My name is Daniel Lilley and I have been licensed as a Physical Therapist since 1971. I have maintained a private practice in Cincinnati for many years and have leased some of my office space to practitioners of a variety of modalities including Trager Approach, Feldenkrais, Method, Structural Integration, Reiki, and Massage Therapy. I recognize the value of making available to the public a variety of modalities that have inherent unique qualities. If HB 81, which broadens the definition of Massage Therapist to include anyone who touches, is passed, then many of the practitioners who practice these modalities will have to obtain a massage therapy education and pass the massage therapy license exam in order to be able to practice the modality that they have been trained in or face giving up their chosen livelihood. Please divert this tragedy by including an exclusion in HB 81 for the above mentioned and possibly other modalities.

Thank you.

Sincerely, Daniel Lilley

WITNESS INFORMATION FORM

PMay lmay ease complete the Witness Information Form before testifying:

Date:5242/
Name: DANIBC P. LICEY
Are you representing: Yourself Organization
Organization (If Applicable):
Position/Title: POSIDENT - PT
Address: 800 CO INPTON ROOD #3
City: <u>LINCI NMM</u> State: <u>OU</u> Zip: <u>45031</u>
Best Contact Telephone: 573 592 6 Pemail:
Do you wish to be added to the committee notice email distribution list? Yes \(\sigma\) No \(\sigma\)
Business before the committee
Business before the committee Legislation (Bill/Resolution Number):
Legislation (Bill/Resolution Number):
Legislation (Bill/Resolution Number): Specific Issue:
Legislation (Bill/Resolution Number): Specific Issue: Are you testifying as a: Proponent Opponent Interested Party Will you have a written statement, visual aids, or other material to distribute? Yes
Legislation (Bill/Resolution Number): Specific Issue: Are you testifying as a: Proponent Opponent Interested Party Will you have a written statement, visual aids, or other material to distribute? Yes No (If yes, please send an electronic version of the documents, if possible, to the Chair's office prior
Legislation (Bill/Resolution Number): Specific Issue: Are you testifying as a: Proponent Opponent Interested Party Will you have a written statement, visual aids, or other material to distribute? Yes
Legislation (Bill/Resolution Number): Specific Issue: Are you testifying as a: Proponent Opponent Interested Party Will you have a written statement, visual aids, or other material to distribute? Yes No (If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.