

OHIO PODIATRIC MEDICAL ASSOCIATION, DBA

OHIO FOOT AND ANKLE MEDICAL ASSOCIATION

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Chairman Huffman, Vice Chairwoman Gavarone, Ranking Member Antonio and members of the House Health Committee, my name is Dr. Richard Schilling and I had the privilege to formerly serve as President of the Ohio Foot & Ankle Medical Association (OHFAMA). OHFAMA represents Ohio's podiatric physicians and surgeons and I am here today to testify against Substitute House Bill 131, the physical therapy scope of practice bill jointly sponsored by Representatives Bill Reineke and Theresa Gavarone.

As many of you well know, the issue of expansion of the scope of practice for physical therapists has been before the Ohio legislature for many years. It is a very difficult issue and our association has a long history of interacting with this legislature to positively reflect the views of our physician members and work as collaborators with members of the General Assembly. We do not relish coming before legislative committees and opposing legislation. We appreciate the hard work the sponsors of the bill, the Chairman and others have put in to get us to this point. However, we believe the current version of HB 131 still needs additional work in order to address the remaining concerns of our organization and the physician community.

Please allow me to begin by saying that OHFAMA has great respect for physical therapists and the value they bring to the health care delivery system. Our physician members feel the current collaborative system is working quite well and is positively serving the needs of patients. That being said, I would like to focus on a few of the areas that our profession requests be addressed before this legislation moves forward.

First, by definition, physical therapists are "therapists", who utilize "active" therapeutic exercises, massage and rehabilitative procedures. In line 26, the language states "doctorate degree"; however an advanced degree doesn't qualify competency, as all physical therapists are licensed the same without privileges. There are no specialty licenses as a physical therapist, so a Masters-prepared therapist can do what a doctoral level therapist may do clinically. Line 82 should also state that supervision of a physical therapist assistant should be only by "direct" supervision and include "that the supervising physical therapist must be immediately available to assist in that role by directly supervising the assistant."

Second, the current version of the bill continues to use the word "diagnosis" when describing the newly proposed scope of practice for physical therapists. This issue has been one of the main areas of disagreement between the physician community and physical therapists for many years, as our members strongly continue to believe that this is the role of physicians in the health care delivery system. OHFAMA realizes the substitute version of the bill spells out in lines 63-64 that a "physical

therapy diagnosis" does not include the medical diagnosis of disease but our physicians and surgeons strongly believe the better term that should be used in state statute is "physical therapy assessment" to make it clear that properly trained and educated physicians are making crucial diagnoses on behalf of their patients. In addition, the substitute bill deletes current statute in Lines 70-73 that makes it very clear that physical therapy does not include a "medical diagnosis of a patient's disability." This appears to be a nuanced way of replacing "disease" with "disability" in the ability of a physical therapist within the PT's scope of practice. We believe current law in this area has served patients well and should be reinstated.

Third, Lines 35-38 would prevent podiatric physicians and surgeons from being able to read plain x-rays or plain film x-rays that would be allowed to be ordered by physical therapists under the proposed bill. OHFAMA would strongly request that language be added to this section of the bill to allow our members to do what current state statute allows within our scope of practice and what our members do on behalf of their patients every day. A doctoral level therapist is licensed the same as a Masters-prepared level therapist; hence their degree standing is not a specialty, nor do they have privileges in that regard. Their role as "therapist" is and should be to assess, not to render a diagnosis.

Lastly, lines 26-34 of the substitute bill regarding a physical therapists' requirements to order plain x-rays or plain film x-rays does not appear to outline statutory boundaries regarding the specific education courses, activities or programs in imaging that must be met. The bill would leave that up to the rulemaking process adopted under 4755.52 of the Revised Code and the approval of the Ohio Physical Therapy Association. This ambiguity needs to be addressed in statute in order to make sure that if the legislature decides to agree to allow PT's to order these x-rays, the proper amount of training needs to be clearly identified and agreed to by all parties that are part of this process under our collaborative health care delivery system.

Chairman Huffman, Vice Chair Gavarone, Ranking Member Antonio, thank you for allowing me to testify before the committee regarding OHFAMA's position on Substitute House Bill 131 and the issues that our association feels need to be further addressed by the committee. Again, we applaud the work of Representatives Reineke and Gavarone in their continuing efforts to find consensus on this long-debated issue. We stand ready to continue to work with all interested parties to see if we can achieve an agreement on this issue. I will be happy to try to answer any questions the members of committee might have at this time.

Thank you,

Richard A Schilling, DPM, FACFAS

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