

Dear Chairs,

My name is Thomas L Sevier, M.D. and I am a physician. I am requesting your support in passing House Bill 3824, the PT Modernization Act.

Due to their specialized education and training, physical therapists with doctoral degrees (DPTs) are uniquely qualified to prescribe durable medical equipment. 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 make them ideal professionals for determining appropriate DME needs.

As a primary care provider, I spend 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 an administrative burden to my already overwhelmed schedule. Allowing qualified PTs to order DME directly would expedite patient care while allowing me to focus on more complex medical issues that require my specific expertise.

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 use 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 patient costs 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.

Lastly, I urge you to bring Oregon in line with 46 other states and the Federation of State Boards of Physical Therapy to make the practice of dry needling by a certified and licensed physical therapist legal in the state for the following reasons:

- Physical therapists have safely practiced dry needling since the 1990s with extremely low adverse event rates (less than 0.1% according to multiple large-scale studies). PT liability insurers report no increased claims related to this practice.
- Physical therapists receive comprehensive doctoral-level anatomical training, with the Federation of State Boards of Physical Therapy confirming that 88% of competencies required for safe dry needling are already included in accredited DPT curricula.
- Multiple Supreme Courts in other states have affirmed that dry needling is distinct from acupuncture and properly within physical therapy scope, recognizing that health professions naturally have overlapping practices that benefit patient choice.
- In our current healthcare climate, where Oregonians struggle with access to care, allowing qualified physical therapists to perform dry needling would increase the availability of this evidence-based intervention, which has been incorporated into clinical practice guidelines.

- Dry needling specifically targets functional changes in anatomical structures using Western medical principles, fundamentally different from acupuncture's approach based on Chinese medicine principles of meridians and energy flow.
- Supporting HB 3824 in its entirety ensures Oregonians have access to safe, effective care from licensed providers while aligning our state with national best practices.

In summary, I urge you to support HB3824 in its entirety. Oregonians deserve access to safe, effective, evidence-based care from licensed providers.

Sincerely,

Thomas L. Sevier, M.D.
Medical Director
Performance Dynamics