



February 23, 2022

The Honorable Tina Liebling
Minnesota House of Representatives
477 State Office Building
St. Paul, MN 55155

Dear Chair Tina Liebling and House Health Finance and Policy Committee members,

The Minnesota Orthopaedic Society (MOS), on behalf of its members, writes to share several concerns with the proposal by the Minnesota Chapter of the American Physical Therapy Association (APTA-MN) and the recently introduced legislation, SF3083 and HF3240.

Patient safety is of the upmost importance to medical practitioners. The risk of misdiagnosis is a particular concern for the physical therapist (PT) in their first year of practice where lack of knowledge and limited experience could result in improper treatment for months while the real problem is not recognized. Currently in the State of Minnesota, PTs in their first year of practice may not treat patients without a physician referral. This type of probationary period is not uncommon in medicine. To become a licensed physician in the State of Minnesota, the applicant must successfully complete one year of graduate or clinical medical training in an accredited program (essentially 1 year of residency). This requirement is the minimum training allowed while most physicians complete residencies between 3-7 years with additional fellowship training of 1-3 years after residency. The goal of this limitation on newly graduated PTs is to increase the competency of the practitioner through real life experience before they are able to treat patients without oversight. **The MOS would be opposed to removing this limitation on newly graduated PTs to provide a safeguard to Minnesota patients.**

Under current MN statute, established PTs may treat patients for 90 days without a physician referral. The introduced legislation aims to remove the 90-day limitation on this direct access. **The MOS strongly opposes removal of this limitation.** The purpose of this limitation is to address a concern where a PT can miss a serious or time-sensitive diagnosis. While Physical Therapy programs have been moving to a doctoral level of education, there is limited education on the ordering and interpreting of labs and imaging studies. Currently, PTs are not authorized to order these tests in the State of Minnesota. The importance of these studies in musculoskeletal medicine is akin to a stethoscope in cardiology.

In the questionnaire submitted to the House Health Finance and Policy Committee, the MN chapter of the American Physical therapy Association (APTA-MN) cites research indicating a possible monetary savings to the state due to unnecessary physician visits and treatment interventions. The **value** of care for Minnesota patients is defined as patient outcomes over cost. If patients are not getting better within the 90-day treatment window as allowed by Minnesota statute, then these patients may benefit from a second opinion/physician evaluation to protect against mismanagement or misdiagnosis. Often in medicine, getting a second opinion is best practice and the most cost-effective decision. With the

ever-increasing use of virtual medicine, accessing specialist physician appointments is becoming easier than ever. Often imaging studies can be done near the patient's home and electronically transferred to the treating physician. Further, we believe that Minnesota intends to use some of the current surplus to extend broadband internet access to all corners of Minnesota which will improve patient access to virtual medicine. Within the major metropolitan areas, Orthopaedic Urgent Cares are common and provide same day appointments to patients. **Therefore, the 90-day limitation on PT treatment without physician referral can be an effective patient safety measure, monitor appropriate treatment duration, and provide value without unnecessarily inconveniencing patients.**

The APTA-MN commented in the questionnaire that "the administrative burden of tracking who needs a referral after 90 days, and tracking those days is unreasonable." This type of tracking is exceptionally common in medicine. For nearly every surgery performed, there is a 90-day global period during which follow-up care is not billable. The use of electronic health records makes tracking these types of situations quite reasonable.

Lastly, the proposed legislation aims to change the way in which PTs supervise physical therapy assistants (PTA). Currently, when a PT delegates a patient's care to a PTA, the PT must provide on-site observation of the treatment and documentation of its appropriateness at least every six treatment sessions. The proposed legislation would change the requirement for on-site observation to telehealth. The MOS appreciates and encourages the use of technology to advance patient care, especially in rural and underserved areas. Our concern with this change in statute is the lack of visual and tactile observation of the patient. In musculoskeletal medicine, visual observations and hands-on assessments are essential and often difficult to effectively communicate over the phone. It is not uncommon for PT appointments to be once per week or once every other week. Under current statute, PTAs are given the autonomy to treat patients without on-site observation for possibly 3 months if appointments are scheduled every other week. This level of oversight is already quite minimal for practitioners trained at an associates level degree. The MOS would recommend requiring live video streaming of the entire clinical visit for every sixth visit or every 30 days, whichever is shorter. **The MOS opposes allowing for telehealth supervision of PTAs.**

We thank the House Health Finance Committee for the opportunity to respond to the introduced legislation and questionnaire submitted by the APTA-MN. The MOS would be willing to answer questions or make additional comments if needed.

Sincerely,



Chad Griffith, MD
President - Minnesota Orthopaedic Society

Minnesota Orthopaedic Society
P.O. Box 24475
Minneapolis, Minnesota 55424
(952) 929-9398
office@mnorthopaedic.org