

Submitter:

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On Behalf Of:

Committee:

Senate Committee On Health Care

Measure, Appointment or Topic:

HB3824

HB 3824 should be passed because our patients deserve efficient and accessible healthcare. Juggling healthcare appointments to receive care for one health issue is incredibly stressful and, in some situations, impossible. These experiences increase pain and prolong poor health outcomes, increasing the potential for chronic pain. Chronic pain is not only a determinant of poor quality of life, but also a major financial cost to the health care system and the patient. Our patients deserve to receive early and effective interventions. Not everyone is going to have the means, access, or education to go see an acupuncturist, whereas physical therapy is slightly more known and established within most communities. Due to limitations to access and cost of acupuncture separate from PT, patients should be able to be treated with dry needling via their physical therapist.

Also, the term Doctor of Physical Therapy denotes expert education on the musculoskeletal system and physical exercise. This term should be protected because physical therapists have completed 3 or more years of graduate school specifically studying the musculoskeletal system and the effect of physical exercise on tissue health and remodeling, cardiac and pulmonary performance, recovery from surgery, and overall quality of life. As such, we should be allowed to order imaging for our patients (instead of sending them back to their PCP with "recommendations for imaging due to signs and symptoms of..."). This would allow us to shorten the length of time our patient is pursuing access to care, increase productivity within the healthcare system, thus decreasing the probability of our patient developing chronic pain, which costs the healthcare system over \$230 billion in direct healthcare costs. Lastly, as physical therapists are already considered experts in fitting durable medical equipment (DME) to patients (ie. wheelchair assessments in collaboration with an Assistive Technology Professional), we should have the authorization to prescribe DME. In clinic, I've seen patients either using the incorrect assistive device for their body and/or health condition because that is what they were told to use or were given when they left the hospital. Unfortunately, because I can't order them something more functional for them, their healing timeline is delayed, healthcare episode is extended, and they are unable to live at their most functional ability.

In our current healthcare system patients are not getting better in an efficient or holistic manner due to delays and limited access. HB 3824 would promote patient centered care, efficient healthcare, and access to interventions that can promote their functional abilities and decrease lengths of health conditions.