

# FLORIDA HOUSE OF REPRESENTATIVES

## BILL ANALYSIS

*This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.*

**BILL #:** [HB 867](#)

**TITLE:** Dry Needling by Occupational Therapists

**SPONSOR(S):** Anderson

### Committee References

[Health Professions & Programs](#)

17 Y, 0 N

[Health Care Budget](#)

13 Y, 2 N

[Health & Human Services](#)

## SUMMARY

### Effect of the Bill:

HB 867 authorizes and establishes the minimum experience, education, and training requirements for occupational therapists to perform dry needling.

### Fiscal or Economic Impact:

The bill will have an insignificant, negative fiscal impact on the Department of Health which can be absorbed within existing resources.

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## ANALYSIS

### **EFFECT OF THE BILL:**

The bill authorizes occupational therapists (OT) to perform [dry needling](#). The bill requires the Board of [Occupational Therapy](#) (Board) to establish minimum requirements an OT must attain to perform dry needling which must include:

- Two years of licensed practice as an OT;
- Completion of an approved 50-hour face-to-face continuing education course on dry needling that includes instruction on:
  - Dry needling theory;
  - Selection and safe handling of needles and other apparatus or equipment used in dry needling, including the proper handling of biohazardous waste;
  - Indications and contraindications for dry needling;
  - Psychomotor skills needed to perform dry needling and an assessment of whether the OT has the requisite psychomotor skills to safely perform dry needling;
  - Post-intervention care, including adverse responses, adverse event recordkeeping, and any reporting obligations; and
- Completion of 25 patient sessions of dry needling performed:
  - Under the supervision of any OT who holds an active license to practice physical therapy in any state or the District of Columbia and who has actively practiced dry needling for at least one year; or
  - As an OT licensed in another state or in the U.S. Armed Forces. (Section [2](#))

The Board may establish additional supervision and training requirements for OTs who perform dry needling on the head and neck or torso of a patient. (Section [2](#))

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The bill prohibits an OT from performing dry needling without the patient's consent and requires dry needling to be a part of the patient's documented plan of care. The bill also prohibits an OT from delegating dry needling to a person who is not authorized to perform dry needling.

The bill requires the Department of Health to submit a report to the Legislature on or before December 31, 2028, that details:

- The number of OTs in the state;
- The number of OTs in the state performing dry needling;
- Increases or decreases in the number of OTs in the state by geographic area; and
- Adverse incidents involving dry needling. (Section [2](#))

Currently, OTs are not authorized to perform dry needling.<sup>1</sup>

#### **RULEMAKING:**

The bill grants rulemaking authority to the Board to adopt rules establishing minimum practice standards for OTs who perform dry needling. (Section [2](#))

***Lawmaking is a legislative power; however, the Legislature may delegate a portion of such power to executive branch agencies to create rules that have the force of law. To exercise this delegated power, an agency must have a grant of rulemaking authority and a law to implement.***

#### **FISCAL OR ECONOMIC IMPACT:**

##### **STATE GOVERNMENT:**

This bill will have an insignificant negative fiscal impact on the Department of Health. DOH estimates an increase in applications from occupational therapists seeking this certification. Due to the increase in applications the department is requesting 1.0 FTE, for which the department can utilize their existing 97.5 FTE<sup>2</sup> vacancies to fill this need. Additionally, DOH estimates the total contracted services cost to implement the bill is \$55,680 (non-recurring).<sup>3</sup> DOH can use existing resources to implement the provisions of the bill.

The bill is effective July 1, 2026. (Section [3](#))

## **RELEVANT INFORMATION**

#### **SUBJECT OVERVIEW:**

##### **Occupational Therapy**

##### **Practice of Occupational Therapy**

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<sup>1</sup> On May 15, 2023, the Board convened a board meeting to discuss, in part, the Florida Occupational Therapy Association's (FOTA) petition for a declaratory statement<sup>1</sup> that asked whether dry needling is within the scope of practice for occupational therapists. The Board denied the request for a declaratory statement due to dry needling not being within the OT scope of practice. See Board of Occupational Therapy, Meeting Audio, May 15, 2023, Department of Health (May 15, 2023) <https://floridasoccupationaltherapy.gov/meetings/general-business-meeting-and-probable-cause-panel-2/> (last visited Jan. 23, 2026).

<sup>2</sup> DOH Vacancy Report as of 1/23/2026 on file with the House Health Care Budget Subcommittee

<sup>3</sup> DOH, *Agency Bill Analysis*, (2026) pg. 5-6, on file with the House Health Professions and Programs Subcommittee.

Occupational therapy is the therapeutic use of occupations<sup>4</sup> with individuals, groups, or populations, along with their families or organizations to support participation, performance, and function in roles and situations in the home, school, workplace, community, and other settings.<sup>5</sup>

Occupational therapy services are provided for clients who have or are at risk for developing an:<sup>6</sup>

- Illness;
- Injury;
- Disease;
- Disorder;
- Condition;
- Impairment;
- Disability;
- Activity limitation; or
- Participation restriction.

Occupational therapy is performed by licensed occupational therapists (OT), licensed occupational therapy assistants (OTA) who work under the responsible supervision and control<sup>7</sup> of a licensed OT, and occupational therapy aides who are not licensed but assist in the practice of occupational therapy under the direct supervision of a licensed OT or occupational therapy assistant.<sup>8</sup> However, physicians, physician assistants, nurses, physical therapists, osteopathic physicians or surgeons, clinical psychologists, clinical social workers, marriage and family therapists, mental health counselors, speech-language pathologists, and audiologists are permitted to use occupational therapy skills and techniques as part of their professions, when they practice their profession under their own practice acts.<sup>9</sup>

Occupational therapy services include, but are not limited to:<sup>10</sup>

- Assessment, treatment, education of, and consultation with individuals whose abilities to participate safely in occupations are impaired or at risk for impairment due to developmental deficiencies, aging, learning disabilities, environment, injury, disease, cognitive impairment, and disability;
- Methods to determine abilities and limitations related to the performance of occupations; and
- Specific occupational therapy techniques used for treatment involving training in activities of daily living, environment modification, assessment of the need for orthotics or orthotic devices, use of assistive technology and adaptive devices, cognitive activities, therapeutic exercises, manual therapy techniques, physical agent modalities, and mental health services.

Florida licensed OTs are not currently authorized to perform dry needling.<sup>11</sup>

## Occupational Therapy Licensure

<sup>4</sup> Occupations are all the activities or tasks a person performs each day. Getting dressed, playing sports, taking a class, cooking, and working at a job are examples of occupations. See Britannica, *Occupational Therapy*, <https://www.britannica.com/science/occupational-therapy> (last visited Jan. 23, 2026).

<sup>5</sup> Section [468.203\(4\), F.S.](#)

<sup>6</sup> *Id.*

<sup>7</sup> Section [468.203\(8\), F.S.](#) Responsible supervision and control by the licensed OT includes providing both the initial direction in developing a plan of treatment and periodic inspection of the actual implementation of the plan. The plan of treatment must not be changed by the supervised individual without prior consultation and approval of the supervising OT. The supervising OT is not always required to be physically present or on the premises when the occupational therapy assistant is performing services; but, supervision requires the availability of the supervising occupational therapist for consultation with and direction of the supervised individual.

<sup>8</sup> Section [468.203, F.S.](#)

<sup>9</sup> Section [468.225, F.S.](#)

<sup>10</sup> Section [468.203\(4\)\(b\), F.S.](#)

<sup>11</sup> *Supra*, note 1.

Occupational Therapists are regulated under Part III of ch. 468, F.S., by the Board of Occupational Therapy within DOH. To be licensed as an occupational therapist, or occupational therapy assistant, an individual must:<sup>12</sup>

- Submit the licensure application and required application fee of \$100;
- Be of good moral character;
- Have graduated from an Accreditation Council for Occupational Therapy Education (ACOTE)/American Occupational Therapy Association (AOTA) accredited occupational therapy program or occupational therapy assistant program;
- Have completed a minimum of six months of supervised fieldwork experience for occupational therapists, and a minimum of two months for occupational therapy assistants, at a recognized educational institution or a training program approved by the education institution where you met the academic requirements; and
- Have passed an examination approved by the National Board of Certification in Occupational Therapy (NBCOT).

In Fiscal Year 2024-2025, there were 10,580 active licensed occupational therapists in Florida.<sup>13</sup>

### Dry Needling

Dry needling is a technique that acupuncturists, physical therapists, and other trained healthcare providers use to treat musculoskeletal pain and movement issues. Healthcare providers may incorporate dry needling as a part of a larger pain management plan that could include exercise, stretching, massage, and other techniques. With dry needling, a healthcare provider inserts thin, sharp needles through a patient's skin to treat underlying myofascial<sup>14</sup> trigger points. Trigger points are knotted, tender areas that develop in muscles which are highly sensitive and can be painful when touched.<sup>15</sup>

When health providers apply dry needling to muscles and tissues, needles may decrease tightness, increase blood flow, and reduce local and referred pain. Providers use solid needles that do not contain any kind of medication – hence “dry” needling. Dry needling is also known as intramuscular stimulation. The graphic below illustrates how dry needling works.<sup>16</sup>

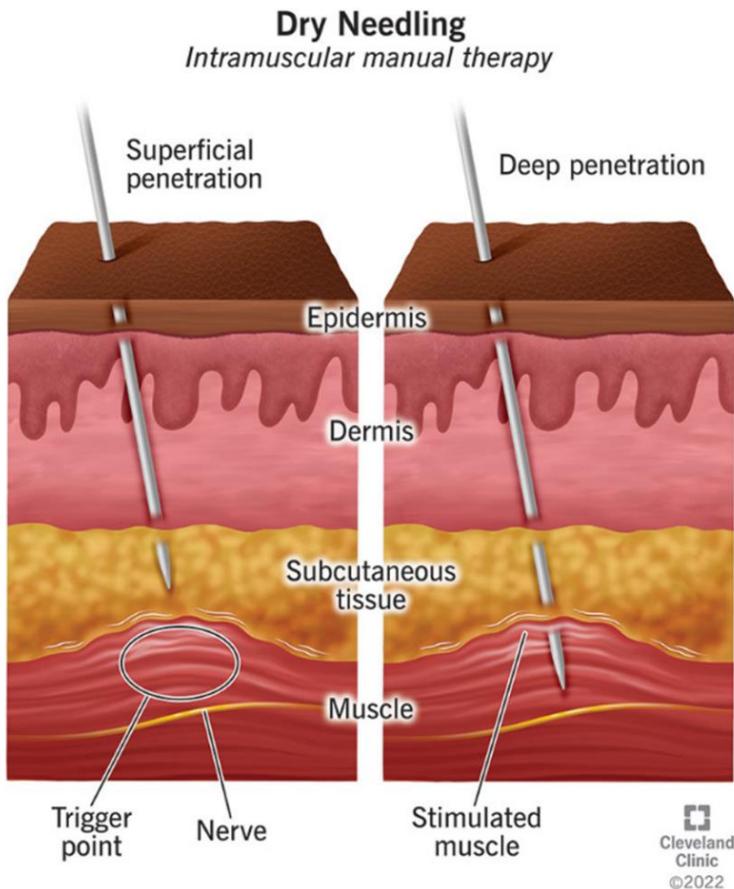
<sup>12</sup> Section [468.209, F.S.](#) and ch. 64B-11.2003, F.A.C.

<sup>13</sup> Department of Health, Division of Medical Quality Assurance, *Annual Report and Long Range Plan Fiscal Year 2024-25*, [2025.10.31.FY24-25MQAAR-FINAL1-1.pdf](#) (last visited Jan. 23, 2026).

<sup>14</sup> In the word “myofascial,” “myo” means “muscle.” Fascia is the thin, white connective tissue that wraps around muscles.

<sup>15</sup> The Cleveland Clinic, *Dry Needling*, (last reviewed Feb. 20, 2023) <https://my.clevelandclinic.org/health/treatments/16542-dry-needling> (last visited Jan. 23, 2026).

<sup>16</sup> *Id.*



Dry needling may help relieve pain and increase range of motion. Conditions that dry needling may treat include:<sup>17</sup>

- Joint issues;
- Disk issues;
- Tendonitis;
- Migraine and tension-type headaches;
- Jaw and mouth problems, such as temporomandibular joint (TMJ) disorders;
- Whiplash;
- Repetitive motion disorders, such as carpal tunnel syndrome;
- Spinal issues;
- Pelvic pain;
- Night cramps;
- Phantom limb pain; and
- Postherpetic neuralgia, a complication of shingles.

There are certain groups of people who should not receive dry needling. Providers do not recommend the procedure for children under the age of 12 because it can be painful. Other groups who should consult with their physician before receiving dry needling include people who:<sup>18</sup>

- Are pregnant;

<sup>17</sup> Id.

<sup>18</sup> Id.

- Are not able to understand the treatment;
- Are very afraid of needles (trypanophobia);
- Have compromised immune systems;
- Have just had surgery; and
- Are on blood thinners.

The most common side effect of dry needling is soreness during and after treatment. Other side effects are typically minor and may include:<sup>19</sup>

- Stiffness;
- Bruising at or near the insertion site;
- Fainting;
- Fatigue; and
- Risk of infection.

While both dry needling and acupuncture use needles to treat pain, acupuncture treats musculoskeletal pain and dry needling treats muscle tissue with the goal of pain mitigation, deactivating trigger points, and improving movement.<sup>20</sup> Depending on the state, dry needling is performed by licensed physical therapists, athletic trainers, chiropractors, or medical doctors who have been trained in the procedure.

## BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
<a href="#">Health Professions &amp; Programs Subcommittee</a>	17 Y, 0 N	1/21/2026	McElroy	Morris
<a href="#">Health Care Budget Subcommittee</a>	13 Y, 2 N	1/28/2026	Clark	Day
<a href="#">Health &amp; Human Services Committee</a>				

<sup>19</sup> *Id.*

<sup>20</sup> *Id.*