Testimony before the House Health and Aging Committee

In Opposition to House Bill 131

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Speaking on behalf of the Ohio Osteopathic Association

June 21, 2017

Chair Huffman, Vice Chair Gavarone, Ranking Member Antonio and Members of the House Health and Aging Committee. My name is Jason Dapore, DO, and I am testifying today on behalf of the Ohio Osteopathic Association in opposition to HB 131, which expands the scope of practice of physical therapists to order tests and diagnose physical disabilities. The Ohio Osteopathic Association advocates for approximately 6,200 osteopathic physicians, residents and students in the state of Ohio. DOs practice in all medical specialties, ranging from family medicine to neurosurgery, and represent approximately 13 percent of Ohio's practicing physicians.

I am an Osteopathic Sports Medicine Physician, and I have the privilege and honor to work in the complex field of sports medicine in the care of patients and athletes. In caring for athletes, our sports medicine team includes a variety of essential members who all bring about a unique skill set that helps provide comprehensive care to the athlete looking to return to the field. This healthcare team includes physicians, athletic trainers, physical therapists and performance specialists just to name a few.

As a board certified sports medicine physician, I completed a Bachelor of Science degree and four years of medical school at the Ohio University Heritage College of Osteopathic Medicine. I then completed a three-year family medicine residency followed by a one year sports medicine fellowship. Osteopathic medical training involves an understanding of the integrated nature (structure and function) of the whole human body to assist the normal functioning of all body parts and systems. Osteopathic manipulative treatment (OMT) is a distinctive medical procedure taught in osteopathic medical schools and used by DOs to treat somatic dysfunction and should not be confused with services provided by non-physicians.

I have had the privilege of practicing in the field of sports medicine since 2005 and I have a great amount of appreciation for the healthcare team. Each team member serves a vital role with their specific expertise in the care of the athlete and patient. The Ohio Osteopathic Association supports the "team" approach to medical care because the physician-led medical model ensures that professionals with complete medical education and training are adequately **involved in patient care.** While we value the contributions of PTs to the health care delivery system, we believe any expansion of their authority to provide services to patients requires appropriate physician oversight and additional education, training and competency demonstration requirements.

HB 131 does not satisfy these concerns as it does not require PTs to complete the same level of training physicians undergo in order to establish diagnoses and develop appropriate treatment plans. Further, diagnosing patients constitutes the practice of medicine, and as such should be limited to fully trained and licensed physicians. My role as a physician is to render an accurate diagnosis and partner with the physical therapists, athletic trainers and other healthcare professionals that may offer treatment to the injured athlete. In our clinic, we collaborate on cases and work together to return the athlete to the field or the patient to optimal function.

There are two reasons I oppose the House Bill before you. The first is that I really do not see a problem needing to be solved by this proposed legislation. Patient access and safety have been offered, but as a practicing sports medicine physician I am simply not seeing patients complain about delays in plain film imaging and other tests. Oftentimes, when I am evaluating a new patient, I am not seeing a lack of imaging and testing but rather duplicitous or unnecessary imaging. Insurance companies, payers and national guidelines are looking to reduce costs and unnecessary testing. Allowing physical therapists to independently order tests is going counter to national trends and guidelines.

The second reason I oppose this legislation is that HB 131 does not enhance the care of the athlete or patient and may, in fact, subject patients to unnecessary testing. This potentially increases a patient's exposure to radiation, which can have negative long-term effects on their health. Imaging is not sought to make the diagnosis in the field of musculoskeletal or sports medicine. The diagnosis is made by the physician examining the patient and imaging is ordered to confirm the diagnosis, evaluate the severity of the diagnosis or to rule out other causes. By ordering imaging studies, the physician is seeking to evaluate a diagnosis.

In conclusion, physical therapists are a valuable part of the health care team. Diagnosing the neuro-musculoskeletal system can have very broad applications. A practitioner cannot safely arrive at the diagnosis by merely staying within a very limited scope of training. The ability to diagnose requires comprehensive medical education and sufficient residency and fellowship experiences to be able to adequately diagnose physical disability.

Thank you for allowing me to testify. I will be happy to answer any questions that you may have.