

Senator Brungardt,

I am an orthopaedic surgeon who has been in practice with Orthopaedic Sports Health Clinic of Salina since I finished my residency training in 2007. My practice partners include; David Peterson MD, Michael Johnson MD, Todd Herrenbruck MD, Byron Grauerholz MD, and James Bogener MD. Our clinic has provided comprehensive orthopaedic care for Salina and North-Central Kansas since 1973.

I would like to voice my concerns over HB 2159 - PT Direct Access that will be up for discussion on Thursday in the Public Health and Welfare Committee that you Vice-Chair.

We know that in Kansas, physical therapists have had direct access since 2007 as outlined here in **Statute 65-2921**:

**Evaluation and treatment by physical therapists; when referral is required; exceptions.** (a) Except as otherwise provided in subsection (b), (c) or (d), a physical therapist may evaluate patients without physician referral but may initiate treatment only after approval by a licensed physician, a licensed podiatrist, a licensed physician assistant or an advanced registered nurse practitioner working pursuant to the order or direction of a licensed physician, a licensed chiropractor, a licensed dentist or licensed optometrist in appropriately related cases. Physical therapists may initiate physical therapy treatment with the approval of a practitioner of the healing arts duly licensed under the laws of another state and may provide such treatment based upon an order by such practitioner in any setting in which physical therapists would be authorized to provide such treatment with the approval of a physician licensed by the board, notwithstanding any provisions of the Kansas healing arts act or any rules and regulations adopted by the board thereunder.

(b) Physical therapists may evaluate and treat a patient for no more than 30 consecutive calendar days without a referral under the following conditions: (1) The patient has previously been referred to a physical therapist for physical therapy services by a person authorized by this section to approve treatment; (2) the patient's referral for physical therapy was made within one year from the date a physical therapist implements a program of physical therapy treatment without a referral; (3) the physical therapy being provided to the patient without referral is for the same injury, disease or condition as indicated in the referral for such previous injury, disease or condition; and (4) the physical therapist transmits to the physician or other practitioner identified by the patient a copy of the initial evaluation no later than five business days after treatment commences. Treatment for more than 30 consecutive calendar days of such patient shall only be upon the approval of a person authorized by this section to approve treatment.

(c) Physical therapists may provide, without a referral, services which do not constitute treatment for a specific condition, disease or injury to: (1) Employees solely for the purpose of education and instruction related to workplace injury prevention; or (2) the public for the purpose of fitness, health promotion and education.

(d) Physical therapists may provide services without a referral to special education students who need physical therapy services to fulfill the provisions of their individualized education plan (IEP) or individualized family service plan (IFSP).

My concerns with HB 2159 are:

- PT's are not trained to make a medical diagnosis.
- There is no lack of access to PT services or delay as a result of continuing to require a Physician referral, a patient protection model that has been successfully in place for decades.
- Decentralizing healthcare at a time when the concept of coordinated care and medical homes is being advanced as the best practice for health care creates conflicting public policy.
- Federal programs like Medicare do not accept PT services without a Physician referral.
- This bill would create a scenario that allows Physical Therapists an independent practice not allowed other practitioners like Physicians Assistants and Nurse Practitioners who have training in diagnosis.
- PT's have stated that their ultimate goal is unfettered Direct Access and they have no intention to stop legislative efforts until they get independent practice making any compromise or "deal" fleeting at best.

According to the American Physical Therapy Association of which the Kansas Physical Therapy Association is a member has a Vision 2020 statement:

### **Vision Sentence for Physical Therapy**

By 2020, physical therapy will be provided by physical therapists who are doctors of physical therapy, recognized by consumers and other health care professionals as the practitioners of choice to whom consumers have direct access for the diagnosis of, interventions for, and prevention of impairments, activity limitations, participation restrictions, and environmental barriers related to movement, function, and health.  
<http://www.apta.org/vision2020/>

The argument is made by Mark Dwyer, PT and KPTA president that 46 states and D.C. have direct access to physical therapy services, implying that Kansas does not have this according to his testimony  
[http://www.kpta.com/resources/Mark\\_Dwyer\\_testimony.pdf](http://www.kpta.com/resources/Mark_Dwyer_testimony.pdf) Since 2007 Kansan's have had access as stipulated in **Statute 65-2921.**

Their own website lists Kansas as a direct access state, which contradicts their testimony on HB 159  
[http://www.apta.org/uploadedFiles/APTAorg/Advocacy/State/Issues/Direct\\_Access/DirectAccessMap.pdf#search=%22directaccessmap%22](http://www.apta.org/uploadedFiles/APTAorg/Advocacy/State/Issues/Direct_Access/DirectAccessMap.pdf#search=%22directaccessmap%22)

Physical Therapists have 3 additional years of school after a bachelors degree before they would have full access for diagnosis and treatment as outlined in HB 2159. Physicians have 4 years of medical school and 3 to 5 years of residency training to educate us on the complexity and comprehensive diagnosis skills we apply to patients prior to recommending a treatment program that often includes those services provided by the physical therapist. I can envision some difficulty when a patient arrives with 45 days of PT treatment that may have missed the mark and after my evaluation I feel that a different therapy protocol would help. The patient is going to be hesitant to return to therapy and insurance companies may balk at continued treatment. From my own practice the most difficult cases and often the suboptimal outcomes after an injury come from delayed diagnosis and a partially healed fracture that presents to clinic because the original injury was felt to be a sprain. This is a diagnostic problem across all health care providers, but I fear we would see this more as health care became for fragmented and the coordinated care is lost with HB 2159

The final issue I have is the bill requires that the evaluation and treatment plan from the therapist will be sent to the physician for their review within 5 days so we can evaluate to see if another medical condition or medication may affect the condition. This is putting additional pressure and liability on the physician and office staff for a service and time commitment that the physician is unable to receive any reimbursement for.

As an orthopaedic surgeon who provides comprehensive musculoskeletal care for Kansans, I work very closely with physical therapists and appreciate the care and treatments they provide to maximize patient recovery and outcomes. **I feel that HB 2159 is unnecessary for Kansans and should be opposed.**

Thank you for your consideration,

Bradley C Daily, MD

Orthopaedic Sports Health Clinic of Salina

Vice President – Kansas Orthopaedic Society