

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 Rob Dunham and I am currently a member of the Executive Board of the Ohio Physical Therapy Association.

To give the committee a little about my background, I completed my Bachelor's Degree in Rehabilitation Sciences, received a Master's of Physical Therapy and Doctorate of Physical Therapy Degree all at the College of Mount Saint Joseph. I worked in an outpatient orthopedic physical therapy office in Dayton for 3 years before working onsite at GE in 2009. I have served the Ohio Physical Therapy Association in some capacity since graduation and am currently on the board of directors. I also serve as a delegate to the American Physical Therapy Association.

I taught as an adjunct faculty member at the College of Mount St. Joseph for 2.5 years. I am currently the Regional Wellness Center Manager for the GE Family Wellness Center in Evendale, OH where I oversee a multidisciplinary facility including primary care, occupational medicine, pharmacy, fitness center, and physical therapy office.

The committee just heard from our President Tonya Apke regarding the changes in the substitute bill regarding the ordering of x-rays. I would like to discuss other key changes in the bill.

One change that received the most discussion is regarding the language allowing a physical therapist to diagnose. Many witnesses from the physician community interpreted the as-introduced version to allow a physical therapist to make a "medical diagnosis." While there is no definition in the Ohio Revised Code of "medical diagnosis," the substitute bill has added several provisions to clarify the type of diagnosis a physical therapist makes.

The bill adds a definition of "physical therapy diagnosis." That definition also includes specific language stating "Physical therapy diagnosis" does not include the medical diagnosis of disease. I think it is important to note that many other healthcare providers outside of physicians include language in their scope of practice allowing them to make a diagnosis. To our knowledge, none go so far as to define their type of diagnosis. We believe this is a significant compromise in the legislation.

I would also like to point out that HB 131 is only proposing changes to one section of our practice act. We feel it is important for this committee to consider other sections of current law when considering this bill. I would like to specifically draw attention to Section 4755.481 of the Revised Code—the Direct Access law for Physical Therapists. Specifically, paragraph (A)(4) states:

“If, at any time, the physical therapist has reason to believe that the patient has symptoms or conditions that require treatment or services beyond the scope of practice of a physical therapist, the physical therapist shall refer the patient to a licensed health care practitioner acting within the practitioner's scope of practice”

We believe this current provision, along with the changes made in the substitute version of HB 131, adequately addresses any perception that a Physical Therapist would be diagnosing or providing care outside of their scope of practice.

Chairman Huffman, members of the committee, the OPTA has remained committed to working with interested parties on this legislation. We have made every effort to address concerns raised by opponents. We hope that is evident by the changes made in the substitute bill. I would like to specifically thank the bill sponsors Vice Chairwoman Gavarone and Representative Reineke who have allowed for constructive and robust conversation on this legislation. I strongly believe this legislation strikes a balance of advancing the practice of physical therapy while also taking into serious consideration the objections raised.

I am hopeful the committee can support Sub HB 131. We would be happy to answer any questions.