

**House Health & Human Services**

**02/17/2026 Upon Adjournment**

**HB26-1070 Third-Party Network Agreements for Dental Services**

**Typed Text of Testimony Submitted**

<b>Name, Position, Representing</b>	<b>Typed Text of Testimony</b>
Jacqueline Allen  Against  themselves	<p>To Whom This May Concern:</p> <p>My name is Jacqueline Allen and I am a practicing acupuncturist in the state of Colorado, representing the acupuncture profession. I am opposed to this bill for the following reasons:</p> <p>Dry needling is an invasive procedure involving penetration of the skin with solid filiform needles. Documented risks include pneumothorax, vascular injury, nerve injury, infection, and organ puncture. These risks are directly correlated with a practitioner’s baseline anatomical education, supervised clinical training, and demonstrated competency in invasive needling.</p> <p>HB26-1042 proposes a broad statutory expansion of invasive needling authority for occupational therapists without addressing foundational differences in education, practice settings, or patient populations. As drafted, the bill places unnecessary risk on patients, creates regulatory exposure for the state, and shifts liability onto other licensed needle professions.</p> <p>Core Problems with HB26-1042:</p> <ul style="list-style-type: none"><li>• Creates new invasive needling authority without limits on anatomical region</li><li>• Does not restrict use by patient age or medical complexity</li></ul>

	<ul style="list-style-type: none"><li>• Does not limit practice settings, including schools, home health, behavioral health, or pediatric environments</li><li>• Is not anchored to occupational therapy’s baseline education or musculoskeletal specialization</li><li>• Relies on post-graduate course hours without requiring supervised clinical competency</li></ul> <p>Acupuncturists are the most highly trained non-physician needle practitioners in the healthcare system. Licensure requires extensive graduate-level education in anatomy, neurovascular structures, clean needle technique, infection control, and adverse-event management, along with supervised clinical training involving live patients and full-body needling. When needling-related injuries occur—regardless of who performed the procedure—they are frequently described publicly as “acupuncture-related.” As a result, acupuncturists inherit reputational and regulatory risk when invasive needling authority is expanded without sufficient safeguards.</p> <p>I respectfully request that the Committee:</p> <ul style="list-style-type: none"><li>• Does not advance HB26-1042 as introduced; and</li><li>• If expansion of occupational therapy dry needling authority is to be considered, require a more appropriate process, such as:<ul style="list-style-type: none"><li>- A full occupational therapy practice act review, or</li><li>- A formal regulatory or sunrise-style evaluation examining education, scope, practice settings, patient populations, risk mitigation, and alignment with national and federal standards.</li></ul></li></ul>
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	<p>I welcome continued, good-faith discussion on a pathway that protects Colorado patients and ensures durable, defensible policy.</p> <p>Respectfully,</p> <p>Jacqueline Allen, L.Ac.</p> <p>Two Roots Acupuncture LLC 301 E. Main St. #285 Buena Vista, CO 81211 719-239-1452</p>
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