

May 6, 2025

Dear Senate Committee On Health Care,

We are Angelo Bologna PT, DPT and Trevor Schongalla PT, DPT, OCS and we are writing in support of HB 3824A, with cosigned support of our professional colleagues at OHSU. We are both employees at OHSU, and we are represented by AFSCME Local 328.

Physical Therapists are a core part of healthcare - we have a powerful role in interfacing with injury, disability, and people's daily function. We receive Doctoral level schooling, and the idea behind that is that we should be Direct Access Providers who can see patients' front line, assess their injuries, screen them, and perhaps refer them to higher level care when it is appropriate. There is abundant literature that Physical Therapists have similar accuracy in their musculoskeletal screening to orthopedic surgeons, and this reflects our high level of training in anatomy and human function. As well, the literature stands abundantly that meeting DPTs promptly at the beginning of injury decreases long term disability, pain medication needs, and decreases utilization of higher level imaging resources (MRIs).

We have struggled with the expansion of our scope of practice to reflect the level of training we receive. HB 3824 gives us both necessary protections for our level of practice, and expands it in places that are needed. Currently, private companies are able to utilize the title of DPT (which is Doctor of Physical Therapy) to market their Direct Personal Trainers, or other such uses of the abbreviation. These personal trainers are not licensed by boards of Physical Therapy and don't perform Physical Therapy. This bill gives us protections against misleading marketing, and gives patients protections in the transparency of the service provided.

This bill also grants physical therapists the ability to perform diagnostic ultrasounds without needing a separate license. We are considered direct access providers and we have struggled across the United States to get basic imaging rights. While the assessments we can do by hand are already nearly as accurate as that of orthopedic surgeons, having imaging access allows us to perform more accurate work and helps us screen for when we need to refer to higher level management. This is a practice area many PTs have worked to explore to advance our level of practice, and we have as much anatomic training in MSK as MDs. This simply allows us to use technology that is available, with skills

we already have, to continue the excellent work we do in our field.

Lastly, this bill gives us the much needed rights of practice to prescribe durable medical equipment. Currently, if we need to order an AFO, brace, or assistive device to reduce or prevent a fall, we need to pursue a referral from an MD for the device to be covered. This simply is a bureaucratic hurdle for us - the MDs refer the patients to physical therapy for assistive devices, we have to write back their need, and then it has to be signed again by the MDs for patients to receive their equipment. This process can often take weeks, which is delaying care for paperwork reasons. We are expected to make the assessment of what device is appropriate, which is what these providers are referring patients to us for. This bill allows us to have less steps in that process, which is better for the patients under our care, and reduces the amount of administrative burden on MDs and medical support staff. We may be ordering this equipment ahead of a major surgery, or around a recent injury, where the timeliness to process such is a factor.

We ask you to strongly consider passing this bill.

Kindly,

Angelo Bologna PT, DPT - Local 328 Lead Steward

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