MINUTES OF THE MEETING
PUBLIC HEALTH, WELFARE & SAFETY COMMITTEE
MONTANA STATE SENATE

January 16, 1987

The meeting of the Senate Public Health, Welfare and Safety Committee was called to order by Chairman Dorothy Eck on January 16, 1987, at 1 P.M. in Room 410 of the State Capitol.

ROLL CALL: All members of the committee were present.

CONSIDERATION OF SENATE BILL NO. 31; SEN. JUDY JACOBSON, sponsor of the bill, District #36, stated that the purpose of the bill is to allow patients to have direct medical access to physical therapists without having to have a medical doctor's referral. Consumers now have direct access to practitioners in other health-related professions, such as occupational therapists, chiropractors, nutritionists, sports trainers, etc. Physical therapists believe that the medical referral system is outdated and that consumers should have direct access to them, as well. Patients would still need a doctor's referral to get Medicare-Medicaid payments. Physical therapists have concurred in amendments to the bill.

PROPONENTS: MARY MISTAL, physical therapist from Billings, gave a historical perspective on the development of the physical therapy profession. It had its modern beginnings in WW I, when doctors referred wounded soldiers for rehabilitation through physical therapy. Physical therapists first trained in hospitals, in the 1940's established certificate programs, expanded the care offered during WW II and the Korean War, and then developed degree programs. Technological advances and research have allowed for a tremendous expansion of services; and Physical Therapy education has four to six-year programs with degrees to the Ph. D. level, with specific training to meet the needs of various age groups. P.T.'s operate in hospitals, clinics, and nursing homes; eleven states have direct patient access to phys. therapists. Exhibit #1.

RICHARD GAJDOSIK, Associate Professor of Physical Therapy at the Univ. of MT, testified on several key aspects of a physical therapy student's education: students are taught procedures to evaluate needs, to recognize signs of normal and abnormal symptoms and to understand the limitations of physical therapy, and to work in cooperation with other members of the health field. The program seeks to have well-qualified students; and they produce conpetent, independent-thinking therapists. Exhibit #2.

CLAY EDWARDS, physical therapist, testified that the practice of physical therapy will not change dramatically; 90% will still be seen by a physician. But people in several categories will benefit: handicapped school children who get slowed in the school system through the referral to physician system, people with chronic pain, who must always get a doctor's referral, business

people who attend seminars on avoiding injury at work and ask informational questions (are physical therapists breaking the law now by conducting these seminars), and the public in general. Society is generally trying to become more physically fit. Anyone can open up shop and advise on physical fitness, nutrition, etc., except for P.T.'s, who must have a doctor's referral. The referral system has outlived its usefulness. Exhibit # 3.

GARY LUSIN, President, Montana Chapter of Physical Therapists, emphasized that physical therapists have continued to meet the needs of people through the years. People often don't need to see a physician and treatment is provided by a physical therapist. The public is recognizing the benefits of physical therapy in providing long-term solutions to health problems and learning to manage their problems themselves. Physical therapists offer cost-effective care and will continue to use the team approach. They know the limits of their profession, plus the scope of treatment will not change in Montana. They request direct patient access to their profession. Exhibit #4.

P. SCHLESINGER, M.D., Great Falls, stated that patients need more direct access to physical therapists and that should not hurt the relationship with doctors. They have direct access to other practitioners with less extensive training. Physical therapists are the most qualified to educate the public on preventive care and direct access would increase their opportunities to educate. Liability costs should not be affected because of the excellent record of care in the past. Exhibit #5.

AIMEE V. HACHIGRAA, M.D., orthopedic surgeon, testified that she has had only two weeks of training in rehabilitation in her formal education and the rest by osmosis while a physical therapist has had over four years of education in that specific field. A person in need of rehabilitation has time with a therapist every day and only one session with a doctor. The initial cost of seeing a doctor could run $150 plus x-rays and paperwork, while the initial cost of seeing a physical therapist would be $40 plus x-rays. Physical therapists can be covered by major medical insurance companies. Montanans often cannot afford to see doctors because of a lack of insurance coverage, while they can more easily afford to see a P.T. This may be a turf question.

W.C. SMITH, Helena podiatrist, stated that he had worked for several years with physical therapists and found that they are competent and correct in their diagnoses.

CHADENE BURKHARTSMEYER, consumer of P.T.'s, has found them to be competent in assessment of her condition and have provided her with an excellent prevention program. Public should have direct access.

DEBBIE OLSON, patient, has had to have a doctor's referral twice when she could have gone directly to the therapist.

JERRY LINDORF, physician, stated that he wants to see a qualified monitoring group for physical therapists and would like to see the addition a physician and a member of the public to the licensing board.ofA physician would recognize any problems arising between doctors and physical therapists, and any actions that are grounds for discipline or malpractive would be reported to the board.

MABEL GASKILL, patient, would like to have direct access to a P.T.

STANLEY ROSENBERG, President of Rosenberg Assoc. working with Rehabilitation hospitals, has a chronic problem requiring physical therapy. He has found that qualified physical therapists have correctly treated him and he has found a doctor's referral unnecessary and expensive. He feels that the physical therapist would refer him to a doctor, if necessary. Exhibit # 6.

JUDY BIRCH, OPI, stated that sometimes needs to see a therapist while doing extensive auto traveling (she) for work. Her doctor in Great Falls is too far away to have call for referral.

CRIS VALINKETZ, Developmentally Disabled of Montana, stated that she has had to have unnecessary prescriptions from doctors for children needing physical therapy.

MONA JAMISON, LOBBYIST, Montana Association of Physical Therapists, stated that: Physical therapists have a strong educational background, including academic and clinical training with emphasis on diagnostic skills. They are practicing now within the scope of their profession. Benefits: People know quite well which health care practitioner they need. The bill should have no impact on insurance rates. The bill will not change the freedom of choice statutes, which require that health coverage go directly to P.T's. The association supports the amendments, which will help P.T.'s continue their ties with the medical profession, but feels that the referral process is outdated. Exhibit # 7.

OPPONENTS: LEE HUDSON, Chiropractor, Great Falls, Board of Directors, Montana Chiropractic Association, stated that the Chiropractic Association does not feel that physical therapists have sufficient education to become portal of entry/primary health care providers, especially when their education is compared with that of chiropractors. See comparisons of training in Exhibit # 8.

GARY BLOM, President, Montana Chiropractic Association, stated that physical therapists are lacking in diagnostic and evaluation skills, particularly the use of X-ray. Many patients might be suffering from fractures or cancer that a p.t. would not detect. Therefore, it would be in the best interests of the public to approve this legislation. Exhibit # 9.

BONNIE TIPPY, Montana Chiropractic Association, stated that the physical therapists' training will be upgraded to the Master's level. She questioned whether the public should be into self-diagnosis. Exhibit # 10.

KEN HASSLER, MT. Health Underwriters Association, stated that medical care is defined as that prescribed by a physician; if medical care is not prescribed by a doctor, physical therapy claims could be denied. Exhibit #11.

BOB ROBINSON, Workers compensation, stated that this bill does not address the MCA section, 33-22-11, on compensation.

DISCUSSION ON SB 31: Sen. Williams: Would passage allow a physical therapist to write a person off?
Sen. Jacobson: No.

Sen. Himsl: Testimony has not addressed the amendments, which substantially change the bill.
Sen. Jacobson: The amendments do not change the bill, but merely add to it.

Sen. Himsl: This strikes 37 and places it under Section 2.
Karen Renne: This puts the new section 2 in front of Section 1, which will become Section 3 if the amendments are added.

Sen. Meyer: What costs are involved?
Mona Jamison: The board is already set up under Title 2, and there is sufficient funding to cover the costs of two additional members.

Sen Jacobson: To close, the Montana Medical Association is comfortable with the situation. The bill is fair and reasonable and the public is protected by having direct access. I urge a do pass.

Chairman Dorothy Eck then opened the hearing on Senate Bill #6 by calling on the bill's sponsor, Sen. Lybeck, District # 4. Sen. Lybeck stated that only 19% of Americans have completed organ donor cards, although many more people would probably like to donate organs. This bill would allow survivors to donate a deceased's organs, if the family was confortable with that choice. Hospitals will draw up porper protocol procedures to deal with these sensitive situations.

The meeting adjourned at 3:00 P.M.

Dorothy Eck

CHAIRMAN

ROLL CALL

Public Health, Welfare and Safety COMMITTEE

50th LEGISLATIVE SESSION -- 1987 Date 1-16-87

NAME	PRESENT	ABSENT	EXCUSED
Dorothy Eck	X		
Bill Norman	X		
Bob Williams	X		
Darryl Meyer	X		
Eleanor Vaughn	X		
Tom Rasmussen	X		
Judy Jacobson	X		
Harry H. "Doc" McLane	X		
Matt Himsl	X		
Tom Hager	X		

Each day attach to minutes.

DATE 1-16-87 - 1PM

COMMITTEE ON Public Health, Welfare & Safety

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One: Support	Oppo
Dap Thomas	[redacted]	SB31		✓
Wendy Rowley	PT's	SB 31	✓	
Charlene Dalbec	Physical Therapists	SB 31	✓	
Clay Edwards	P.T.	SB 31	✓	
Daniel P. Luckman	Joe Luckman	SB 31	✓	
Mary Mistal	Physical Therapist	SB 31	✓	
Richard Gaydos	" "	SB31	✓	
Aimee V. Machiguenas	Orthopaedic Surgeon	SB31	✓	
David LACKMANN	MT Public Hlth Hsg	SB6	✓	
E. C. Pratt	DHES	SB6		
Charlene Burkhartsmeyer	Consumer of PT	SB31	✓	
Mabel Jackiel	Self	SB6	✓	
Mary Jo Lewis	Physical Therapist	SB31	X	
Clarinda K. Clark	self	SB 31	X	
Gary Lewis	Physical Therapy	SB31	X	
Gregory Gould	Self	SB31		
Keri Halgesen	Physical Therapist	SB31	✓	
Mary Ellen O'Leary	" "	SB31	✓	
Debbie Olson	Consumer of PT	SB31	✓	
Kirk Hansen	Physical therapists	SB31	✓	
Lorin Wright	Physical Therapist	SB31	✓	
Barry Ivey	Montana Chiropractic Assn	SB 31		✓
[illegible]		SB31		✓
[illegible]	"	SB31		✓
[illegible]		SB31		✓
Anne Light	Mt. Senior Citizen Assoc	SB 6		
[illegible]	Mt. Senior Citizens	SB		

(Please leave prepared statement with Secretary.)

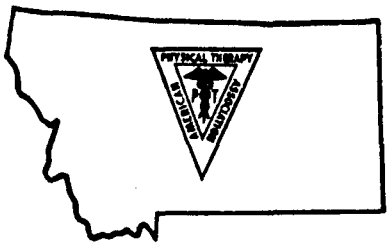
DATE 1-16-87 1PM

COMMITTEE ON Public Health, Welfare & Safety

VISITORS' REGISTER

NAME	REPRESENTING	BILL #	Check One: Support	Check One: Oppose
Cheryl Hanson	PT's	SB31	✓	
[illegible], M.D.		SB 31	✓	
Mona Jamieson	Mt. chapter of Amer. Phys. Ther. Assn.	SB 31	✓	
Ken Hagler	MHUA - MALU	SB 31		✓
Donna Kline	P.T.	SB 31	✓	
Chris Volinkaty	PTD Lobbyist	SB31	✓	
Jane Barnes	DX	SB 31	✓	
Bill Leary	MHA - Helena	SB 6	✓ Amended	
Jean T Jourdonnais	MT. Med. Assn.	SB 31	amend	

(Please leave prepared statement with Secretary)



MONTANA CHAPTER
OF THE
AMERICAN PHYSICAL THERAPY ASSOCIATION

AN HISTORICAL PERSPECTIVE OF PHYSICAL THERAPY

Physcial therapy emerged as a medical discipline following World War I. A formal program for physical rehabilitation was needed but none existed. As a result of a study of European programs for physical rehabilitation, the Division of Special Hospitals and Physical Reconstruction was established in August, 1917. Physicians developed Reconstruction Aides from physical educators and nurses to assist in rehabilitating the surviving patients with war-related injuries and disabilities from World War I.

In the early 1920's, the Reconstruction Aides organized to become the American Physiotherapy Association. These early physiotherapists, as they were known, were trained in hospitals for short periods of time to meet the needs of our country.

By the 1930's, the American Medical Association with the American Physiotherapy Association developed educational programs for physiotherapy in medical schools. As the success and reputation of physiotherapy grew, so too did its body of knowledge culminating by 1940 in certificate programs for individuals holding bachelor degrees in physical education or nursing.

During the 1940's and 50's, an Americanized designation to physical therapy from physiotherapy was made. Three significant forces (World War II, the Korean Conflict, and the polio epidemic) during this time spurred the growth of the profession. Many victims of these travesties were kept alive with physical rehabilitation becoming an integral part of their existence.

In the late 50's and early 60's, physical therapy education evolved into baccalaureate degree programs, with an increasing number of states believing it appropriate to license the practitioners of physical therapy.

By the mid-60's, public policy recognized the physical therapy profession through inclusion in the Medicare and Medicaid legislation. The physical problems of the senior citizens increased with the aging of the general population, necessitating an expansion of expertise in physical therapy.

From the mid-60's to the present, the expansion of skill, professionalism and knowledge through specialized research in physical therapy has continued. Greater amounts of work have been produced for physical therapists as the technology in medicine improves and extends lives. This has been evident in the polio epidemic survivors, in military conflict as in Vietnam, and most recently in total joint replacements and other innovative reconstruction procedures in the senior population.

By 1969, all fifty states licensed physical therapists. One year certificate programs have been phased out and replaced with four and six year degree granting university programs accredited by the American Physical Therapy Association. Advanced degrees at the Master's and Doctoral levels are held by many therapists. Specialization in the areas of orthopedics, pediatrics, cardiopulmonary, sports physical therapy, and clinical electrophysiology is currently taking place with board certifies specialists being named annually as the strict criteria is met.

Presently, physical therapists in Montana practice in hospitals, rehabilitation centers, school systems, private offices, industry, and nursing homes. Our knowledge and expertise includes rehabilitative skills and preventive methods promoting health and wellness.

SENATE HEALTH & WELFARE
EXHIBIT NO. 1
DATE 1-16-85
BILL NO. SB 31

Direct patient access to physical therapy is the logical step in allowing consumer choice in today's health care market. Eleven states and the U.S. Army have recognized this and have made physical therapy services directly accessible to the public.

We look for your support for direct patient access (SB 31) to continue the advancing growth of the physical therapy profession in Montana.

Respectfully submitted

Mary Mistal, P.T.

Mary Mistal, P.T.
Vice-President of the Montana
Chapter of the American Physical
Therapy Association

SENATE HEALTH & WELFARE
EXHIBIT NO. 2
DATE 1-16-87
BILL SB 31

Richard L. Gajdosik, Associate Professor
Physical Therapy Program
University of Montana

As a representative of the Professional Physical Therapy Program at the University of Montana, I would like to speak in support of Senate Bill 31. I have been on the faculty at the University of Montana for 10 years. I helped plan and implement the Program at the University. The Program was first accredited by the American Physical Therapy Association in 1981, and is currently fully accredited.

Because we seek to prepare physical therapists to deliver services primarily in a rural setting, we select mature, highly qualified students. Their average age is 27 years, their average GPA is 3.5, and they score in the top 10% on the national professional licensing examination.

Our goal is to produce independent thinking, competent practitioners. In order to achieve this goal we prepare students to evaluate neurological, musculoskeletal, and related cardiovascular and respiratory functions of patients, and to determine the appropriate physical therapy procedures to maintain or restore strength, range of motion, and improve functional levels. The students complete coursework in anatomy, physiology, neuroanatomy, pathology, physical therapy sciences, and medical sciences. They learn the signs and symptoms of both normal and abnormal functions of the body, and they learn to identify and quantify measurable data on patients. We teach the students to perform physical therapy evaluations by first collecting subjective and objective information. After assessing this information they develop a plan of treatment. They are instructed to recognize the limits of our scope of practice, and they learn to consult with other members of the health team when questions arise or when signs and symptoms are not consistent with those of expected movement dysfunctions. Through this education physical therapists are capable of autonomous practice in close cooperation with all members in the medical field.

The increasing number of scientific research publications documented in our professional journals demonstrates that we have accepted responsibility for generating our own body of knowledge. The newest physical therapy procedures would be implemented more effectively by allowing the patient direct access to physical therapists.

The quality of the student entering our program, as well as other programs, and the direction they receive in our curriculum produce competent, independent thinking practitioners who work well in the medical community. I urge you to allow the public direct access to the expertise of physical therapists by supporting Senate Bill 31.

MONTANA CHAPTER

OF THE

AMERICAN PHYSICAL THERAPY ASSOCIATION

SENATE HEALTH & WELFARE
EXHIBIT NO. 3
DATE 1-16-87
BILL NO. SB 31

January 10, 1987

RE: Senate Bill # 31
Clay Edwards, Physical Therapist

TO: Madam Chairman and members of the Senate Public Health Committee

I want to briefly explain to you what I believe the passage of this Bill will do to the practice of physical therapy and what portion of the public will most benefit from the passage of this legislation.

During the two and one-half years that our state association has been drafting this legislation it has been, and still is, my personal belief that the practice of physical therapy will not change dramatically with the passage of this bill. We will continue to see 80-90% of our patients by means of physician referral. We will continue to have the very close working relationship we have always had with physicians.

The members of the public that will be dramatically and positively effected fall into several groups. There will be a major improvement in treatment for handicapped school children. Physical therapists are the only members of that treatment team that need a physicians referral. I personally have now waited 3½ months for a surgical report and doctors referral from a childrens hospital so I can legally and safely commence treatment for a student.

Another group that will benefit by cost and time savings by going directly to a physical therapist are those patients with chronic physical problems. Patients with arthritis, nonoperable neck and back pain, nonacute strokes and many other chronic disabilities will be able to get immediate treatment. In reality, many of these patients now go directly to the physical therapist and the referral is only a telephone call to the doctor from the therapist.

Injury prevention is rapidly becoming a major focus of business and industry. Physical therapists are ideally educated to present low back injury prevention seminars and are indeed doing so. These seminars have the potential of reducing workmens compensation claims and payments considerably. Am I currently breaking the law when I present these programs? Possibly. I certainly am when the inevitable employee remains to ask what they can do for their chronic low back problem. My statements to him are now treatment and are illegal. I believe

physical therapists are the most qualified persons in a community to present this information but we are about the only ones that cannot lawfully do it.

The last group that I want to single out is the public in general. There is now a major emphasis on wellness and health promotion in our society. Any physical education teacher, aerobics instructor, YMCA employee, or anyone else can open shop and instruct and counsel people on diet and exercise with almost no training. In most rural Montana cities and towns, the physical therapist or physician are the most qualified persons to present this information. The physician does not have the time and this antiquated referral requirement prevents me from doing it.

I urge you to give this bill a do pass recommendation from this committee. The referral requirement for physical therapy has outlived its need and is now preventing good medicine rather than promoting it.

MONTANA CHAPTER

OF THE

AMERICAN PHYSICAL THERAPY ASSOCIATION

SEN. TE HEALTH & WELFARE
EXHIBIT NO. 4
DATE 1-16-87
BILL NO. SB 31

To: Senate Public Health Committee

Re: Senate Bill 31, An Act Allowing Direct Patient Access to Physical Therapy

Understanding the benefits to the public that Senate Bill 31 can provide by allowing the public direct access to physical therapy, to a large part requires the understanding of the profession of physical therapy. What is physical therapy and what do physical therapists do?

First of all physical therapy is an integral part of the medical system. This is certainly demonstrated by our history and development over the last 68 years. Through this, the philosophy which guides physical therapy care has arisen out of medical and physical therapy research.

Physical therapy is not a new profession but rather one that is 68 years old. Through those years and as the profession has expanded physical therapists have provided a safe quality care to millions of patients. Our history indicates clearly that we have effectively treated patients and this bill will not change that particular aspect of physical therapy care. In actual practice, physical therapy care, as provided by licensed physical therapists, is done totally under the careful hands and decision making of the treating physical therapist.

Physical therapy is a profession that is rapidly expanding. Utilization is also rapidly increasing. The public, as well as other health care providers are realizing that for many patients, with a variety of problems and conditions, physical therapy provides a long term solution to their problem.

Physical therapists have considerable expertise in recognizing and treating limited bodily function resulting from musculoskeletal or neurological conditions. Physical therapy, and physical therapists, hold the philosophy of evaluating, treating, and educating patients to achieve optimum function as soon as possible. Perhaps most importantly physical therapists are able to expertly advise, and educate, individuals to understand their condition as well as how activities they do throughout the day working or recreating can effect the continued stress on the body that could result in prolonged injury. Physical therapy has an important preventive emphasis that in the long run can be very cost effective to consumers and third party payors.

Physical therapy is a team oriented profession. We are very cognizant of the skills of other professionals and will continue to work closely with those professionals with the primary goal of quality, effective patient care. Certainly core to that team approach is continued and on-going consultation with the patient's physician.

Physical therapy is a profession made up of individuals that share the same internal and external problems and concerns as other professions. We have a vast majority of individuals that work hard to advance the profession for better patient care and certainly in the present health care environment for cost effective care.

Senate Bill 31 allowing direct patient access to physical therapy will not change the scope of physical therapy practice in Montana. Physical therapists will continue to practice physical therapy only, a field that only physical therapists are best educated in. We know our profession well and we also know the boundaries that limit our profession. The long history of our referral and communication relationship will continue with physicians and other health care providers for quality patient care. For those individuals who choose to seek the services of a physical therapist initially to address their problems, Senate Bill 31 certainly provides them that right which could result in early intervention and safe and effective outcomes.

Physical therapy is a profession that can be trusted. It is a profession that has provided considerable benefit to the public for years and it is a profession that the public should have direct access to. I urge you to support Senate Bill 31 that will allow direct patient access to physical therapy.

Respectfully,

Gary Lusin

Gary Lusin

MAGINNIS AND ASSOCIATES

PROFESSIONAL INSURANCE ADMINISTRATORS

DONALD F. LANG
PRES

SENATE HEALTH & WELFARE
EXHIBIT NO. 5
DATE 1-16-85
BILL NO. SB 31

October 29, 1985

Mr. Kenneth Davis
Director of the
Department of Practice
American Physical
Therapy Association
1111 North Fairfax Street
Alexandria, Virginia 22314

Re: Practice Without Referral

Dear Ken:

Our firm as a major administrator of Professional Liability insurance for physical therapists has been monitoring claims in those jurisdictions where practice without referral is allowed. Specifically, Arizona, California, Maryland, Massachusetts, Nebraska, Nevada, North Carolina, Utah and West Virginia. It is my understanding that California and Nebraska are jurisdictions in which the therapist has been able to practice without referral for a considerable period of time. As of this writing, we have no firm evidence that practice without a referral has had a negative impact on Professional Liability claims.

It would be normal, from an underwriter's approach, to expect that when the therapist is practicing independent of the physician, claim experience might be less favorable than that where a physician is involved. Again, we do not find this to be the case at the present time. I can only suggest to you that the professional therapist utilizes every viable tool available in order to provide the patient with the best care possible. I would also suggest that in those areas where practice without referral has been allowed, the truth of the matter is that the therapist counsels with the physician in cases where there would be any questions whatever as to what might be proper in the handling of that patient. The less professional therapist is going to be more subject to losses with or without the restriction of requiring physician referral.

EXHIBIT NO. 5
DATE 1-16-87
BILL NO. SB31

Dear Ken:

October 29, 1985

The number of incidents in the entire physical therapy area has been steadily increasing, as have been the dollar values of judgments in malpractice actions. These two factors in addition to others have had a negative affect on the pricing of Professional Liability coverage for physical therapists, but again that affect seems to be across-the-board and not a function of practicing with or without a referral. It is our intent to continue to monitor our therapy program. Should we notice any significant change in those areas where practice without referral is allowed, you may be assured that we will contact your office.

Sincerely,

Donald F. Lang

DFL/cc

SENATE HEALTH & WELFARE
EXHIBIT NO. 6
DATE 4-6-87
SB 31

while I do not speak for my u
she received th
again with SB 31

MY NAME IS STANLEY ROSENBERG. I AM PRESIDENT OF ROSENBERG AND ASSOCIATES, A PUBLIC HEALTH CONSULTING FIRM. I HAVE WORKED IN A REHAB. HOSPITAL FOR TWO YEARS AS A PATIENT AND STAFF EDUCATOR. IN THAT FACILITY, I WORKED IN CLOSE RELATIONSHIP with ALL STAFF including PHYSICAL THERAPISTS AS WELL AS OCCUPATIONAL THERAPISTS. I HAVE ALSO BEEN A CONSULTANT TO NURSING HOMES AND HAVE BEEN ASSOCIATED WITH LONG TERM CARE FACILITIES SINCE THE INCEPTION OF THE LONG TERM CARE IMPROVEMENT PROGRAM INITIATED DURING THE NIXON ADMINISTRATION. THE PROGRAM WAS CANCELLED DURING THE CARTER ADMINISTRATION. I SPEAK NOW AS A CONSUMER OF PHYSICAL THERAPY SERVICES FOR MANY YEARS BECAUSE OF A CHRONIC LOW BACK PROBLEM. MY EXPERIENCE BOTH AS A CONSUMER AND AS SOMEONE WHO HAS WORKED IN HOSPTALS AND LONG TERM CARE FACILITIES, I FEEL, PROVIDE ME WITH SOME CREDIBILITY.

I BELIEVE PHYSICAL THERAPISTS WHO HAVE GRADUATED FROM ACCREDITED SCHOOLS HAVE THE KNOWLEDGE REQUIRED TO PRESCRIBE THE NEED FOR AND TREAT PATIENTS WHO CAN BENEFIT FROM PHYSICAL THERAPY. PHYSICAL THERAPISTS ARE TOUGHT TO RECOGNIZE WHAT THEY CAN AND SHOULD NOT TREAT AND WITH THE EXCEPTION OF ORDERS RECEIVED FROM A PHYSIATRIST, i.e. A PHYSICIAN WHO SPECIALIZES IN DISEASES OF THE MUSCLES, RECEIVE ORDERS OR PRESCRIPTIONS WHICH USUALLY SAY, "PROVIDE P.T AS NECESSARY." OR ,"P.T AS INDICATED" THE PHYSICAL THERAPIST THEN CHOOSES THE MODALITY OF TREATMENT, I.E. HEAT, ICE, ELECTRIC STIMULATION, DEEP HEAT USING ULTRA SOUND, OR STRETCHING EXERCISES. or whatever IN SHORT, THE PHYSICAL THERAPIST IS TOLD BY THE REFERRING PHYSICIAN, DO WHAT YOU THINK IS NECESSARY. YOU DECIDE WHAT IS NEEDED AND DO IT. THE NEED TO SEEK A PHYSICIAN'S REFERRAL IS UNNECESSARY

SENATE HEALTH & WELFARE
EXHIBIT NO. 6
DATE 1-16-87
BILL NO. SB 31

SINCE NOTHING IS ACTUALLY PROVIDED THE PATIENT EXCEPT THE ADDITIONAL COST OF REFERRAL. AND, IT IS JUST THAT, AN ADDITIONAL COST TO THE PATIENT. and Insurance Co. IF, THE P.T. FEELS A FURTHER EXAMINATION IS NECESSARY, OR MEDICATION IS INDICATED, SUCH AS A MUSCLE RELAXANT, THEY WILL AND DO REFER THE PATIENT TO THE PHYSICIAN.

IN MY OPINION, THE NEED FOR A MEDICAL REFERRAL FOR PHYSICAL THERAPY IS ANTIQUATED PRACTICE AND SHOULD BE DISCARDED. In Fact what makes sense is to have the P.T. diagnose & refer when indicated.

to people who are . . .

- living in a nursing home, personal care home or retirement center
- relatives and friends of residents
- representatives of community groups or public agencies
- employees and administrators of care facilities

Who to contact for Ombudsman services:

State Ombudsman
P.O. Box 232
Capitol Station
Helena, Montana 59620

Tollfree Phone Number
1-800-332-2272

All contacts are kept in confidence.

Local Ombudsman
Call your local Area Agency on Aging or your County Council on Aging

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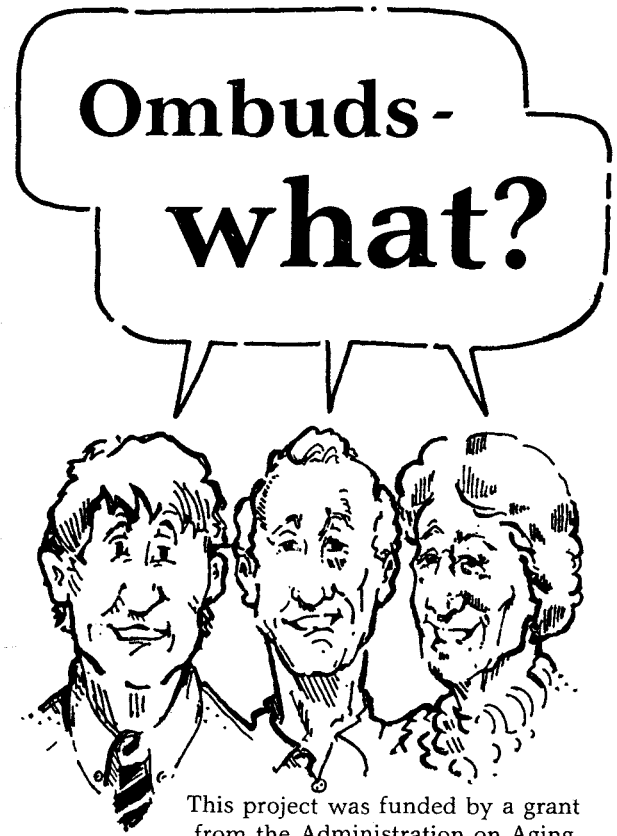
Montana's Long-term Care Ombudsman Program



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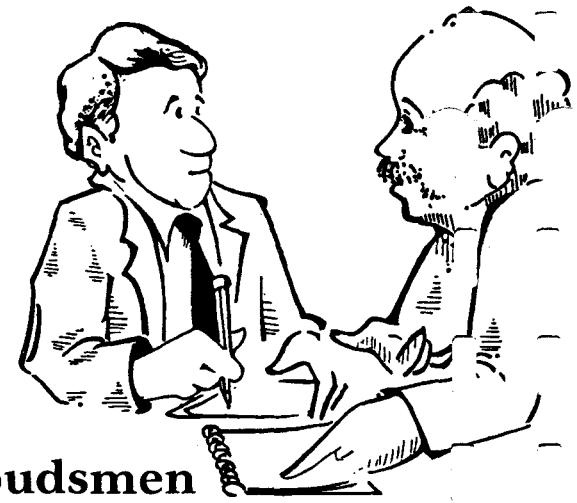

Ombudsmen respond . . .

to the concerns of people who live in long-term care facilities. An ombudsman can help residents not only understand but exercise their rights to good care. Ombudsmen are impartial mediators when they look into situations of concern to residents. If grounds for complaint are found, ombudsmen move into action. They may supply information, suggest solutions and press for action or change on behalf of residents.

help resolve problems . . .

associated with long-term care such as

- exercising resident rights
- quality of care and life within facilities
- administrative decisions and policies
- state and local service agencies
- Medicaid, Medicare and other long-term care programs
- abuse, neglect or exploitation of residents

provide services . . .

- information about long-term care — services, care issues and placement options
- referrals to aging services programs
- assistance for long-term care staff to help them meet the needs and concerns of residents
- education to enhance public awareness and use of the long-term care system
- advocacy for needed legislation and policies
- promote the development of consumer groups

Medical Associates, P.C.

A Professional Corporation
SEVEN EAST BEALL, BOZEMAN, MONTANA 59715
PHONE: 406-587-5123

Family Practice

Norman A. Fox, M.D.
DIPLOMATE, AMERICAN
BOARD OF FAMILY PRACTICE

John S. Patterson, M.D.
DIPLOMATE, AMERICAN
BOARD OF FAMILY PRACTICE

Robert J. Flaherty, M.D.
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Leonard R. Ramsey, M.D.
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Pediatrics

Paul H. Visscher, M.D.
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BOARD OF PEDIATRICS

James R. Feist, M.D.
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Todd D. Pearson, M.D.
DIPLOMATE, AMERICAN
BOARD OF PEDIATRICS

SENATE HEALTH & WELFARE
EXHIBIT NO 7
DATE 1-16-87
BILL NO SB 31

January 9, 1987

Senate Public Health Committee
Capitol Building
Helena, MT 59604

Dear Committee Members:

A bill before the Legislature would allow the public greater access to the services of Physical Therapists. Currently, the public has free access to the rudimentary physical therapy offered by Chiropractors, who lack training in traditional medical disciplines. Physical Therapists, on the other hand, are trained in and familiar with traditional medical concepts of physical therapy and could provide much more appropriate treatment for patients. If the case can be made for the public's free access to Chiropractic care, then there is no question that the public can clearly benefit from freer access to the care of registered Physical Therapists.

Sincerely,

R. J. Flaherty

Robert J. Flaherty, M.D.

RJF:sw

SEN. ... HEALTH & WELFARE
EXHIBIT NO. 7
DATE 1-16-87
BILL ... SB 31

KENNETH V. EDEN, M.D.

INTERNAL MEDICINE – GASTROENTEROLOGY

MEDICAL ARTS BLOCK
121 N. LAST CHANCE GULCH, SUITE G
HELENA, MONTANA 59601

TELEPHONE
(406) 442-1994

January 9, 1987

Members of Public Health Committee
State Senate
Helena, MT 59601

Dear Senators:

I would lik e to express my support for Senate Bill 31 regarding free access of patients to the care provided by Montana physical therapists.

In my own practice many patients are referred by me for evaluation by a physical therapist, and I have found them as a group to be well trained, conscientious and to render their services in a very professional manner.

In reality, many patients self refer to a physical therapists and then request authorization retrospectively. In almost all cases, I do this.

I think the present law in unrealistic and discriminates unfairly against physical therapists since patients have free access to others in the health care field such as chiropractors, acupuncturists, optometrists, naturopaths, and etc. Among these groups, I think the physical therapists are perhaps the most likely to refer patients whose problems are outside their area of expertise.

I think the risk of physical therapists failing to recognize a problem that is beyond their area of expertise is a real one but certainly no more so than it is for physicians or any other health professional. I think one must rely on professional integretity of which physical therapists as a group have demonstrated an ample amount.

Sincerely yours,

Kenneth V. Eden, M.D.

KVE/dr

SENATE HEALTH & WELFARE
EXHIBIT NO 7
DATE 1-16-87
BILL NO SB31

ORTHOPEDIC ASSOCIATES OF BOZEMAN, P.S.C.
206 NORTH GRAND
BOZEMAN, MONTANA 59715
PHONE 587-5546

E. LEE BLACKWOOD, M.D. FRANK W. HUMBERGER, M.D. BERNARD M. VARBERG, M.D.

January 15, 1987

Legislators of the 50th Session
State of Montana
Capitol Building
Helena, MT 59620

Dear Sirs:

After reviewing Senate Bill No. 31, an Act allowing direct patient access to physical therapy and amending Section 37-11-104, M.C.A., I wish to state that I am in favor of this bill allowing physical therapists to evaluate and initiate treatment of patients without the direct prescription of services by a physician. I feel that physical therapists in general are much better trained than chiropractors who have direct access to patient evaluation and care. It has been my experience that they use good judgment in their evaluation and treatment plans and are prompt in referral if they are concerned or have a problem. I feel good in giving my unqualified support for this bill and would encourage its passage.

Sincerely,

Frank W. Humberger, M.D.

FWH/mj

SEN. TE HEALTH & WELFARE
EXHIBIT NO. 8
DATE 1-26-87
BILL NO. SB 31

Testimony - Senate Bill 31

Submitted by: Dr. Lee Hudson
Great Falls, Montana

January 16, 1987

Senators of this committee; good afternoon.
My name is Dr. Lee Hudson. I am a Board Eligible Chiropractic Orthopedist and a member of the Board of Directors for the Montana Chiropractic Association. I practice in Great Falls.

I would like to make it clear that we do not want to attempt to prohibit anyone from practicing the profession which they are trained for. The question at hand today is not whether the Physical Therapy profession is a worthy profession. It has a proven place in the health care community. The question we must ask today is whether the Physical Therapy profession has the education and training, most importantly in diagnosis, to become a portal of entry/primary health care provider. For the first and most important step in treating the human body is making a proper diagnosis. Only after a proper diagnosis has been made, can a treatment plan be formulated.

I have researched the similarities and differences in education between my profession (Chiropractic), and the Physical Therapy profession. I have not included the Medical profession in my research, however, Medicine and Chiropractic have comparable educational requirements.

I have obtained course curriculums from two major Physical Therapy programs, (Utah and Washington), and the curriculum of my Alma Mater (Northwestern College of Chiropractic).

1. Both Chiropractic and Physical Therapy require a minimum of two years pre-professional training.

2. Chiropractic profession training is a four year program. Physical Therapy professional training is a two year program.

3. The Physical Therapy programs researched were comprised of between 880 and 1,110 total hours of education. The Chiropractic program researched was comprised of 4,411 total hours of education. This is 4 times the total class hours.

SENATE HEALTH & WELFARE
EXHIBIT NO. 8
DATE 1-16-87
BILL NO. SB 31

Last but probably most importantly;

4. Chiropractic education includes 1,260 classroom hours which are directly related to diagnosis. The Physical Therapy programs researched contain between 120 and 180 hours of courses which can be related to evaluation or diagnosis.

I would also like to point out that the education of a Physical Therapist contains 0 hours in x-ray diagnosis; a very valuable tool.

SENATE HEALTH & WELFA
EXHIBIT NO. 9
DATE 1-16-87
BILL NO. SB 31

CAPITAL CHIROPRACTIC CENTER

1732 PROSPECT AVENUE
HELENA, MONTANA 59601

GARY P. BLOM, DC
PHILIP A. BLOM, DC, FICC

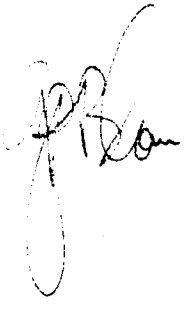
(406) 449-7458

January 14, 1987

The Montana Chiropractic Association believes that the physical therapists definitely are not qualified to diagnose or evaluate. Their education does not teach this and therefore they do not have the qualificaitons.

Many pathologies can mimic musculo-skeletal problems, therefore it is essential that a differential diagnosis be made. In addition to physical, neurological, and orthopedic testing, a radiographic examination should be utilized.

Physical therapists do not have the qualifications to perform or interpret x-rays. Manycancers, fractures, and other abnormalities are found through use of x-ray. These are various contraindications to using physiological theraputics such as heat, massage, ultra-sound, and mobilization especially if certain disease processes are present. These contraindications of treatment must be pointed out through precise diagnosing. We believe that this legislation is not in the best interest of public health.



Chapter 26. THE GENERAL PHYSIOTHERAPY SUBMISSION

INTRODUCTORY

1. The New Zealand Society of Physiotherapists, in association with the New Zealand Manipulative Therapists' Association and the New Zealand Private Physiotherapists' Association, was represented at almost all hearings of the Commission. The submission of the society (Submission 75), including the material supplied in connection with it, was most useful to us. The society also helped to provide experts from overseas.

2. Although the conclusions reached by the New Zealand Society of Physiotherapists and its associated groups were not in favour of chiropractic, we should like to record that the stand taken was a constructive one. The physiotherapists saw themselves as critics of chiropractic, not enemies. It did seem, too, that some day all specialists in manual therapy, whatever their background, might be able to work together in further research. However, at present, physiotherapists are aligned with the Medical Association in opposing the provision of health benefits for chiropractic patients.

3. It was noteworthy that the group of physiotherapists specialising in manual therapy were responsible for preparing the material for the submission. They also presented it and were therefore available for cross-examination. This was valuable since, apart from the chiropractors, they were better informed on the use of manual therapy than any other group who appeared. Although, in general, they echoed the medical opposition, they were more specific and were also prepared to make suggestions about integrating chiropractic into the health system. They also saw the need for research into manual therapy.

EDUCATION OF PHYSIOTHERAPISTS

4. At this point something needs to be said about the education of physiotherapists and, in particular, of manipulative therapists since they maintain that they are capable of providing all the services now mainly performed by chiropractors.

5. A 3-year full-time course is offered for the Diploma of Physiotherapy. A third of the course (1200 hours minimum) is spent in clinical practice. The rest is made up of basic sciences, physiotherapy skills, clinical science, and elective studies. Shorter than the chiropractic course, it is also much less demanding. Those who enter training in 1979 and in subsequent years will probably have a preregistration year after graduation.

6. The education of the physiotherapist at present is the education of a paramedical. He is taught the basic sciences as a general background to his role within the framework provided by the referring medical doctor. Obviously, once he is in practice, hospital or private, his skill and confidence grow. It is in rehabilitation of the patient that the work of the physiotherapist has special importance, particularly in the hospital setting. His main methods of treatment are electro-therapy, therapeutic movement (remedial exercise), traction, massage, and mobilisation procedures. Certainly physiotherapy education, with no significant

training in differential diagnosis, does not fit physiotherapists to be providers of primary health care. Moreover, we note that the staff of the physiotherapy schools are not highly qualified. Apart from part-time visiting staff, very few have qualifications beyond the physiotherapy diploma.

TRAINING IN MANIPULATIVE THERAPY

7. We come now to training in manipulative therapy, to use the term adopted by the physiotherapists. This is defined by them to be movement of joints beyond their normal passive range. The basics are taught early, but only in the last year is some limited instruction given in manipulation, including the joints of the spine. Both in New Zealand and in England the instruction appeared to be elementary, even crude. At St. Thomas' in London, even under Miss J. Hickling who has so much influenced New Zealand therapists, the training appeared unstructured.

8. In New Zealand, physiotherapists wishing to specialise in this field must undertake the post-graduate course arranged by the New Zealand Manipulative Therapists' Association. We have briefly discussed this in chapter 5. The course reaches the standards of the International Federation of Orthopaedic Manipulative Therapy and there is no doubt that some New Zealand practitioners are highly skilled.

9. However, the Commission has reservations about the way in which physiotherapists as a group acquire their manipulative training. They are taught techniques at weekend courses and at certain points are sent away to practise them, unsupervised, before they are fully trained. The Commission has a similar reservation about those medical practitioners who, with even less training, in fact considerably less, undertake spinal and other manipulation. We are satisfied that the safest source of manipulative or manual therapy in New Zealand is the chiropractor.

10. The training of physiotherapists in areas other than manipulative therapy makes them very valuable members of the health team. It would seem that they should concentrate their energies on promoting before organised medicine the benefits of physical therapy, and on improving their educational standards.

CRITICISM OF CHIROPRACTIC

11. Physiotherapists oppose chiropractic because they question the scientific training of chiropractors and the scientific basis for their theories as well as the way they shift their ground when trying to validate those theories. However, as we discuss later (chapter 38), the chiropractors' level of attainment in the basic medical sciences clearly exceeds that of the physiotherapist and approaches that of the medical graduate. We deal fully in chapter 37 with criticisms of the underlying scientific basis of chiropractic itself. As for the assertion that chiropractors "shift their ground", we have touched on the point in chapter 8, para. 17. It is an argument that leads nowhere. It can support the view that chiropractors are cultists, it can equally support the view that they have the open-minded approach of the scientist.

12. Physiotherapists criticise the single modality of the chiropractor and compare it, to the latter's disadvantage, with their own range of treatment. It is true that New Zealand chiropractors (though not necessarily North American ones) confine themselves to manual therapy whereas physiotherapists may utilise heat, light, ultra-sound, and water.

However, unless physiotherapists wish to encourage a duplication of effort, we see nothing objectionable in the chiropractor's choice of a single modality in which he specialises as long as he is fully informed of the value of physiotherapeutic methods and of the circumstances where they are indicated. An open attitude towards referral between chiropractors and physiotherapists is the best safeguard against any difficulty that might arise.

13. Manual therapy in the hands of physiotherapists, it is explained, provides treatment for the extremity joints, not just the spine. Their practitioners offer a total musculo-skeletal therapy, whereas, it is claimed, chiropractors are limited to the spine. We have already stated that current chiropractic courses provide adequate training in extremity joint procedures (see chapter 38). There is no legal impediment to chiropractors treating extremity joints, and many do.

14. Physiotherapists are convinced of the value of manipulation and argue strongly in its favour. However, they see no need for undue sophistication in this field: "It is our stand that manipulation, useful as it appears to be clinically, should not be allowed to become shrouded in unnecessary sophistication which leads to overclaim inevitably and this is particularly so with regard to techniques" (Transcript, p. 1364). Clearly there are two distinct and strongly held points of view: that of the physiotherapist and that of the chiropractor.

15. The manipulative therapist learning his techniques as he does in a fragmented fashion, first very sketchily at a physiotherapy school, then in a course spread over 3 years or more in small sections, contends that while practice is essential there is little point in over-refinement of what is only a strictly limited range of techniques. The chiropractor, on the other hand, in his 4 or even 5 years at college has a much greater and more systematic exposure to techniques. He naturally believes that the expertise he achieves before he uses these techniques, unsupervised, on his patients, must with further practice give him a greater ability to help those patients. Besides, he tends to become a specialist in the one area, the spine.

16. It is claimed that chiropractors over-refine their skill. At the same time it is alleged that their technique consists mainly of the "dynamic thrust". This is claimed to be dangerous because it is a sudden high-velocity movement, the patient cannot see what is being done, cannot resist the thrust, and is therefore at the chiropractor's mercy. Until the Commission saw chiropractors at work it imagined from such descriptions that this was the only way the chiropractor operated while the physiotherapist/manipulative therapist with his gentle articulations, extensions, or mobilisations was a very different practitioner. The truth is that while the chiropractor's movements are indeed often very quick, perhaps more so than those of the manipulative therapist, they are also usually small and precise. The most forceful manipulations we saw were performed by manipulative therapists.

17. While the physiotherapists asserted that patients are now harmed by over-zealous manipulation by chiropractors, evidence in support was almost totally lacking and we find that chiropractic treatment is safe (see chapter 15). We have no evidence which would justify us in reaching any concluded view about the safety of spinal manual therapy carried out by practitioners other than chiropractors. It is astonishing how similar some of the perfected techniques are whoever the practitioners are. It is even more astonishing how unaware they are of this similarity. However, while there are a few physiotherapists and medical practitioners who are

SENATE HEALTH & WELFARE
EXHIBIT NO. 11
DATE 1-16-87
BILL NO. SB 31

SB 31

ALLOWING DIRECT PATIENT ACCESS TO PHYSICAL THERAPY

TESTIMONY IN OPPOSITION OF THIS BILL BY:

MONTANA ASSOCIATION OF HEALTH UNDERWRITERS

MONTANA ASSOCIATION OF LIFE UNDERWRITERS

PREPARED BY:

MARIE DEONIER, Registered Health Underwriter (RHU)
President, Montana Assocation of Health Underwriters
Chairperson Health Insurance Committee,
Montana Association of Life Underwriters
Member Legislative Committee, Montana Association
of Life Underwriters
Legislative Chairperson, Montana Association of Health
Underwriters

As claimsd are paid for "medically necessary care" it is our feeling that this bill will jeopardize claims payment to our clients covered by the majority of health insurance plans written within the United States.

MEDICALLY NECESSARY CARE is defined as "any confinement, treatment or service that is prescribed by a physician".

Therefore, if there is direct access to the physical thereapist without having this treatment first prescribed by a physician the claim for treatment would more than likely be denied.

Therefore, on behalf of the many persons within the State of Montana who are covered by health insurance that could suffer refusal of claims payment due to this legislative action we recommend that this bill NOT BE PASSED.

Marie Deonier RHU

MARIE DEONIER, RHU

MD/mp

...LTH & WELFARE
EXHIBIT NO. 12
DATE 1-16-87
BILL NO. SB 31

WITNESS STATEMENT

NAME DAVID LACKMAN BILL NO. SB 6

ADDRESS 1400 Winne Avenue , Helena, MT 59601 443-3494 DATE 1/16/87

WHOM DO YOU REPRESENT? Montana Public Health Association

SUPPORT XXX OPPOSE _____ AMEND _____

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY. SB6 Requiring Hospital Administrator to request anatomical gift. (Lybeck) 1/16/87 Senate Public Health Comments: 1:00 P.M. Room 410

1. There is an acute shortage of organs for transplantation; especially kidneys.. Recently a priest in our diocese died because a kidney was not available when needed. His condition deteriorated until it became too late for one.

2. The cost, to medicaide and medicare, of the kidney dialysis program is approaching two billion dollars per year. Increased transplantations would lower this cost dramatically.

We consider this to be ~~xxxxxx~~ desireable legislation. It would result in making people more aware of the need for organs.

DEFINING PUBLIC HEALTH

During the 1983 legislative session, I was asked to define public health; especially the role of the laboratory. Some legislators wondered where I would next appear. They were confused; especially when I promoted the public health laboratory. My first involvement in this field was in 1929. After 55 years of concern in the field of public health, perhaps my testimonials were somewhat overdrawn. Now, I have again been requested to define public health- so here goes:

PUBLIC HEALTH is the art and science of preventing disease, prolonging life, and promoting physical and mental efficiency through organized community effort. This concerns the physical, social and economic well being of all persons. Of prime importance in this effort is the PUBLIC HEALTH LABORATORY. Virological, bacteriological, serological, and physical science testing is done for the prevention and control of communicable and other diseases.* Chemical, radiological, and microbiological testing is also done to assure the safety of water, air, and the physical environment.

* e.g. hereditable diseases

A more detailed discussion of public health may be found in:

Encyclopedia Brittanica, 15th edition 1974, Macropedia V. 15 pp 202-209

David Lackman, Legislative Lobbyist, Montana Public Health Association. January 19, 1983 - reprinted February 26,1985