



Oregon

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TO: House Committee on Behavioral Health and Health Care

RE: House Bill 3824

Chair Nosse, Vice Chairs Nelson and Javadi, and Members of the Committee:

House Bill 3824 largely implements the Physical Therapy Model Practice Act (MPA). The MPA—now in its 7th edition (2022)—is model regulatory language actively maintained by the Federation of State Boards of Physical Therapy (FSBPT). Initially developed in 1997 as a collection of recommended regulatory components at the time, the MPA has evolved into a tightly integrated set of regulations based on the most recent educational standards for entry into the profession, technological and research advances, and best practices for effective public protection and patient outcomes. The MPA is evaluated end-to-end every five years by the FSBPT Ethics & Legislation Committee, and any recommended updates are reviewed by the full membership, comprised of all 50 states, the District of Columbia, Puerto Rico and the Virgin Islands.

In 2023, the FSBPT hosted a joint MPA workshop for member jurisdictions and the respective Association of Physical Therapy (APTA) Chapters in their state to review and discuss the MPA language relative to current statutory language in each jurisdiction. The Oregon Board and Oregon APTA Chapter both participated in this event, and collectively, we performed a “crosswalk” of the MPA to current Oregon statute, which resulted in the identification of many gaps.

For context, the current definition of the practice of physical therapy in ORS 688.010 has not been updated since 2005. Many of the sections of the Oregon PT Practice Act (ORS 688.010 through ORS 688.210) are much older.

Meanwhile, the entry-level knowledge and training required for the profession has expanded. Originally requiring a bachelor’s degree in the 70’s and 80’s, the entry level education requirement to enter the profession transitioned to a master’s degree in the late 90’s and early 2000s. Since then, minimum entry-level education has further evolved to a doctorate-level education. The first DPT program was established in 1996, and by 2016, all accredited entry-level physical therapist programs were DPT programs. Given the last modification to the definition of the practice of physical therapy occurred in 2005, the current statutory definition of the practice of physical therapy pre-dates the current doctoral-level educational training and scope by more than a decade.

While the MPA reflects national agreed-upon model regulatory language, states currently vary in their individual alignment to the MPA. Many other states, as well as the VA and military health systems, already reflect a broader scope of practice for physical therapy than exists in Oregon statute. As a profession that depends on travelers (temporary staffing rotations) to meet Oregon patient demands, the current visiting workforce is experiencing limits on their regular practice while working in the state. The Board receives regular questions and concerns from practitioners about these limits on scope, and the expressed desire for patients in Oregon to have the same level of access to care as can be found in other states.

For these reasons, as well as improved language relating to sexual misconduct, informed consent, and the patient/practitioner relationship, the Oregon Board has identified adoption of the Model Practice Act as a strategic objective and was exploring options for future legislative concepts in the Board's current strategic planning. The sections of HB 3824 pertaining to the adoption of the MPA are consistent with the Board's identified strategic objectives. In reviewing the bill, the Board has identified some modifications to the bill language needed to clarify or include additional content from the MPA that appears inadvertently omitted. The Board has also requested regulatory oversight of "entities" be removed as the Board does not regulate facilities or businesses and would not have the staffing or resources to do so. We have worked with the bill sponsors to inform suggested amendments.

Regarding the sections of the bill outside the Board's direct regulatory authority, the Board does not have a position. While those sections of the bill, such as the ability to sign disability parking permits and order imaging are consistent with the MPA—and in some cases, would even be allowable under the current statutory scope of practice—there are other statutes that limit the performance of those functions to only certain health professionals.

I am happy to provide additional information or address any questions for the Committee.

Michelle Sigmund-Gaines
Executive Director