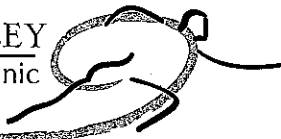




DICKSON-DIVELEY  
Midwest Orthopaedic Clinic  
Since 1923



January 30, 2013

Steven T. Joyce, M.D.

Thomas P. Phillips, M.D.

Charles E. Rhoades, M.D.

Dan M. Gurba, M.D.

Mark Bernhardt, M.D.

Robert C. Gardiner, M.D.

Lowry Jones, Jr., M.D.

Timothy M. Badwey, M.D.

Stanley A. Bowling, M.D.

Brian J. Divelbiss, M.D.

Thomas L. Shriwise, M.D.

C. Lan Fotopoulos, M.D.

Joshua Niemann, M.D.

Fermin J. Santos, M.D.

Seamus Cotter-Brown, P.A.-C.

Eric Carlson, P.A.-C.

Kenneth D. Kinnan, P.A.-C.

Karen M. Alexander, P.A.-C.

Veronica Gavula, P.A.-C.

Lindsey Hall, P.A.-C.

Representative Dave Crum

Chair

House Health & Human Services Committee

Representative Crum,

Thank you for the opportunity to testify today against HB 2066.

I am Jim Bloom, practice administrator for Dickson-Diveley Midwest Orthopaedic Clinic in Leawood. Our group is a small business, employing 15 surgeons and about 75 support staff members, including myself. We served over 40,000 patients last year through two clinic locations in the Kansas City area.

My group of 15 surgeons opposes this bill. Physicians act as an important filter, screening patients for appropriate physical therapy while offering diagnostic expertise and modalities – such as X-Ray and MRI – that physical therapists lack.

The bill would put physical therapists in the position of diagnosing medical conditions – something they have not been educated to do, nor are they licensed to do. Instead, they have been trained to treat certain conditions based on a diagnosis and plan of care provided to them by a physician. While they do a fine job treating diagnosed medical conditions that respond to physical therapy, they lack the training to diagnose medical conditions.

As a result of this lack of training, allowing patients direct access to a physical therapist would lead to treatment before diagnosis. That could delay the correct treatment or result in unnecessary treatment. It could also potentially harm the patient.

A study in 2005 by The Medicare Payment Advisory Commission specifically examined the feasibility and advisability of Medicare allowing direct access to outpatient physical therapy. The MedPAC report cast doubt on the viability of direct access, concluding that the physician referral and review requirements help ensure patients receive medically appropriate care.

MedPAC also concluded that eliminating the physician referral and review requirements would set a bad precedent for other services – such as home health care, skilled nursing facility stays, durable medical equipment, orthotics and prosthetics, medical supplies, outpatient drugs, oxygen, and occupational therapy.

Having the physician as "gatekeeper" prevents unnecessary care. It prevents therapy services that provide only marginal benefits. That improves patient care. It also saves both the patient and our state's health system money. Thank you for hearing my comments in opposition to this bill.

James E. Bloom  
Practice Administrator