

To: Members of the Ohio House Health Committee

Fr: Monica Hueckel, Director, Ohio State Medical Association

Da: November 29, 2017

Re: Sub-HB 131

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On behalf of the 12,000 physician, resident and medical student members of the Ohio State Medical Association (OSMA), I am offering comments today in opposition to the substitute House Bill 131, which modifies the scope of practice defined by Ohio law for physical therapists. I am grateful for the continued willingness of the committee to consider the OSMA's position on HB 131, as well as to be given the opportunity to provide comments and suggestions on the bill.

This substitute bill makes two modifications to the introduced version of the legislation.

The first of these is the addition of requirements to the new section that will permit a physical therapist (PT) to order plain x-rays, but only if the PT:

- Holds a doctorate degree from a professional PT program accredited by a PT accreditation agency recognized by the US Department of Education or;
- If the PT does not hold such a degree, the person has "completed continuing education courses in imaging" that meet standards established in rule adopted by the PT licensing board and approved by the Ohio Physical Therapy Association (Lines 23-25).

The second change relates to a new provision added to the bill that a "physical therapy diagnosis" does not include the medical diagnosis of "disease" (Lines 63-64). This replaces a provision of existing law that was deleted in the original version of HB 131 that "physical therapy does not include the medical diagnosis of a patient's disability" (Lines 70-71).

With regard to the first change, the OSMA still has patient safety concerns when a PT orders imaging because the imaging education and training of a PT, even in PT doctorate programs, is not sufficient. Second, because the continuing education option created by the PT licensing board and approved by the PT Association is unspecified in terms of scope and content, we do not have a level of confidence that the education programs would be robust enough to provide the appropriate level of training to order x-rays. This later provision also appears to set up a potential conflict of interest because the PT Association would have the extraordinary role of approving the training recommended by the PT licensing board. As such, the OSMA recommends deleting the entire imaging section in lines 23-38.

We continue to offer an alternative proposal for consideration regarding new authority for a PT to order x-rays, namely, to attain adequate training in imaging and enter into a formal collaboration arrangement with a physician, similar to how APRNs and PAs do under their existing scopes of practice. Also, as previously noted, we know of only one other state that authorizes a PT to order images, so even with this collaborative approach, Ohio would be an outlier state relative to this authorization.

The second major change in this substitute bill relates to our continued position that the PT statute should retain express language stating that physical therapy does not include a medical diagnosis. We appreciate that an attempt to keep this concept in the sub-bill was made. However, we question changing the wording from “a medical diagnosis of a patient’s disability” to “the medical diagnosis of a disease.” To avoid any confusion, we would recommend amending line 63-64 to include both disease and disability: “Physical therapy diagnosis does not include the medical diagnosis of disease or a patient’s disability.”

To conclude, the proponents of this legislation have previously suggested that the major premise behind the bill was to have better opportunities for PTs to bill health insurers for PT services. The OSMA has no opposition to this goal and we believe with the changes we have suggested, this goal can be accomplished. And by opening up insurance coverage for PT services, the vast majority of Ohioans will have a new, meaningful access opportunity to receive PT.

Thank you for the opportunity to comment on the substitute version of HB 131. While the OSMA continues to oppose this latest version, we are hopeful that our suggestions outlined above will be adopted. If so, the OSMA position will change to neutral.