

Submitter: Albert Buchalski  
On Behalf Of:  
Committee: Senate Committee On Health Care  
Measure, Appointment or Topic: HB3824

As a licensed physical therapist in Oregon, I strongly support HB 3824. This legislation is a critical step toward improving patient care, enhancing safety, and reducing healthcare costs.

#### Patient Safety and Clinical Efficiency:

Physical therapists are highly trained in musculoskeletal and neuromuscular conditions, often serving as first-contact providers. Granting us the authority to prescribe DME and utilize sonographic imaging aligns our responsibilities with our education and clinical expertise. When PTs can directly assess and address patient needs without unnecessary referral delays, outcomes improve and safety is enhanced.

For example: A patient recovering from a post-operative ACL repair may require a functional knee brace for mobility and stability. Currently, obtaining a prescription requires an additional appointment with a physician, creating delays that can lead to falls, re-injury, or poor surgical outcomes. Allowing the treating PT—who is already monitoring the patient's progress and functional needs—to prescribe the brace immediately reduces risk, saves time, and ensures timely intervention.

Similarly, musculoskeletal ultrasound allows PTs to assess soft tissue injuries in real time, identify complications (such as tendon ruptures or effusions), and tailor treatment plans appropriately. This ability improves diagnostic precision and prevents overuse of more expensive imaging like MRI or CT scans.

#### Reduced Healthcare Spending:

By allowing physical therapists to operate at the top of their license, HB 3824 helps reduce redundant medical visits, diagnostic tests, and administrative burdens.

According to studies, direct-access physical therapy leads to faster recovery times, fewer imaging referrals, and decreased opioid prescriptions. These outcomes significantly lower healthcare costs for both patients and insurers.

For instance, equipping PTs to prescribe appropriate DME or determine imaging needs without intermediary steps can eliminate multiple office visits and associated copays. It also reduces unnecessary specialist consultations, allowing providers to focus on higher-acuity patients.

#### Education and Competence:

Physical therapists complete extensive graduate-level training—typically earning a Doctor of Physical Therapy (DPT) degree—which includes rigorous coursework in anatomy, differential diagnosis, biomechanics, and therapeutic modalities. DPT programs also integrate imaging and pharmacology education, preparing clinicians to

use diagnostic tools safely and effectively.

Moreover, post-graduate continuing education and certification options (such as musculoskeletal imaging credentials and DME training modules) ensure that physical therapists stay current with best practices. Other states already permit PTs to use diagnostic ultrasound and sign disabled parking permits with great success and no evidence of harm or misuse.

#### Administrative Efficiency and Patient Access:

Allowing PTs to sign parking permit forms and administer vaccines helps streamline care and improve access—especially in underserved areas where healthcare providers are limited. Physical therapists are already positioned in outpatient, home health, and community settings, enabling them to reach vulnerable populations more effectively.

#### Conclusion:

HB 3824 represents a forward-thinking, evidence-based adjustment that aligns Oregon with national trends in physical therapy practice. These proposed changes enhance patient safety, reduce delays, lower costs, and fully leverage the training and skills of physical therapists to serve Oregonians better. I respectfully urge lawmakers to support HB 3824 and help modernize healthcare delivery in our state