



MEMORANDUM

To: Sen. Deb Patterson, Chair
Sen. Cedric Hayden, Vice Chair
Members of the Senate Health Care Committee

From: Courtni Dresser, Vice President of Government Relations

Date: May 6, 2025

Re: OMA Comments on HB 3824 A

On behalf of the Oregon Medical Association (OMA), which represents more than 7,000 physicians, physician associates, and medical and PA students across the state, thank you for your continued commitment to improving access to high-quality healthcare for all Oregonians.

OMA appreciates and respects the critical role that physical therapists (PTs) play in Oregon's healthcare system. PTs are valued partners in rehabilitation and movement therapy and are essential members of interdisciplinary care teams. We support efforts to improve access to timely, high-quality physical therapy care.

However, we continue to express our significant concerns regarding the expansive scope of practice changes proposed in House Bill 3824-A. While the intention behind the bill may be to increase access to care, several provisions raise serious questions about patient safety, clarity of authority, and care coordination—especially in settings where physical therapists are not embedded within collaborative clinical teams.

1. Prescribing Durable Medical Equipment (DME) – Section 5, Line 15

The bill allows PTs to “prescribe durable medical equipment,” but provides no definition, limitation, or guardrails around that authority:

- The bill does not define the scope of DME covered. Could this include complex items like CPAP machines, which typically require a physician evaluation?
- There is no language preventing financial conflicts of interest. Federal laws like the Stark Law restrict physicians from self-referring for profit on DME. PTs are not bound by the

same restrictions, raising concerns about overutilization and increased costs to insurers and patients with high deductibles.

2. Vaccine Administration – Section 6, Lines 17–18

While vaccine access is critical, OMA questions the rationale and training behind authorizing PTs to administer vaccines:

- PTs are not currently required to receive in-depth training in immunology, vaccine safety, or management of adverse reactions.
- As written, there are no safeguards or restrictions on the type of vaccines that may be administered.

3. Significant Scope Expansion in the Definition of Physical Therapy – Section 9, Lines 34–43

The bill broadly redefines physical therapy to include:

- Needle insertion—raising questions about whether this could include orthobiologics, stem cell therapies, or injections requiring physician oversight.
- Integumentary protection and repair—does this include wound suturing or cauterization?
- Debridement and wound care—what standardized training exists for PTs in this area?
- Electrotherapeutic and mechanical modalities—what are the boundaries of these interventions?
- “Prescription application”—an undefined and potentially expansive term. Could this imply medication prescription or application of pharmaceutical agents?

These terms are vague and significantly broaden the clinical scope of PT practice. Without clear guardrails and training standards, such expansions could lead to concerns in care. OMA recognizes and values the contributions of physical therapists to patient care. However, HB 3824-A, as currently drafted, significantly expands the scope of PT practice without sufficient clarity, oversight, or guardrails to protect patients and ensure coordinated care.