

TEMPLATE FOR NATIONAL & STATE ALLIED ORGANIZATIONS

INSTRUCTIONS:

- **Deadline:** Please email this no later than **Thursday, June 25, 2026**.
- **To:** mdh.regs@maryland.gov
- **CC:** meena.seshamani@maryland.gov
- **Subject Line:** [Organization Name] OPPOSES Proposed Action on Regulations - COMAR 10.38.12 Dry Needling
- **Action Required:** Fill in the bracketed information **[like this]** and place on official organization letterhead.

To: Jordan Fisher Blotter, Director, Office of Regulation and Policy Coordination

From: [Name of Organization / Signatory]

Re: OPPOSE - Proposed Action on Regulations - COMAR 10.38.12 Dry Needling

To the Office of Regulation and Policy Coordination:

On behalf of **[Organization Name]**, representing **[number or description of members, e.g., thousands of licensed acupuncturists and medical professionals nationwide]**, I am writing to express our formal opposition to the proposed amendments to COMAR 10.38.12.

As a **[national / state]** organization dedicated to the highest standards of **evidence-based** care and patient safety, we view Maryland's proposal as a dangerous departure from established medical best practices. Attempting to lower educational thresholds and legally justify the delegation of invasive needling to Physical Therapist Assistants (PTAs) creates an environment of **unacceptable risk**. We urge the Department of Health and the AELR Committee to reject these amendments based on the following federal, clinical, and statutory realities:

1. Statutory Overreach: Bypassing the Legislature Fundamentally, these regulations must be rejected because **there is no explicit, unambiguous statutory authority that allows PTAs to perform the invasive procedures proposed**. There was no legislation passed during the 2026 session expanding Physical Therapy authority to delegate dry needling to assistants. Expanding the scope of practice for PTAs to include invasive interventions is a direct attempt to circumvent the legislative deliberative process and goes far beyond the statutory intent authorized by the Maryland General Assembly.

2. National Standards. The proposed framework removes vital infection control standards, as there is no independent, national Clean Needle Technique (CNT) certification standard required for the weekend certificates PTs are utilizing to bypass rigorous medical certification.

3. Maryland as a Dangerous National Outlier Suggesting that a 10-hour hands-on training program is sufficient for an invasive technique is a stark contradiction to national **best practices**. **Twenty-four states explicitly prohibit PTAs from performing dry needling**, recognizing that it falls completely outside their safe, non-diagnostic scope of practice.

Maryland's proposal to grant a "provisional registration" after a mere 20 total hours of instruction makes the state a dangerous outlier and ignores **demonstrated research** surrounding patient safety.

4. The Reality of Severe Adverse Events Invasive needling demands precise anatomical navigation. As demonstrated by the recent case of NFL linebacker T.J. Watt—who suffered a pneumothorax (collapsed lung) directly resulting from a dry needling session performed as part of physical therapy—the risk of severe **adverse events** is exceptionally high. If a PT dry needling session can puncture the lung of an elite athlete, delegating this procedure to an under-trained PTA who lacks diagnostic authority puts the general public in extreme peril.

5. Striking "Ongoing Assessment" Endangers Patients The proposal explicitly strikes the safety standard that dry needling "*Requires ongoing evaluation, assessment, and re-evaluation of the impairments.*" This deletion is a transparent maneuver. A PTA's scope is strictly restricted to "limited physical therapy," meaning they legally lack the educational foundation to perform ongoing diagnostic evaluations. Needling is dynamic; it demands split-second anatomical reassessments and immediate clinical modifications. Striking a vital diagnostic safeguard to accommodate assistants is a blatant disregard for **evidence-informed** care.

6. Deregulating Hands-On Instruction Deleting the prohibition on distance learning for practical, hands-on instruction (Regulation .03F) sets a dangerous precedent. It is biologically impossible for an instructor to evaluate a student's needle depth, tactile feedback, or angle relative to vital organs via distance learning.

Conclusion: Lowering training thresholds, relying on weekend certificates, eliminating continuous assessment safeguards, and delegating invasive procedures to assistants without statutory authority ensures that severe patient harm will occur. **[Organization Name]** strongly urges the Department of Health to rely on **demonstrated research, evidence-based best practices**, and clear statutory boundaries by rejecting these amendments and protecting the physical safety of Maryland patients.

Sincerely,

[Signatory Name], [Credentials]

[Title, Organization Name]

[Contact Information]