. Colorado is, in general, a more Laissez-Faire state with regulations, however, there are lines that should not be crossed. There have been significant amounts of injuries from dry needling both reported and unreported. I myself have encountered many who've just had bad experiences that may prevent them from pursuing needling from more skilled and qualified practitioners. Dry Needling in general is a grey area that does not have adequate regulation and people practicing it have interpreted it in many different ways including added electric stimulation, treatments in all areas of the body (even those they aren't trained to treat), and treatments for internal diseases (etc.) that they are not trained in either.</p> <p>Furthermore, training should include depths, angles, needle types (as they vary in size and thickness), and many many hours of practice under skilled supervision to be safe, effective, and comfortable for patients. I have been opposed to Dry Needling as it does not include enough training to be safe and effective. I myself have taken a Dry Needling training and witnessed that it is not only inadequate but also unsafe as there were 60 participants and only one supervisor, there was not enough time for practice, and safety precautions such as Clean Needle Technique,</p>

	<p>depth/angle, needle size, and variations in muscle size/organ placement/etc on different patients were not covered.</p> <p>Lastly, I refer to the American Medical Association's position on Dry Needling: "The American Medical Association (AMA) recognizes dry needling as an invasive procedure with potential risks, such as pneumothorax or nerve injury, and maintains it should only be performed by medical physicians or licensed acupuncturists with extensive training. The AMA stipulates that non-physician practitioners, including physical therapists, must meet the same standards for training, certification, and education as licensed acupuncturists." This is not happening in Colorado, and now other states as well. The standards for education aren't even close to comparable. Why would we need to say more? Please stop allowing this therapy to spread and spread with so little training and safety standards. You are allowing unsafe conditions for a large innocent patient population.</p>
<p>Jane Gregorie Questions Only themselves</p>	<p>I have been a licensed acupuncturist for 27 years, 23 of which have been in Colorado. I have experienced many changes in our profession in this time, much of which has been related to Dry Needling among PTs. Please vote NO on HB26-1042 which puts the public at risk by enabling more providers with limited training in needle technique. Even though dry needling is not considered acupuncture, PTs who administer it do indeed use our needles and end up causing more injuries and accidents than Licensed Acupuncturists here in Colorado. I know extending Dry Needling as a modality to OTs will not only endanger the public by enabling more providers who have very limited training to practice this sophisticated modality, but it will also continue to undercut the business of acupuncture as part of East Asian Medicine. I have seen a huge financial impact after many years of PTs taking over this integral part of our medicine.</p>
<p>Yen-chen Chang For themselves</p>	<p>Dry needling is a clinical tool, much like other commonly accepted therapeutic modalities such as Kinesio taping or manual therapy. As with any skilled intervention, clinicians must be properly trained and certified to utilize dry needling safely and effectively.</p>

	<p>As an occupational therapist/certified hand therapist with over a decade of clinical experience, I am deeply committed to providing high-quality, evidence-based care. I have personally received dry needling treatment and experienced significant benefits, including decreased myofascial pain, improved posture, and markedly improved sleep quality. These outcomes enhanced not only my physical function, but also my overall quality of life.</p> <p>In addition to my personal experience, I have observed the clinical effectiveness of dry needling in my patients when it is performed by my physical therapist colleagues. I have seen consistent improvements, including reduced pain, increased range of motion, decreased scar adhesions following distal radius fractures, and effective pain modulation in patients with chronic stroke-related hand spasticity.</p> <p>However, under current Colorado law, occupational therapists are prohibited from performing dry needling. This restriction results in delays in care, as patients must return to their physician to obtain a separate referral for physical therapy. For many patients, this also leads to additional costs, including a second evaluation and treatment bill. If occupational therapists were legally permitted to perform dry needling within their scope of practice, these unnecessary delays and increased healthcare costs could be avoided.</p> <p>Occupational therapists receive extensive education in anatomy, kinesiology, neuromuscular function, and clinical reasoning—training that provides a strong foundation for the safe and effective application of dry needling techniques. Granting licensed occupational therapists the authority to perform dry needling would expand patient access to effective care while maintaining the same standards of safety and professional accountability.</p>
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	<p>I respectfully urge you to support this bill, which recognizes dry needling as a clinical tool that, when used by properly trained clinicians, can significantly improve patient outcomes.</p>
<p>Amy Miley Against themselves</p>	<p>My name is Amy Miley, and I am a licensed and practicing acupuncturist in the state of Colorado. I am here representing the acupuncture profession and speaking in opposition to this bill, not to debate who should or should not practice dry needling, but to address a fundamental issue of patient safety.</p> <p>My concern is the lack of adequate education and training for occupational therapists to safely perform an invasive needling technique. Needling is not a simple modality; it involves penetrating the skin and working near vital structures such as nerves, blood vessels, and organs. Acupuncturists receive extensive, dedicated education in anatomy, physiology, needling technique, safety protocols, and complication management.</p> <p>In addition to formal education and supervised clinical training, licensed acupuncturists are required to pass rigorous national board examinations covering clean needle technique, anatomy, safety, and clinical competency before being allowed to practice. These board exam requirements exist precisely because needling carries inherent risk and demands a high level of proficiency.</p> <p>We are the experts in needling. Our profession is built on thousands of hours of education, clinical training, and board-certified competency standards designed to protect patients. Allowing practitioners with significantly less training and without comparable board examination requirements to perform invasive needling procedures places patient safety at risk. This testimony is not about scope competition; it is about ensuring safe, qualified care for the public.</p>
<p>Megan Moon Long Against themselves</p>	<p>Written Testimony in Opposition to HB26-1042</p> <p>Date: February 4, 2026</p>

	<p>Name: Megan Moon Long, L.Ac., CFMP</p> <p>Organization: President - Acupuncture Association of Colorado</p> <p>To the House Health & Human Services Committee,</p> <p>Thank you for the opportunity to submit written testimony. My name is Megan Moon Long, and I am a licensed acupuncturist, practicing in the State of Colorado. I am writing to respectfully to express my opposition to HB26-1042.</p> <p>I have practiced in Colorado for 20 years and work directly with patients whose safety and quality of care would be affected by changes to Occupational Therapists scope of practice. My concerns with this bill center on patient safety and appropriate training.</p> <p>Concerns with HB26-1042:</p> <p>Patient Safety and Training Standards</p> <p>a. Inadequate Training Equivalency</p> <p>HB26-1042 proposes to expand the scope of practice for occupational therapists to allow the performance of dry needling. Dry needling is an invasive needling procedure already regulated in Colorado for other licensed professions. However, the bill does so without requiring appropriate post-professional education, including advanced regional anatomy, in-person clinical training, and supervised experience equivalent to that required of licensed professionals already authorized to perform these procedures. Invasive techniques carry real risks, and insufficient training increases the potential for patient harm.</p> <p>b. Specialized Anatomical Knowledge Required for Safe Needling</p> <p>Licensed acupuncturists receive extensive education in precise needle depth and angle specific to each region of the body,</p>
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	<p>coupled with detailed training in regional vascular anatomy (arteries, veins, and capillaries) and innervation (the distribution of specific nerves to specific body parts, organs, and tissues). This level of anatomical precision is essential for patient safety. Knowing exact needle depth and angle is critical in all needling procedures, and especially so with invasive techniques such as dry needling, where improper placement increases the risk of vascular or nerve injury.</p> <p>Request to the Committee</p> <p>For these reasons, I respectfully urge the committee to vote NO on HB26-1042. Protecting patient safety and maintaining clear, evidence-based professional standards should remain a priority for Colorado lawmakers.</p> <p>Thank you for your time and consideration for my testimony. I appreciate your service and careful review of this important issue. I am available to provide additional information if helpful.</p> <p>Respectfully submitted,</p> <p>Megan Moon Long, L.Ac., CFMP</p> <p>Golden, CO</p>
<p>Madeleine Pittman</p> <p>For themselves</p>	<p>Dear Committee Members</p> <p>As an occupational therapist, I urge you to support HB26-1042 Dry Needling by Occupational Therapists, which authorizes occupational therapists to perform dry needling under clear training and consumer protection standards. This bill will improve patient access, ensure continuity of care, and align Colorado with other states that already allow occupational therapists to perform dry needling.</p>

	<p>As an occupational therapist, passage of this bill would directly benefit my clients by decreasing wait times and improving outcomes. It would allow me to treat issues related to muscle pain without requiring clients to wait for a referral, undergo an additional evaluation, and then receive the same treatment from a physical therapist in the same clinic. This change would improve access to care by enabling certified hand therapists in Colorado who already possess the existing knowledge to provide a needed skill to improve outcomes in a timely manner.</p> <p>Dry needling is a safe, evidence-based technique used to reduce muscle pain and stiffness. Physical therapists in Colorado have been authorized to perform dry needling since 2013. HB26-1042 creates parity by allowing occupational therapists—who receive extensive training in anatomy and neurophysiology through accredited master’s and doctoral programs overseen by the Accreditation Council for Occupational Therapy Education (ACOTE)—to use this intervention when clinically appropriate.</p> <p>Occupational therapists help patients regain the ability to perform daily activities such as dressing, working, and caring for their families. When pain limits function, dry needling can be a critical component of treatment. Currently, patients must be referred to another provider for this service, leading to unnecessary delays and disruptions in care. This bill keeps treatment efficient and client-centered.</p> <p>HB26-1042 prioritizes patient safety by requiring post-professional training in dry needling, demonstrated competency, and written informed consent. Occupational therapists complete the same post-secondary dry needling education as physical therapists and other healthcare professionals who perform dry needling. Dry needling is distinct from acupuncture, and this bill does not alter the regulation or scope of acupuncture.</p>
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	<p>Sponsored by Representative Feret and Senator Ball, HB26-1042 is supported by the Occupational Therapy Association of Colorado (OTAC). A YES vote means improved access to care, better continuity for patients, and strong safety oversight.</p> <p>Please vote YES on HB26-1042.</p> <p>Thank you for your time and support of our profession!</p> <p>Madeleine "Maddy" Pittman, MS, OTR/L, CHT (she/her/hers)</p> <p>Certified Hand Therapist</p> <p>Occupational Therapist</p> <p>UCHealth Outpatient Rehabilitation</p> <p>1370 Interquest Parkway</p> <p>Suite 200</p> <p>Colorado Springs, CO 80921</p> <p>Work Days: Monday - Thursday</p>
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<p>Amy Lapes Against themselves</p>	<p>Chair and members of the committee, thank you for this opportunity to testify regarding HB26-1042 “Concerning Dry Needling by Occupational Therapists”. My name is Amy Lapes and I am a licensed acupuncturist practicing in Salida, Co.</p> <p>I am here to oppose the bill as introduced or, at minimum to request a delay and significant amendments to protect patient safety.</p> <p>I want to echo concerns already raised by previous witnesses. My greatest concern is in regard to patient safety as dry needling may have risks in regard to patient health and safety. There is potential for damaging lungs, nerves, and blood vessels, that can become a life-threatening situation. Despite occupational therapists being highly trained professionals, their education does not include invasive procedures like dry needling. The additional training being proposed is too brief and inconsistent, and it cannot replace the depth of medical and anatomical training needed to perform this safely.</p> <p>There has been no showing that Coloradans lack access to dry needling services. Expanding scope without a demonstrated public need increases risk without clear benefit.</p> <p>I am requesting an immediate vote on the bill as it stands today, or if needed to consider delaying passage to allow for stakeholder engagement and/or to amend it to include clear education, training, and safety standards.</p> <p>Thank you for your time and consideration.</p>
<p>Sophia Arnesen Against</p>	<p>My name is Sophia Arnesen and I’m a practicing acupuncturist in Olde Town Arvada. I am opposed to HB24-1042 because while dry needling is often characterized as a low risk intervention, it does</p>

<p>themselves</p>	<p>indeed carry significant risks such as pneumothorax, vascular puncture, nerve injury, hematoma, infection and in rare cases organ injury. Pneumothorax is considered the most frequently cited injury and happens in outpatient clinics, sports medicine practices, and athletic environments. Safety outcomes in dry needling are directly correlated with training and education. I'm concerned for patient safety and I ask that HB24-1042 is not advanced until there is a more thorough process of due diligence and more guardrails are put into place to protect the public. Thank you for your time and careful consideration of this matter.</p>
<p>Macushla Hobin Against themselves</p>	<p>Chair and members of the committee, thank you for this opportunity to testify regarding HB26-1042, Concerning Dry Needling by Occupational Therapists.</p> <p>As an acupuncturist practicing in Colorado, I graduated with a Masters of Science in Traditional Oriental Medicine with a minimum of 3000 hours of education and training, I spent 3 plus years in clinic starting with observation and then moving into practice of proper needling skills. My Concern for this bill is first and foremost, that of patient safety. Occupational Therapist's lack of education to own dry needling as part of their practice, and the lack of statutory guardrails in the bill as introduced. It is important to look at the history of injury due to dry needling by those trained with a minimum of 46 hours.</p> <p>I respectfully request that the bill be more closely evaluated and we have more time for meaningful stakeholder engagement, and for</p> <p>the development and inclusion of amendments that add clear and robust education, training, and safety standards to statute.</p> <p>I vote "No" on this bill as it stands today</p>
<p>Shiloah Howard Against</p>	<p>I am writing to formally submit my testimony in opposition to the bill that would allow Occupational Therapists to perform dry needling in the state of Colorado.</p>

<p>themselves</p>	<p>While I respect the vital role Occupational Therapists play in our healthcare system, I believe that dry needling requires a specific depth of training and clinical background that is not currently part of the standard OT scope of practice. Ensuring patient safety and maintaining high standards of care are my primary concerns regarding this proposed legislation.</p> <p>Thank you for your time and for considering my position on this important matter.</p>
<p>Aaron Nickamin Against themselves</p>	<p>I've been practicing Chinese medicine and Licensed acupuncture for over 20 years. I have my doctorate in Acupuncture and Oriental medicine. It is my understanding that the dry needle training is two weekends long, where our Masters embeds the needle technique over four years.</p> <p>I have had at least 2 to 3 patients with needle phobia and welts from dry needling. Very sad and a public health hazard, like the unfortunate NFL player w/ a pneumothorax.</p> <p>Leave needling up to the acupuncturists.</p>