

Chairman Huffman, Vice Chairwoman Gavarone, Ranking Member Antonio and all members of the House Health Committee, thank you for the opportunity to speak today to Sub House Bill 131. My name is Dr. Tonya Apke and I am the current President of the Ohio Physical Therapy Association and I am also an Assistant Professor and the Director of Clinical Education for the PT program at the Ohio State University.

I completed my Bachelor's Degree at Miami University and my Master's of Physical Therapy at Hahnemann University in Philadelphia (now Drexel University) in 1991. I then completed my Doctorate of Physical Therapy at AT Still University in Mesa, AZ in 2005. I worked in an acute care hospital for 2 years and then at an outpatient practice for 5 years before entering academia. I have continued working in the clinic ever since. I have been a board certified specialist in orthopedics since 2002. I was an Assistant Professor and Clinical Education Coordinator at Mt. St. Joseph University in Cincinnati for 9 years before going to OSU.

Physical therapist in Ohio and throughout the country are rigorously educated. I can speak directly to the competitiveness of admission to physical therapy program. Ohio State in particular is one of the top 10 PT schools in the nation. I am very proud of the education we provide and I am confident that our graduates go on to provide high quality care to patients.

OPTA believes that physical therapy is critical for short and long term injury recovery. We pride ourselves in providing recovery care without the use of opioid medications. OPTA encourages the committee to explore resources on the American Physical Therapy Associations' #choosePT campaign. I am certain you will be impressed with the efforts made by our profession to be partners in exploring and promoting alternatives to opioids in recovery and pain management.

The OPTA believes that Sub House Bill 131 will be a tool for PTs to be able to offer better and more efficient care to our patients. We have been working diligently and in good faith to address concerns raised by opponents. PTs certainly respect the physician community. In coordination with the bill sponsors, we participated in 2 interested party meetings this year and numerous conversations with those raising concerns with the as-introduced version of HB 131. We also thoughtfully listened to opponent testimony given before this committee. I truly believe the changes made to the bill go far in addressing the objections raised.

The committee has had an opportunity to review the substitute bill and the comparison document on the changes. My fellow OPTA Board member, Dr. Rob Dunham and I, would like to highlight some of those changes.

I will be discussing the changes made regarding the authority granted in the bill to allow physical therapists to order imaging. The as-introduced bill included broad language allowing a PT to order imaging that would be performed and interpreted by another healthcare provider. In response to concerns raised, the substitute makes many substantive changes regarding this authority. The bill now limits the ordering authority to x-rays only. Those x-rays must be performed and interpreted by board certified radiologists.

I understand that some members of the physician community have expressed concerns with the language limiting the performing and interpreting of x-rays to radiologists. The OPTA had promoted language to allow any physician the ability to accept an x-ray order from a PT to perform and interpret. However, during interested party meetings and subsequent letters on the issue, the Ohio State Medical Association and the Ohio Osteopathic Association requested the language limiting it to radiologists. The substitute bill represents a concession by the OPTA to address concerns raised. However, should this committee consider an amendment to allow all physicians to accept the order, the OPTA would certainly be supportive of such an amendment.

There have also been claims made that allowing PTs this authority would increase cost to the healthcare systems. PTs have been ordering images in the military for many decades. There is no evidence to suggest that PTs order imaging more than other providers. Also, it is important to note that HB 131 is NOT an insurance mandate. This legislation would not require insurance to pay for images ordered by a PT any more than they are required to cover images ordered by a physician or others with the authority.

Additionally, the LSC Fiscal analysis does not identify any significant cost increase. Any increases projected by LSC would be expected to be incurred by our licensure board, and those would likely be minimal if there are any at all.

There have also been claims made that PTs are not trained or educated enough to know when an x-ray might be necessary. As a PT educator, I can assure you that is not the case. PTs receive the following training: In our DPT program at OSU, for example, we have a semester course titled, "Imaging in PT Practice" which is a 2 credit course. The purpose of the course is to "provide the physical therapist with a foundation in radiology and imaging. The integration of imaging helps to support the development of a more comprehensive physical therapy evaluation and screening of the patient. Physical therapists will be able to correlate patient data and imaging to gain insight into the clinical status of the patient which will enhance the quality of patient care. The course builds on the physical therapist's knowledge of anatomy, neuroanatomy, and clinical skills in differential diagnosis. It is NOT the goal of this course that the student will become proficient in reading or interpreting radiographs or other imaging modalities!"

Some of the objectives of the course include:

- Compare and contrast patient presentation to image report to inform physical therapy plan of care.
- Discuss the risks versus benefits associated with diagnostic imaging procedures and integrate the findings from imaging with the information obtained in the history and examination into evidenced-based physical therapist diagnostic and screening strategies.
- Determine need for referral when a problem is localized, systemic, or falls outside the scope of physical therapy practice and requires a referral to another health care practitioner.
- Discuss appropriate communication with patient and other health care providers specific to imaging and impact on plan of care.

Chairman Huffman, members of the committee, thank you for continuing to consider HB 131. We hope that with the changes made in the substitute bill, you can be supportive of passing the legislation.