

Senate Health Care Committee
Oregon State Legislature
900 Court St. NE
Salem, OR 97301

May 5, 2025

Re: Testimony in Support of House Bill 3824A

Dear Chair Patterson ,Vice-Chair Hayden, and Members of the Senate Committee on Health Care:

I am writing in strong support of House Bill 3824A to modernize the Oregon Physical Therapy Practice Act. I believe that this legislation will improve Oregonians' access to healthcare services, particularly those in rural areas of our state. The proposal before the Committee is based on the Model Practice Act put forth by the Federation of State Boards of Physical Therapy (FSBPT); the Oregon Board of Physical Therapy (a member of the FSBPT) has primary responsibility of protecting the public by ensuring that physical therapists deliver care consistent with their training. I strongly support HB 3824A, as it will enhance patient access to safe, effective, and timely interventions, particularly in rural and underserved communities.

The current Oregon Physical Therapy Practice Act, unchanged for decades, no longer reflects the rigorous training of today's physical therapists, who hold Doctor of Physical Therapy (DPT) degrees. Entry-level DPT programs equip therapists with expertise in anatomy, biomechanics, pathophysiology, and evidence-based interventions. Further trainings, certifications, and specialties are built upon this foundation, not separately. This includes skills such as dry needling, a technique to relieve muscle pain that is safely performed in 39 states but prohibited in Oregon and only three other states (APTA, 2024). According to the FSBPT, approximately 88% of the knowledge required for this skill has been taught in entry-level education; a number of programs also include dry needling in their curriculum. Some opponents of dry needling in Oregon argue that this would violate existing statute, indicating that ORS 677.757(1)(a) defines acupuncture as stimulation of specific points on the body "by the insertion of needles." This selectively edits the full definition to assert that "dry needling" and "acupuncture" are the same thing—they are not. In full, ORS 677.757(1)(a) states:

"Acupuncture" means an Oriental health care practice used to promote health and to treat neurological, organic or functional disorders by the stimulation of specific points on the surface of the body by the insertion of needles. "Acupuncture" includes the treatment method of moxibustion, as well as the use of electrical, thermal, mechanical or magnetic devices, with or without needles, to stimulate acupuncture points and acupuncture meridians and to induce acupuncture anesthesia or analgesia.

Additionally, DPT programs equip physical therapists with diagnostic skills to determine when imaging referrals are clinically appropriate. This training promotes timely and cost-effective care, reducing patient wait times, hospital admissions, and costs (APTA, 2025) by facilitating coordinated referrals and

allowing imaging information to be available to physicians when it is needed rather than requiring multiple visits to order, perform, and then review imaging results. A recent study by Keil *et al.* (2025) found that 91% of referrals were consistent with evidence-based guidelines for referral, the utilization rate was extremely low (1% for referred patients and 7% for those seen via direct access), and no instances of insurance denial when a PT signed the referral. In short, the authors conclude that physical therapists with diagnostic imaging privileges use these privileges judiciously and appropriately.

Physical therapists are also educated to assess the need for durable medical equipment (DME)—such as walkers, crutches, and orthotic devices— and tailoring recommendations to promote patient recovery and independence. The practice of physical therapy is focused on identifying functional limitations and related participation restrictions that limit patients' ability to participate fully in their life. As with other language in the practice act, allowing physical therapists to order DME reduces unnecessary cost and accessibility burdens experienced by patients.

HB 3824A modernizes ORS 688 to reflect these educational advancements and national trends, as outlined in the FSBPT's Model Practice Act. By removing outdated restrictions, the bill will enable physical therapists to practice to the full extent of their training. This is particularly vital for rural Oregonians, who often face barriers to accessing specialized healthcare services.

I respectfully urge the committee to support HB 3824A. Its passage will align Oregon with national best practices, empower physical therapists to deliver comprehensive care, and enhance the health and well-being of Oregonians.

Respectfully,

A handwritten signature in black ink, reading "Jeremy Hilliard PT, DPT". The signature is fluid and cursive, with the initials "JH" being prominent.

Jeremy Hilliard, PT, DPT

Past-President, APTA Oregon

Director of Clinical Education, George Fox University School of Physical Therapy

References:

American Physical Therapy Association. Dry Needling: Laws by State. Accessed May 5, 2025.

<https://www.apta.org/patient-care/interventions/dry-needling/laws-by-state>

American Physical Therapy Association. Physical Therapy in Emergency Care: Value of Physical Therapy.

Accessed May 5, 2025. <https://www.apta.org/your-practice/practice-models-and-settings/hospitals/emergency-department/physical-therapy-in-emergency-care-value-of-physical-therapy>

Keil A, Nelson EO, Kareha SM, Tauferner S., Baranyi B, Clark K. (2025). Ordering of diagnostic imaging by physical therapists: a multi-center analysis of successful implementation. *Journal of Manual & Manipulative Therapy*, 1–8. <https://doi-org.georgefox.idm.oclc.org/10.1080/10669817.2025.2465738>