

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: CS/SB 914

INTRODUCER: Health Policy Committee and Senator Calatayud

SUBJECT: Dry Needling

DATE: February 3, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Smith	Brown	HP	Fav/CS
2.			AHS	
3.			RC	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 914 authorizes occupational therapists to perform dry needling and directs the Board of Occupational Therapy Practice to adopt minimum training, supervision, consent, and documentation standards for the performance of dry needling.

The bill also requires the Department of Health (DOH) to produce a report by December 31, 2028, on workforce trends and adverse incidents related to occupational therapists performing dry needling.

The bill provides an effective date of July 1, 2026.

II. Present Situation:

Occupational Therapy

Occupational therapy is the therapeutic use of occupations (meaningful daily activities) through habilitation, rehabilitation, and the promotion of health and wellness to support participation and function in home, school, work, and community settings.¹ Occupational therapy services are provided to clients who have, or are at risk of developing, an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction.²

¹ Section 468.203(4), F.S.

² *Id.*

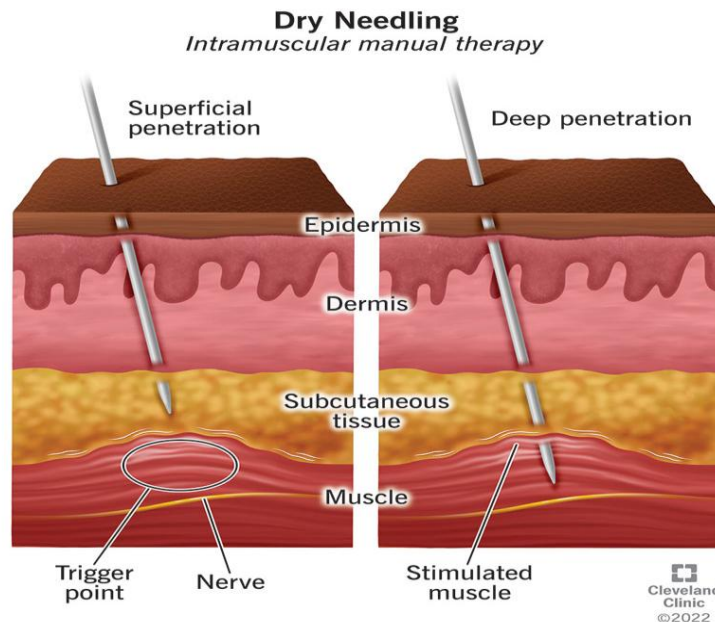
Occupational therapists are regulated under part III of ch. 468, F.S. They are licensed by the DOH and regulated through the Board of Occupational Therapy Practice. The DOH recently reported that Florida regulates approximately 13,712 occupational therapists.³

To become initially licensed as an occupational therapist in Florida, an applicant must:⁴

- Graduate from an occupational therapy program accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education;
- Complete a minimum of six months of supervised fieldwork within that program; and
- Pass the examination administered by the National Board for Certification in Occupational Therapy.⁵

Dry Needling⁶

Dry needling is a method for treating musculoskeletal pain and movement issues, typically used as part of a larger pain management plan which may include exercise, stretching, massage, and other techniques. During a dry needling treatment, a provider inserts thin sharp needles through the skin to treat underlying myofascial trigger points. Dry needling can decrease tightness, increase blood flow, and reduce local and referred pain. The needles are “dry” because they don’t contain any medication and nothing is injected through the skin. Dry needling may include superficial and deep penetration.



³ Florida Department of Health, Division of Medical Quality Assurance, *Annual Report and Long-Range Plan, Fiscal Year 2024-25*, at 27, available at <https://mqawebteam.com/annualreports/2425/2/> (last visited Jan. 28, 2025).

⁴ Section 468.209, F.S.

⁵ Department of Health. *Senate Bill 914 Legislative Analysis* (Dec. 17, 2025) (on file with the Senate Committee on Health Policy).

⁶ Cleveland Clinic, *Dry Needling*, (last reviewed Feb. 20, 2023) available at <https://my.clevelandclinic.org/health/treatments/16542-dry-needling> (last visited Jan. 29, 2026).

According to the DOH, the following professions may perform dry needling in Florida according to their respective practice acts: physicians, osteopathic physicians, physical therapists,⁷ licensed acupuncturists, chiropractic physicians,⁸ and athletic trainers.⁹

Acupuncture and dry needling use the same type of needles, but they're based on different approaches and goals. Acupuncture is performed by acupuncturists and comes from Eastern medicine, treating not only musculoskeletal pain but also other body systems, while dry needling is rooted in Western medicine, uses assessment of pain and movement patterns, and targets muscle tissue to reduce pain, release trigger points, and improve movement often as part of a larger pain management plan.

III. Effect of Proposed Changes:

Section 1 of the bill amends s. 468.203, F.S., to define terms for the Occupational Therapy Practice Act within part III of ch. 468, F.S.:

- “Dry needling” is defined as a skilled intervention, based on Western medicine, that uses filiform needles and other apparatus or equipment to stimulate a myofascial trigger point for the evaluation and management of neuromusculoskeletal conditions, pain, movement impairments, and disabilities.
- “Myofascial trigger point” is defined as “an irritable section of soft tissue often associated with palpable nodules in taut bands of muscle fibers.”

Section 2 of the bill creates s. 468.222, F.S., within the Occupational Therapy Practice Act to authorize dry needling within the practice and to establish related standards and requirements.

The bill requires the Board of Occupational Therapy Practice to adopt minimum standards of practice for an occupational therapist to perform dry needling. At a minimum, the standards must require:

- At least two years of licensed practice as an occupational therapist;
- Completion of 50 hours of face-to-face continuing education on dry needling from an entity approved by the Board, including instruction in dry needling theory, needle selection and handling (including biohazardous waste handling), indications and contraindications, psychomotor skills, and postintervention care (including adverse response care, adverse incident recordkeeping, and any reporting obligations); and
- Demonstration of requisite psychomotor skills, as determined by the continuing education instructor.

The bill also requires the Board to establish supervision and training standards for clinical experience before independently performing dry needling. Specifically, an occupational therapist must complete at least 25 patient sessions of dry needling performed under supervision, with documentation by the supervising practitioner that the supervised occupational therapist has met the Board's supervision and competency requirements, which must be adopted by rule, and does not require additional supervised sessions. The bill authorizes supervision by an occupational

⁷ Section 486.117, F.S.

⁸ Section 460.4085, F.S.

⁹ *Supra* note 5.

therapist, a physical therapist, or a chiropractic physician who holds an active license to practice in any state of the District of Columbia and has actively performed dry needling for at least one year. Alternatively, the bill allows satisfaction of the 25-session requirement through dry needling patient sessions performed while licensed in another state or while serving in the U.S. Armed Forces.

The bill requires that dry needling be performed only with patient consent and only when it is part of the patient's documented plan of care. The bill prohibits delegation of dry needling to any person other than an occupational therapist who is authorized to engage in dry needling under part III of ch. 468, F.S.

The bill authorizes the Board to impose additional supervision and training requirements before an occupational therapist may perform dry needling on the head, neck, or torso, if the Board deems such requirements necessary for patient safety.

The bill requires the DOH, within existing resources, to submit a report to the President of the Senate and the Speaker of the House of Representatives by December 31, 2028. The report must detail:

- The total number of occupational therapists licensed in Florida;
- The number who perform dry needling;
- Geographic increases or decreases in occupational therapists; and
- The number of adverse medical incidents, as defined by board rule, involving occupational therapists performing dry needling in this state.

Finally, the bill provides that the performance of dry needling in occupational therapy may not be construed to limit the scope of practice of other licensed health care practitioners not governed by ch. 468, F.S.

Section 3 of the bill provides an effective date of July 1, 2026.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 468.203 of the Florida Statutes.

This bill creates section 468.222 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on February 2, 2026:

The CS requires the Board of Occupational Therapy to approve continuing education courses on dry needling, which would be completed by occupational therapists seeking to practice dry needling. It also broadens the pool of practitioners who may supervise the occupational therapist's 25 patient sessions of dry needling to include certain physical therapists and chiropractic physicians, in addition to occupational therapists as provided in the underlying bill.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
