

2021 SENATE HUMAN SERVICES

SB 2122

2021 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Sakakawea Room, State Capitol

SB 2122
1/13/2021

A BILL for an Act to create and enact a new section to chapter 43-26.1 of the North Dakota Century Code, relating to permitting physical therapists to order musculoskeletal medical imaging; and to amend and reenact subsection 14 of section 43-26.1-01 of the North Dakota Century Code, relating to the scope of practice of physical therapists.

Madam Chair Lee opens the hearing on SB 2122 at 10:23 a.m. All members present: Senator Lee, Senator K. Roers, Senator Clemens, Senator Hogan, Senator Anderson, Senator O. Larsen.

Discussion Topics:

- Physical Therapists diagnostic imaging privileges
- Physical Therapy practice evolution
- Efficiency of health care delivery

[10:03] Senator Bekkedahl, District 1. Introduced SB 2122 and provided testimony #650 in favor.

[10:09] Jack McDonald, Lobbyist, On behalf of the North Dakota Board of Physical Therapy. Provided testimony #465 in favor.

[10:12] Jeffrey J. Ferguson, Practicing Physical Therapist. Provided testimony #654 in favor.

[10:25] Bob Schulte, Practicing Physical Therapist, American Physical Therapy Association of North Dakota. Provided testimony #656 in favor.

[10:37] Courtney Koebele, Executive Director, North Dakota Medical Association. Provided neutral testimony #849 **(10:37)**

[10:40] Chris Jones, Director, Department of Human Services. Provided testimony #682 in opposition. **(10:40)**

[10:42] Megan Houn, Director, Government Relations of Blue Cross and Blue Shield. Provided testimony in opposition

Senator K. Roers moved to **ADOPT AMENDMENT**, on page 1 line 16 replace “radiologist” with “physician trained in radiology interpretation”

Senator Hogan seconded

Voice vote, motion passed

Senator Anderson moved **DO PASS, AS AMENDED**

Senator Hogan seconded

Senators	Vote
Senator Judy Lee	Y
Senator Kristin Roers	Y
Senator Howard C. Anderson, Jr.	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Oley Larsen	N

The motion passed 5-1-0

Senator Clemens will carry SB 2122.

Additional Testimony: (1)

Kathleen Bachman, Physical Therapist, Essentia Health. Provided written testimony #1502 in favor.

Madam Chair Lee closes the hearing on SB 2122 at 10:44 a.m.

Justin Velez, Committee Clerk

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Title.04000

Adopted by the Human Services Committee

January 13, 2021

PROPOSED AMENDMENTS TO SENATE BILL NO. 2122

Page 1, line 16, replace "radiologist" with "physician trained in radiology interpretation"

Renumber accordingly

OK
1/13

REPORT OF STANDING COMMITTEE

SB 2122: Human Services Committee (Sen. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (5 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). SB 2122 was placed on the Sixth order on the calendar.

Page 1, line 16, replace "radiologist" with "physician trained in radiology interpretation"

Renumber accordingly

SENATE HUMAN SERVICES COMMITTEE

Honorable Judy Lee, Chair

SB 2122 Testimony

January 13, 2021

Chair Lee and Committee Members,

For the record, I am Brad Bekkedahl, Senator for District 1 in Williston, and the prime sponsor of SB 2122 before you today. I've had the privilege to work with several Physical Therapist practitioners on this issue since the 2019 session. There has been significant presentation and discussion with all the medical community affected by this legislation, and we feel there is now enough agreement to bring the bill forward. The bill as presented allows any Physical Therapist or Doctor of Physical Therapy with proper training in radiology to order plain film x-rays to improve the efficiency of patient care. It also should allow faster collaboration and transfer of care when necessary. The US Military has allowed this practice since 1972 and Canada has had this in place since 2012. In both instances, studies have been done that show appropriate, safe, and effective quality of care outcomes.

At times, appropriate imaging is necessary to allow Physical Therapists to safely and effectively treat patients as well as determine if the problem is first within their scope of practice to treat and secondly to determine the appropriate plan of care. If it is not within their scope, they would be able to assist the patient in getting scheduled with the appropriate provider much more quickly, due to the fact that they already have obtained important objective evidence from the imaging, its interpretation, and their clinical examination. Nothing in this bill interferes with the current referral status from physicians to physical therapists, nor the current requirement that any films ordered be read and interpreted by a radiologist in the treatment.

Chiropractors and Dentists routinely use imaging and refer to appropriate providers if outside their scope of treatment. The ability to order radiographs is an integral part of patient safety, quality, and efficiency of care, and allows for streamlined collaborative care for the patient and providers.

There will be Physical Therapists testifying after me who have much more knowledge and specific information about this issue. I request your favorable consideration of SB 2122 and will now stand for any questions of the committee.



North Dakota Board of Physical Therapy

PO Box 69, Grafton ND 58237
Phone: 701-352-0125 Fax: 701-352-3093
Email: ndptboard@gra.midco.net

January 10, 2021

TO: Sen. Judy Lee and members of the Senate Human Services Committee

The North Dakota Board of Physical Therapy (NDBPT) has been discussing physical therapists ordering imaging for several years. Our May 9th, 2016, minutes reflect a negative response for PT's ordering imaging or making direct referral to a radiologist for imaging studies.

However, much has changed since then. Current literature now supports the efficacy and public safety of physical therapists ordering imaging studies. Multiple states now allow this with no real problems. This practice has been available to physical therapists in the military for several years and has led to excellent studies confirming the notion that PT's are well suited to order imaging given their knowledge, skills and ability to evaluate and treat musculoskeletal issues.

In May of 2019, the NDBPT reversed its negative stance on PT's ordering imaging. The minutes read "PT and ordering imaging: The NDBPT discussed their role in promoting PT's ability to order imaging studies. The board concluded that promoting the profession was the responsibility of the professional chapter. The following statement is now the board's stance on imaging: "The NDBPT will not oppose legislative efforts by the American Physical Therapy Association-ND Chapter to enact a law enabling physical therapists to order imaging studies."

This change in language reflects the board's confidence in the educational advancement for the clinical Doctor of Physical Therapy (DPT) graduate as well as the post graduate programs available to non-DPT graduates in the area of ordering imaging.

The NDBPT supports a **do pass for SB 2122**. Thank you for your time and consideration of this bill.

/S/ Bruce Wessman
Executive Officer
North Dakota Board of Physical Therapy

/S/Jeanne DeKrey
President
North Dakota Board of Physical Therapy

Wednesday January 13, 2021
Senate Human Services Committee
SB 2122

Chairman Lee and Committee Members:

My name is JJ Ferguson I am a practicing physical therapist (PT) who graduated with a Doctorate in Physical Therapy from the University of North Dakota. I am a resident and fellowship trained orthopedic physical therapist, I am board certified in both orthopedic and sports physical therapy and I am currently pursuing a Doctor of Science in Physical Therapy.

I have practiced in ND for 8 years and I currently practice as a primary care provider at the Sanford Spine Clinic in Fargo, ND as well as teach full time at the University of Jamestown's Physical Therapy program in Fargo, ND. I am honored to be testifying on behalf of the American Physical Therapy Association (APTA) North Dakota, of which I am a member of. APTA ND is the state physical therapy association affiliated with the American Physical Therapy Association which represents over 100,000 PT's across the country. The APTA ND represents the interests of 811 licensed physical therapists in the state of ND.

Current Request

On behalf of the APTA ND representing Physical Therapists/Doctor of Physical Therapy across the state, it is our request today that you approve Senate Bill 2122, which allows ordering plain film radiographs (x-rays) to be added to the Physical Therapy practice act. We feel this is a reasonable and appropriate request based on the following points:

Improving the Efficiency, Safety, Timeliness, Outcomes and Collaboration of patient care:

As direct access providers who are the first point of contact for many patients within the healthcare system, there is an increased chance that we will see patients outside of our scope of practice. For this reason, we are mandated by law to refer any patients outside of our scope of practice. Current restrictions in the North Dakota Physical Therapy Practice Act limit physical therapists' ability to provide all patients with the necessary healthcare services. This has a significant impact on the timeliness of care and subsequently the safety of the patient. Delays in the diagnostic process and the onset of patient care has been cited by healthcare consumers as a key area of dissatisfaction with health care delivery. Evidence indicates that physical therapists have sufficient training and make appropriate clinical decisions regarding diagnostic imaging. Specifically, a 5-year retrospective practice analysis evaluated appropriateness of diagnostic imaging referrals placed by US civilian physical therapists functioning in direct access roles. The study found that out of 88 patients who received

referrals by physical therapists for 108 images, diagnostic imaging was appropriate in 91% of cases.¹ 377,509 people live in rural North Dakota, which is just under 50% of the population. There are 53 rural health clinics and 14 federally qualified health center sites outside of urbanized areas. With a geographically dispersed population in the state of North Dakota, having the ability to properly manage all patient presentations is imperative to reduce patient burden including unnecessary travel, increased costs, and delays in healthcare services.

Cost Savings:

Over-utilization of diagnostic imaging has long been recognized as a key driver contributing to rising healthcare costs. Studies that reviewed ordering behaviors of physical therapists who have image privileges consistently show judicious use when compared to other healthcare providers.² Prudent use of imaging may reduce the harmful effects of early, unnecessary diagnostic imaging, which includes greater risk of work disability, and potentially poor patient outcomes. Studies show that physical therapists as a first point of contact or with early intervention significantly reduces overall healthcare costs.^{2,3} The decreased utilization of diagnostic imaging for musculoskeletal disorders when patients have first care by a physical therapist, coupled with the proven judicious use of imaging by physical therapists, who have ordering privileges, provide for a compelling case to allow physical therapists to order plain film radiographs (x-rays).⁴

We respectfully request today, on behalf of the APTA ND representing Physical Therapists across the state, that your committee approve SB 2122, allowing PT's/DPT's to order plain film radiographs/x-rays.

Thank you for your time and consideration. If you have any questions, I would be happy to answer them for you.

Sincerely,

Dr. JJ Ferguson PT, DPT

Fellow of the American Academy of Orthopedic Manual Physical Therapists (FAAOMPT)

Board-Certified Clinical Specialist in Sports Physical Therapy (SCS)

Board-Certified Clinical Specialist in Orthopaedic Physical Therapy (OCS)

Email: Jeffrey.ferguson@uj.edu

Phone number: 701-520-3102

REFERENCES

1. Keil AP, Baranyi B, Mehta S, Maurer A. Ordering of diagnostic imaging by physical therapists: a 5-year retrospective practice analysis. *Phys Ther.* 2019;99(8):1020-1026.
2. Pham HH, Ginsburg PB, McKenzie K, Milstein A. Redesigning care delivery in response to a high-performance network: the Virginia Mason Medical Center. *Health Aff (Millwood).* 2007;26(4):w532-544.
3. Keil A, Brown SR. US hospital-based direct access with radiology referral: an administrative case report. *Physiother Theory Pract.* 2015;31(8):594-600.
4. Fritz JM, Brennan GP, Hunter SJ. Physical therapy or advanced imaging as first management strategy following a new consultation for low back pain in primary care: associations with future health care utilization and charges. *Health Serv Res.* 2015;50(6):1927-1940.

Senate Human Services Committee
SB 2122

Chairman Lee and distinguished committee members

My name is Bob Schulte. I am testifying on behalf of the American Physical Therapy Association North Dakota, of which I am a member of. I am a practicing physical therapist who graduated with my physical therapy degree from Chicago Medical School in 1993 and awarded my advanced clinical doctorate of sports physical therapy (D.Sc) from Rocky Mountain University of Health Professions in 2002. I have practiced as both a civilian and military physical therapist for over 25 years since my commissioning as an air force officer in 1993. I have also maintained a faculty appointment for over 20 years at the University of Mary teaching diagnostic imaging and system screening courses to doctor of physical therapy students. APTA ND is the state physical therapy association affiliated with the American Physical Therapy Association which represents over 100,000 PT's across the country. The APTA ND represents the interests of 811 licensed physical therapists in the state of ND.

Current Request

It is our request today on behalf of the APTA ND representing Physical Therapists / Doctors of Physical Therapy across the state that you approve SB2122, allowing the addition of ordering plain film radiographs (x-rays) to be added to the Physical Therapy practice act. In the last few years several states, including Utah, NJ, Wisconsin, and Colorado have added this privilege and ability to their practice acts. I believe this is a reasonable and appropriate request based on the following critical criteria:

Evolution of Physical Therapy Practice

The role of the physical therapist as a first point of contact in the health care system has become increasingly common in recent years. Currently every US state and the District of Columbia now has some form of direct access provision for physical therapy services.¹

Various health care networks are now placing physical therapists at the entry point of care for patients experiencing musculoskeletal conditions. The documented success of the military therapists who are granted radiologic ordering privileges have been identified as a contributing factor in maintaining patient safety and cost efficiency in a direct access environment.²

In a direct access and rural state such as North Dakota, it is essential that doctors of physical therapy are provided the necessary tools to safely manage their patients, improve patient care, streamline services and reduce overall healthcare costs. In my experience as both a military and civilian doctor of physical therapy, to manage the complexities and coordination of patient care efficiently and effectively, the ability to order musculoskeletal imaging consisting of plain film is essential for contemporary physical therapy practice.

Training and Competency

Doctor of Physical Therapy (DPT) degree programs (professional and postprofessional/transitional) has resulted in increased emphasis on imaging as a content area.³ My role as an associate professor over the past 20 years at a civilian academic institution allows me to offer a perspective related to curricular preparation and competency regarding diagnostic imaging. Consistent with most professional doctoral programs of physical therapy⁴, the contact hours within my radiology course for imaging theory, clinical application, and skills is approximately 30 hours. Much of the content delivery (eg, classroom lecture, laboratory experience, video application cases) covers the use of clinical guidelines regarding the appropriateness of patient referral for imaging and the influence that imaging results might have on patient plan of care.

Students are rigorously tested on imaging material in both written and practical examinations to assess their knowledge, skills, and abilities in preparing qualified physical therapists to order musculoskeletal imaging consisting of plain film radiographs.

Practicing safely and efficiently as a doctor of physical therapy requires the capability to order timely musculoskeletal imaging consisting of plain film radiographs when appropriate. The request to order a first order diagnostic provides an ability to gather more complete and essential information to guide appropriate patient care in a safe and timely fashion. It is important to note that the physical therapist profession is not requesting ownership of radiology services, rather the capability to order and appropriately utilize the expertise and interpretation skills of the Radiologist to optimize the best data-driven decisions for physical therapy patient care.

In closing, to enhance efficiency of health care delivery, and for health care consumers to maximally benefit from first contact with physical therapists, the ability to directly refer patients to other providers, including radiologists, is essential for contemporary physical therapy practice. We respectfully request today, on behalf of the APTA ND representing Physical Therapists across the state, that your committee approve SB 2122, allowing PT's/DPT's to order plain film radiographs/x-rays.

Thank you for your time and consideration. If you have any questions, I would be happy to try to answer them for you.

Sincerely,

Robert Schulte PT, D.Sc., M.B.A.
Board Certified Sports Clinical Specialist
Associate Professor
Email: rschulte@umary.edu
Phone number:701-527-2367

References

1. Anon. Direct Access Utilization Survey Report. American Physical Therapy Association; 2017:1–11.
2. Rabey M, Morgans S, Barrett C. Orthopaedic physiotherapy practitioners: surgical and radiological referral rates. *Clin Gov.* 2009;14:15–19
3. Katherine Marino, Deborah Merrick, Kimberly Edwards, Margaret Pratten. 2019. Musculoskeletal Radiology Teaching at a UK Medical School: Do We Need to Improve?. *Anatomical Sciences Education* 12:3, 257-263.
4. *Orthop Sports Phys Ther.* 2014 Aug;44(8):579-86, B1-12



Senate Human Services Committee

SB 2122

January 13, 2021

Chair Lee and Committee Members, I am Courtney Koebele, the executive director of the ND Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

NDMA suggests the following friendly amendment to the bill:

On page 1, line 16 replace "radiologist" with "physician trained in radiology interpretation"

The way the bill is written now, the physical therapists that work in orthopedic clinics would have to send their orders for x-rays outside the facility, because an orthopedic surgeon is not a radiologist, although well qualified to read x-rays.

Thank you for the opportunity to testify today. I would be happy to answer any questions.

Testimony
Senate Bill 2122 – Department of Human Services
Senate Human Services Committee
Senator Judy Lee, Chairman
January 13, 2021

Chairman Lee, members of the Senate Human Services Committee, for the record my name is Chris Jones, Executive Director of the Department of Human Services (Department). I am here today in opposition to Senate Bill 2122.

The Department is opposing this bill for two reasons. First, allowing physical therapists to order imaging is unnecessary and may lead to increased utilization of imaging in the Medicaid program. Overutilization increases costs but could also increase exposure to radiation for our clients. There is a longstanding concern about overutilization of imaging in the U.S. In 2012 the *Choosing Wisely* national campaign began. This campaign is aimed at reducing unnecessary medical tests and treatment. The campaign has 77 recommendations on areas where imaging should be avoided or reduced.

Second, allowing physical therapists to order imaging could undermine the Department's efforts toward value based purchasing. Most value based purchasing models evaluate a provider, or facility, on the total cost of care delivered as it relates to a person, episode, or event. This bill could make controlling the total cost of care difficult for the physician who is financially responsible under a value based purchasing model. We can use a knee replacement as an example. If we evaluate total costs of care received pre- and post- knee replacement, and a physical therapist ordered an image (unbeknownst to the provider

who is responsible for the surgery such as an orthopedic surgeon), then the provider will be penalized negatively for costs that were incurred even though they were out of his/her control.

In summary, this bill is unnecessary, could drive higher costs in the Medicaid program, and could undermine value based purchasing efforts.

I would be happy to answer any questions that you may have.

Dear Senator Lee

I am a physical therapist practicing at Essentia Health in Fargo. I work with a variety of patients of ages 11yo to 99yo in an outpatient orthopedics setting. As one of your constituents, I am contacting you today regarding SB 2122.

As a skilled and licensed physical therapist, I am currently unable to order imaging. SB 2122 would allow that. I have had several instances over the 5 years I've been practicing that I felt imaging would be beneficial for the patient and their care.

I grew up outside of Colfax, ND. I know the joys of growing up rural, but I also understand the challenges it can have. One of these being access to health care. Requiring a patient to follow-up with the physician and get an order for imaging from them rather than Thankfully, I work in a hospital based clinic, so if I feel additional imaging is necessary, I'm able to discuss this with the physician fairly quickly and the patient can usually get in rightaway. In rural areas, this is not always the case. Patients may have to wait longer before discussing it with their physician or may make or follow-up It is in the best interest of the patients to pass SB 2122.

A 5-year retrospective practice analysis indicates that physical therapists have sufficient training and make appropriate clinical decisions regarding diagnostic imaging. This study by Keil et al,¹ found that out of 88 patients who received referrals by physical therapists for 108 images, diagnostic imaging was appropriate in 91% of cases. There are 377,509 people that live in rural North Dakota, which is just under 50% of the population. There are 53 rural health clinics and 14 federally qualified health center sites outside of urbanized areas. With a geographically dispersed population in the state of North Dakota, having the ability to properly manage all patient presentations is imperative to reduce patient burden including unnecessary travel, increased costs, and delays in healthcare services.

Therefore, I am asking for a "do pass" on SB 2122. Thank you for your time and consideration!

Sincerely,

Kathleen Bachman, PT, DPT

2021 HOUSE HUMAN SERVICES

SB 2122

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

SB 2122
3/22/2021

Relating to permitting physical therapists to order musculoskeletal medical imaging; relating to the scope of practice of physical therapists

Chairman Weisz opened the committee hearing at 10:00 a.m.

Representatives	Attendance
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	P
Representative Mary Schneider	P
Representative Kathy Skroch	A
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- Plain film radiographs
- Clinical decision rules
- Direct access providers

Sen. Brad Bekkedahl, District 1 (10:01) introduced the bill, testified in favor of, and submitted testimony #10140.

Jack McDonald, American Physical Therapy Association North Dakota Chapter (10:06) introduced Robert Schulte, American Physical Therapy Association North Dakota Chapter.

Robert Schulte, American Physical Therapy Association North Dakota Chapter (10:08) testified in favor and submitted testimony #10223.

JJ Ferguson, Practicing North Dakota Physical Therapist (10:24) testified in favor and submitted testimony #10122.

Chairman Weisz adjourned at 10:33 a.m.

Tamara Krause, Committee Clerk

HOUSE HUMAN SERVICES COMMITTEE

Honorable Rep. Weisz, Chair

SB 2122 Testimony

March 22, 2021

Chairman Weisz and Committee Members,

For the record, I am Brad Bekkedahl, Senator for District 1 in Williston, and the prime sponsor of SB 2122 before you today. I've had the privilege to work with several Physical Therapist practitioners on this issue since the 2019 session. There has been significant presentation and discussion with all the medical community affected by this legislation, and we feel there is now enough agreement to bring the bill forward. The bill as presented allows any Physical Therapist or Doctor of Physical Therapy with proper training in radiology to order plain film x-rays to improve the efficiency of patient care. It also should allow faster collaboration and transfer of care when necessary. The US Military has allowed this practice since 1972 and Canada has had this in place since 2012. In both instances, studies have been done that show appropriate, safe, and effective quality of care outcomes.

At times, appropriate imaging is necessary to allow Physical Therapists to safely and effectively treat patients as well as

determine if the problem is first within their scope of practice to treat and secondly to determine the appropriate plan of care. If it is not within their scope, they would be able to assist the patient in getting scheduled with the appropriate provider much more quickly, due to the fact that they already have obtained important objective evidence from the imaging, its interpretation, and their clinical examination. Nothing in this bill interferes with the current referral status from physicians to physical therapists, nor the current requirement that any films ordered be read and interpreted by a radiologist or other authorized professional in the treatment.

Chiropractors and Dentists routinely use imaging and refer to appropriate providers if outside their scope of treatment. The ability to order radiographs is an integral part of patient safety, quality, and efficiency of care, and allows for streamlined collaborative care for the patient and providers.

Mr. Chairman, there will be Physical Therapists and other professionals testifying after me who have much more knowledge and specific information about this issue. I request your favorable consideration of SB 2122 and will now stand for any questions of the committee.

Senate Human Services Committee
SB 2122

Chairman Rep. Robin Weisz and distinguished committee members

My name is Bob Schulte. I am testifying on behalf of the American Physical Therapy Association North Dakota, of which I am a member of. I am a practicing physical therapist who graduated with my physical therapy degree from Chicago Medical School in 1993 and awarded my advanced clinical doctorate of sports physical therapy (D.Sc) from Rocky Mountain University of Health Professions in 2002. I have practiced as both a civilian and military physical therapist for over 25 years since my commissioning as an air force officer in 1993. I have also maintained a faculty appointment for over 20 years at the University of Mary teaching diagnostic imaging and system screening courses to doctor of physical therapy students. APTA ND is the state physical therapy association affiliated with the American Physical Therapy Association which represents over 100,000 PT's across the country. The APTA ND represents the interests of 811 licensed physical therapists in the state of ND.

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Various health care networks are now placing physical therapists at the entry point of care for patients experiencing musculoskeletal conditions. The documented success of the military therapists who are granted radiologic ordering privileges have been identified as a contributing factor in maintaining patient safety and cost efficiency in a direct access environment.²

In a direct access and rural state such as North Dakota, it is essential that doctors of physical therapy are provided the necessary tools to safely manage their patients, improve patient care, streamline services and reduce overall healthcare costs. In my experience as both a military and civilian doctor of physical therapy, to manage the complexities and coordination of patient care efficiently and effectively, the ability to order musculoskeletal imaging consisting of plain film is essential for contemporary physical therapy practice.

Training and Competency

Doctor of Physical Therapy (DPT) degree programs (professional and postprofessional/transitional) has resulted in increased emphasis on imaging as a content area.³ My role as an associate professor over the past 20 years at a civilian academic institution allows me to offer a perspective related to curricular preparation and competency regarding diagnostic imaging. Consistent with most professional doctoral programs of physical therapy⁴, the contact hours within my radiology course for imaging theory, clinical application, and skills is approximately 30 hours. Much of the content delivery (eg, classroom lecture, laboratory experience, video application cases) covers the use of clinical guidelines regarding the appropriateness of patient referral for imaging and the influence that imaging results might have on patient plan of care.

Students are rigorously tested on imaging material in both written and practical examinations to assess their knowledge, skills, and abilities in preparing qualified physical therapists to order musculoskeletal imaging consisting of plain film radiographs.

Practicing safely and efficiently as a doctor of physical therapy requires the capability to order timely musculoskeletal imaging consisting of plain film radiographs when appropriate. The request to order a first order diagnostic provides an ability to gather more complete and essential information to guide appropriate patient care in a safe and timely fashion. It is important to note that the physical therapist profession is not requesting ownership of radiology services, rather the capability to order and appropriately utilize the expertise and interpretation skills of the Radiologist to optimize the best data-driven decisions for physical therapy patient care.

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Thank you for your time and consideration. If you have any questions, I would be happy to try to answer them for you.

Sincerely,

Robert Schulte PT, D.Sc., M.B.A.
Board Certified Sports Clinical Specialist
Associate Professor
Email: rschulte@umary.edu
Phone number:701-527-2367

References

1. Anon. Direct Access Utilization Survey Report. American Physical Therapy Association; 2017:1–11.
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4. *Orthop Sports Phys Ther.* 2014 Aug;44(8):579-86, B1-12

Monday March 22nd, 2021
House Human Services Committee
SB 2122

Chairman Weisz and Committee Members:

My name is JJ Ferguson, I am a practicing physical therapist (PT) who graduated with a Doctorate in Physical Therapy from the University of North Dakota. I am a sport resident and orthopaedic fellowship trained physical therapist, I am board certified in both orthopaedic and sports physical therapy and I am currently pursuing a Doctor of Science in Physical Therapy.

I have practiced in ND for 8 years and I currently practice as a primary care provider at the Sanford Spine Clinic in Fargo, ND as well as a full-time assistant professor at the University of Jamestown's Physical Therapy program in Fargo, ND. I am honored to be testifying on behalf of APTA North Dakota, which I am a member of. The APTA ND represents the interests of 811 licensed physical therapists practicing in the state of ND. APTA ND is the state physical therapy association affiliated with the American Physical Therapy Association which represents over 100,000 PT's across the country.

On behalf of APTA ND representing Physical Therapists/Doctor of Physical Therapy across the state, it is our request today that you approve SB 2122, which allows ordering plain film radiographs (x-rays) to be added to the Physical Therapy practice act. We feel this is a reasonable and appropriate request based on the following points:

Direct Access

As direct access providers, we are the first point of contact for many patients within the healthcare system, with this comes an increased chance that we will see patients outside of our scope of practice. For this reason, we are mandated by law to refer any patients outside of our scope of practice. Current restrictions in the North Dakota Physical Therapy Practice Act limit physical therapists' ability to provide all patients with the necessary healthcare services. This has a significant impact on the timeliness of care and subsequently the safety of the patient. Delays in the diagnostic process and the onset of patient care has been cited by healthcare consumers as a key area of dissatisfaction with health care delivery. 377,509 people live in rural North Dakota, which is just under 50% of the population. There are 53 rural health clinics and 14 federally qualified health center sites outside of urbanized areas. With a geographically dispersed population in the state of North Dakota, having the ability to properly manage all patient presentations is imperative to reduce patient burden including unnecessary travel, delays in healthcare services, and unnecessary costs.

Cost Savings

Over-utilization of diagnostic imaging has long been recognized as a key driver contributing to rising healthcare costs. Studies that reviewed ordering behaviors of physical therapists who have image privileges consistently show judicious use when compared to other healthcare providers.² Specifically, a 5-year retrospective practice analysis evaluated appropriateness of diagnostic imaging referrals placed by US civilian physical therapists functioning in direct access roles. The study found that out of 88 patients who received referrals by physical therapists for 108 images, diagnostic imaging was appropriate in 91% of cases.¹ Prudent use of imaging may reduce the harmful effects of early, unnecessary diagnostic imaging, which includes greater risk of work disability, and potentially poor patient outcomes. Studies show that physical therapists as a first point of contact or with early intervention significantly reduces overall healthcare costs.^{2,3} The decreased utilization of diagnostic imaging for musculoskeletal disorders when patients have first care by a physical therapist, coupled with the proven judicious use of imaging by physical therapists, who have ordering privileges, provide for a compelling case to allow physical therapists to order plain film radiographs (x-rays).⁴

We respectfully request today, on behalf of the APTA ND representing Physical Therapists across the state, that your committee approve SB 2122, allowing PT's/DPT's to order plain film radiographs/x-rays.

Thank you for your time and consideration. If you have any questions, I would be happy to answer them for you.

Sincerely,

Dr. JJ Ferguson PT, DPT
Fellow of the American Academy of Orthopedic Manual Physical Therapists
(FAAOMPT)
Board-Certified Clinical Specialist in Sports Physical Therapy (SCS)
Board-Certified Clinical Specialist in Orthopaedic Physical Therapy (OCS)

Email: jeffrey.ferguson@uj.edu
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REFERENCES

1. Keil AP, Baranyi B, Mehta S, Maurer A. Ordering of diagnostic imaging by physical therapists: a 5-year retrospective practice analysis. *Phys Ther.* 2019;99(8):1020-1026.
2. Pham HH, Ginsburg PB, McKenzie K, Milstein A. Redesigning care delivery in response to a high-performance network: the Virginia Mason Medical Center. *Health Aff (Millwood).* 2007;26(4):w532-544.
3. Keil A, Brown SR. US hospital-based direct access with radiology referral: an administrative case report. *Physiother Theory Pract.* 2015;31(8):594-600.
4. Fritz JM, Brennan GP, Hunter SJ. Physical therapy or advanced imaging as first management strategy following a new consultation for low back pain in primary care: associations with future health care utilization and charges. *Health Serv Res.* 2015;50(6):1927-1940.

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Pioneer Room, State Capitol

SB 2122
03/22/2021 PM

Relating to permitting physical therapists to order musculoskeletal medical imaging;
relating to the scope of practice of physical therapists

Chairman Weisz opened the committee meeting at 3:50 p.m.

Representatives	Attendance
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	P
Representative Mary Schneider	P
Representative Kathy Skroch	A
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- Committee Action

Rep. Todd Porter (3:50) moved **Do Pass**

Rep. Matthew Ruby (3:50) second

Representatives	Vote
Representative Robin Weisz	Y
Representative Karen M. Rohr	N
Representative Mike Beltz	Y
Representative Chuck Damschen	Y
Representative Bill Devlin	Y
Representative Gretchen Dobervich	Y
Representative Clayton Fegley	Y
Representative Dwight Kiefert	Y
Representative Todd Porter	Y
Representative Matthew Ruby	Y
Representative Mary Schneider	Y
Representative Kathy Skroch	A
Representative Bill Tveit	Y

Representative Greg Westlind	Y
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Motion Carried Do Pass 12-1-1

Bill Carrier: Rep. Mike Beltz

Chairman Weisz adjourned at 3:52 p.m.

Tamara Krause, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2122, as engrossed: Human Services Committee (Rep. Weisz, Chairman)
recommends **DO PASS** (12 YEAS, 1 NAY, 1 ABSENT AND NOT VOTING).
Engrossed SB 2122 was placed on the Fourteenth order on the calendar.