

Submitter: Jessie Magnani  
On Behalf Of:  
Committee: Senate Committee On Health Care  
Measure, Appointment or Topic: HB3824

Dear Chairs,

My name is Dr. Jessie Magnani and I am a Neonatologist in Medford, Oregon. I am writing to ask for your support in passing House Bill 3824, the PT Modernization Act.

#### Support for Physical Therapists Ordering Durable Medical Equipment (DME)

Physical therapists with doctoral degrees (DPTs) are uniquely qualified to prescribe durable medical equipment due to their specialized education and training. They complete extensive coursework in biomechanics, gait analysis, and assistive technology assessment that is both comprehensive and highly skilled. Their expertise in functional mobility and comprehensive understanding of activity limitations makes them ideal professionals to determine appropriate DME needs.

When I previously worked as a primary care provider (Pediatrician), I spent considerable time processing DME prescription requests from physical therapists who have already performed comprehensive evaluations to determine exactly what equipment patients need. This creates unnecessary delays for patients awaiting essential mobility aids and adds administrative burden to my already overwhelmed schedule. Allowing qualified PTs to directly order DME would expedite patient care while allowing me to focus on more complex medical issues that require my specific expertise.

#### Support for Physical Therapists Ordering Imaging

Physical therapists receive rigorous training in musculoskeletal assessment and specific evidence-based clinical decision rules that guide imaging decisions. They routinely apply protocols like the Ottawa Ankle Rules and Canadian C-Spine Rules—the same guidelines we used in primary care—to determine when imaging is warranted. Their doctoral education includes substantial training in recognizing red flags and understanding imaging appropriateness criteria.

Currently, when a physical therapist evaluates a patient and determines imaging is necessary, they must refer the patient to me solely to order the same imaging the PT has already determined appropriate. This creates unnecessary appointment delays, increases costs to patients through additional visits, and adds administrative burden to my practice. Granting PTs imaging privileges would streamline care pathways, reduce delays in diagnosis, and allow me to dedicate more time to patients requiring complex medical management.

#### Personal Experience

I have personally had immense clinical benefit when undergoing dry needling in another state related to my cervical disc herniation and complex regional pain

syndrome. Largely through the benefits of dry needling, I was able put off having a cervical spinal fusion at the C4-C5 and C5-C6 levels for over 4 years from my initial injury. This essential tool in my recovery is not available in Oregon and serves a distinctly different need from acupuncture, which I have also benefited from. I strongly support this bill which will enable the highly-capable DPTs in Oregon to support their patients with dry needling when medically indicated.

#### Closing statement

As a Neonatologist facing increasing demands on my time and expertise, I strongly support updating Oregon's physical therapy practice act through HB 3824.

Modernizing PT practice privileges would benefit both healthcare providers and patients across Oregon by reducing unnecessary visits, decreasing wait times, lowering healthcare costs, and allowing all providers to practice at the top of their education and training. This is especially pertinent to DPTs practicing in Pediatrics, as there are so few DPTs in Pediatrics in Oregon that these above changes will save them time and energy contacting and referring back to the referring Pediatrician for appropriate imaging and DME.

Thank you for your consideration,

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