

**2025 SENATE HUMAN SERVICES**

**SB 2273**

# 2025 SENATE STANDING COMMITTEE MINUTES

## Human Services Committee Fort Lincoln Room, State Capitol

SB 2273  
1/27/2025  
9:30 a.m.

Relating to diagnostic imaging by physical therapists.
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9:31 a.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

### Discussion Topics:

- National Licensure Exam
- Primary Care Physicians
- Radiology image interpretation
- Advanced Imaging definition
- Comparison to other states' policies

9:31 a.m. Senator Brad Bekkedahl introduced the bill and submitted testimony #31346.

9:35 a.m. Mitch Wolden, Physical Therapist Professor of University of Jamestown, testified in favor and submitted testimony #31442.

9:45 a.m. Scott Brown, Orthopedic Physical Therapist, testified in favor and submitted testimony #31358.

9:55 a.m. Chairman Lee closed the hearing.

*Andrew Ficek, Committee Clerk*



# North Dakota Senate

STATE CAPITOL  
600 EAST BOULEVARD  
BISMARCK, ND 58505-0360



## **Senator Brad Bekkedahl**

District 1  
P.O. Box 2443  
Williston, ND 58802-2443  
[bbekkedahl@ndlegis.gov](mailto:bbekkedahl@ndlegis.gov)

**COMMITTEES:**  
Appropriations (Chair)

**January 27, 2025**

## **Senate Bill 2273 Testimony**

### **Senate Human Services Committee**

#### **Hon. Senator Judy Lee, Chair**

Chair Lee and Committee Members,

My name is Brad Bekkedahl, Senator from District 1 in Williston. I am here today to introduce SB2273, a bill that builds upon privileges previously granted to the Physical Therapy profession in the 2021 Legislative session. With that bill, Physical Therapists with a Doctoral degree or with specialized imaging training were allowed to order flat image radiographs while providing care to their patients. This bill seeks to expand that privilege to diagnostic imaging, including Magnetic Resonance Imaging (MRI) and Computer Tomography scans (CT). As you will learn from the professional testimony following me today, there are many reasons to support this expansion of patient care. There are also several other states that currently grant this privilege, including our neighbor Montana. My main reason for the first bill submission in 2021 was to improve patient care. I personally experienced this with PT care for a leg injury where during the course of 14 treatment sessions, my Therapist wanted to have a new image taken to adjust the care plan. Prior to the 2021 legislation passage, I had to go back to my physician for a referral to get the x-ray, resulting in a 4 week pause to my weekly treatment schedule. That gave me a firsthand experience that properly educated and trained Physical Therapists could make my treatment more seamless while providing optimal care with this privilege. This bill offers the same efficiency, less lost time for treatment, and more optimal care to the patient. I appreciate your taking my testimony today and your consideration of SB 2273. I will stand for questions and please allow me to refer to the professionals here to testify if needed. Please recommend a Do Pass on SB2273.

Chairperson Lee and members of the Senate Human Services Committee,

My name is Scott Brown, and I am an orthopedic board-certified physical therapist with over 17 years of experience. I currently serve as the director of rehabilitation and therapy at a large healthcare organization in North Dakota. Thank you for the opportunity to testify in support of SB 2273.

Since the successful implementation of legislation in 2021 allowing physical therapists to order X-rays, we have seen significant improvements in patient care and efficiency within my organization. However, currently physical therapists cannot order other imaging types that benefit patients being evaluated by physical therapist.

Patient Case Example: Imagine a patient from Devil's Lake, ND, who traveled over two hours to be evaluated for severe spine pain. Upon arrival, he was seen first by a physical therapist who immediately identified signs of significant nerve involvement. Recognizing the urgency, the physical therapist swiftly referred for diagnostic imaging and coordinated with other healthcare providers, leading to an MRI being performed the same day. The results confirmed the need for immediate surgical intervention, and a neurosurgeon performed the necessary surgery the next day. This timely intervention by the physical therapists not only relieved the patient's pain but also potentially prevented long-term nerve damage. With our current practice act, the PT could not maximize his clinical decision-making with a direct referral for diagnostic imaging.

Support for SB 2273:

- **Provider Shortages and Rising Healthcare Costs:** Our nation's healthcare system is under duress, particularly in rural areas where provider shortages are acute. Allowing physical therapists to order advanced imaging can alleviate some of these pressures by reducing the need for multiple appointments and referrals, thus lowering overall healthcare costs.
- **Access Challenges:** Patients in rural areas often face significant barriers to accessing emergency rooms, walk-in clinics, and specialists. By empowering physical therapists to order necessary imaging, we can improve patient access to timely and appropriate care, reducing the burden on other healthcare facilities.
- **Safety and Appropriateness:** Studies have shown that physical therapists can safely and effectively order imaging. For example, in a clinical setting, 91% of images ordered by physical therapists were deemed appropriate by board-certified radiologists. Additionally, there were no reports of mismanagement, litigation, or revocation of licenses among physical therapists who had direct access to imaging. Within our organization, there have been no safety events reported nor patient complaints regarding physical therapists ordering imaging.
- **Current Utilization:** The utilization of imaging by physical therapists has been appropriate and not overutilized. For instance, data collected from my organization's spine clinic, only 2% of visits with physical therapists resulted in imaging orders, demonstrating responsible use of this capability. Other types of images follow similar low utilization rates in nationally published data.

- **Delays in Larger Health Systems:** Even in larger, integrated health systems, necessary tests can be delayed due to communication issues and busy providers. Currently, if an MRI is needed, the physical therapist must contact a physician, physician assistant, or nurse practitioner to order the image as a formality, which delays care. Allowing physical therapists to order imaging directly would streamline the process and improve patient outcomes.

Conclusion: Given the ongoing access challenges and the potential for these issues to worsen, now is the time to act. Supporting this legislation will improve patient access, enhance patient satisfaction, and reduce healthcare costs. It is a necessary step to ensure that the residents of North Dakota receive the medical care they need and deserve.

Thank you for considering this important legislation and for your service. Please do not hesitate to reach out to me with questions.

Monday, January 27, 2025  
Senate Human Services Committee  
SB 2273

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Chairman Lee and Committee Members:

My name is Mitch Wolden. I have been a licensed physical therapist (PT) in North Dakota for 16 years. I am currently a Professor at the University of Jamestown's Physical Therapy program in Fargo, ND. I am testifying on behalf of the American Physical Therapy Association of North Dakota.

We ask that you give a "Do Pass" to SB 2273. State law now allows PTs to order plain film radiographs, commonly called x-rays. SB 2273 broadens this authority to include a full range of diagnostic imaging such as Magnetic Resonance Imaging (MRI) and Computer Tomography (CT) scans.

Considering the rising prevalence of musculoskeletal presentations (including chronic neck and back pain), ongoing provider shortages across the state, especially in rural communities, the rising costs for patients and our health systems, and the overutilization of clinical modalities, including diagnostic imaging, our request is timely. Allowing PTs to have diagnostic imaging privileges has been found to enhance the care provided, improve patient access to services, promote the safety of patients, and decrease healthcare costs.

As direct access providers, PTs have established primary care roles within our health systems, both nationally and across North Dakota, ranging from walk-in clinics, home-health environments, and even emergency rooms. In a primary care role, we routinely assess patients to determine if they are appropriate for our care plan, and if not, we are mandated by law to identify the most appropriate course of action or referral.

There are times when diagnostic imaging is necessary to help us determine if a patient should be in our care plan. The current restriction to plain film radiographs not only limits our ability to provide all patients with the necessary healthcare services, it also is time-consuming and costly for our patients and other providers, which can lead to delays in care and an increased risk of harm. This problem is further exacerbated by the critical physician and nursing shortages across the state.

While this is a relatively new idea for North Dakota, the practice of PTs having diagnostic imaging privileges has been around for some time. Both military and civilian PTs have been credentialed to refer for diagnostic images for decades. A recent peer-reviewed publication ([Mabry et al. 2022](#)) confirmed that "PTs routinely practice skills necessary to refer patients for musculoskeletal imaging." Right now, there are 12 states and territories across the United States that have diagnostic imaging referral privileges for PTs that includes MRI and CT scans, and many of those states are considered rural, including Montana and Iowa.

Over time, PTs ability to order diagnostic imaging has proven safe and appropriate for patients with musculoskeletal presentations, while also lowering patient health costs and reducing delays to receive the needed images. When PTs have been granted diagnostic imaging privileges, multiple peer-reviewed studies have shown that its utilization has been significantly reduced, leading to lower costs and exposure to unnecessary ionizing radiation for patients ([Fritz, 2015](#); [Garrity, 2020](#); [Pugh, 2020](#)). Evidence confirms that PTs are referring for diagnostic imaging appropriately and judiciously ([Keil, 2019](#); [Moore, 2005](#)).

Much of the successful integration of diagnostic imaging referral privileges into PTs clinical practice can be attributed to our required doctoral education. In a PT professional doctoral education, we focus for three years on the management of patients with musculoskeletal presentations, including the purpose, function, and clinical applications of diagnostic imaging. Diagnostic imaging is threaded throughout the curriculum, mandated to be covered by our national accreditation body, and included on the National Physical Therapy Examination (the test required for all PTs to pass to attain licensure).

You'll note that in Section 2 of the bill only PTs with doctorate degrees or with specialized imaging training may use this referral privilege.

There is strong evidence and historical precedent that PTs are appropriate and effective providers of diagnostic imaging referrals. Allowing diagnostic imaging referral privileges for PTs is associated with appropriate healthcare utilization and cost savings.

We respectfully request that your committee approve SB 2273, allowing PTs to order diagnostic imaging.

Thank you for your time and consideration. I am happy to answer any questions you might have.

Mitch Wolden, PT, DPT, PhD

# 2025 SENATE STANDING COMMITTEE MINUTES

## Human Services Committee Fort Lincoln Room, State Capitol

SB 2273  
1/27/2025  
2:13 p.m.

Relating to diagnostic imaging by physical therapists.
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2:13 p.m. Chairman Lee opened the hearing.

Members Present: Chairman Lee, Vice-Chairman Weston, Senator Van Oosting, Senator Clemens, Senator Hogan, Senator Roers.

### Discussion Topics:

- Physician data overload
- And vs Or amendment

2:16 p.m. Senator Roers moved to adopt amendment LC#25.1302.01001.

2:16 p.m. Senator Weston seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

2:30 p.m. Motion passed 6-0-0.

2:31 p.m. Senator Roers moved Do Pass as amended.

2:31 p.m. Senator Weston seconded the motion.

Senators	Vote
Senator Judy Lee	Y
Senator Kent Weston	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	Y
Senator Kristin Roers	Y
Senator Desiree Van Oosting	Y

2:32 p.m. Motion passed 6-0-0.

2:32 p.m. Senator Lee will carry the bill.



Senate Human Services Committee

SB 2273

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2:32 p.m. Chairman Lee closed the meeting.

*Andrew Ficek, Committee Clerk*

January 27, 2025

Sixty-ninth  
Legislative Assembly  
of North Dakota

**PROPOSED AMENDMENTS TO**

**SENATE BILL NO. 2273**

Introduced by

Senators Bekkedahl, Boschee, Lee

Representatives Koppelman, Satrom

*JB 1-27-25  
1082*

1 A BILL for an Act to amend and reenact subsection 14 of section 43-26.1-01 and section  
2 43-26.1-11.1 of the North Dakota Century Code, relating to diagnostic imaging by physical  
3 therapists.

4 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

5 **SECTION 1. AMENDMENT.** Subsection 14 of section 43-26.1-01 of the North Dakota  
6 Century Code is amended and reenacted as follows:

7 14. "Practice of physical therapy" means:

- 8 a. Examining, evaluating, and testing individuals with mechanical, physiological,  
9 and developmental impairments, functional limitations in movement and mobility,  
10 and disabilities or other health and movement-related conditions to determine a  
11 diagnosis for physical therapy, prognosis, and plan of therapeutic intervention,  
12 and to assess the ongoing effects of intervention. The term includes ordering  
13 ~~musculoskeletal diagnostic imaging consisting of plain film radiographs to be~~  
14 performed by a professional authorized by chapter 43-62 and interpreted by a  
15 licensed physician trained in radiology interpretation, and using these results to  
16 determine if a referral to another health care provider is necessary or indicates  
17 the necessary treatment is within the physical therapist's scope of practice.
- 18 b. Alleviating impairments, functional limitations in movement and mobility, and  
19 disabilities by designing, implementing and modifying therapeutic interventions  
20 that may include therapeutic exercise; neuromuscular education; functional

*John 2 of 2*

training related to positioning, movement, and mobility in self-care and in-home, community, or work integration or reintegration; manual therapy; therapeutic massage; prescription, application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective, and supportive devices and equipment related to positioning, movement, and mobility; airway clearance techniques; integumentary protection and repair techniques; debridement and wound care; physiotherapy; physical agents or modalities; mechanical and electrotherapeutic modalities; and patient-related instruction.

- c. Engaging as a physical therapist in reducing the risk of injury, impairment, functional limitation and disability, including the promotion and maintenance of fitness, health, and wellness in populations of all ages.
- d. Engaging as a physical therapist in administration, consultation, education, and research.

**SECTION 2. AMENDMENT.** Section 43-26.1-11.1 of the North Dakota Century Code is amended and reenacted as follows:

**43-26.1-11.1. Ordering imaging.**

- 1. A physical therapist may order ~~musculoskeletal~~diagnostic imaging ~~consisting of plain film radiographs~~ if the physical therapist holds:
  - a. Holds a clinical doctorate degree in physical therapy; or ~~has completed~~
  - b. Completed a board-approved formal medical imaging training program.
- 2. A physical therapist ordering diagnostic imaging shall report the results to the patient's designated specialty or primary care provider within seven days of receipt of the image to ensure coordination of care, unless:
  - a. The patient does not have a specialty or primary care provider; or
  - b. The specialty or primary care provider received the images from the health care professional who performed or interpreted the images.

**REPORT OF STANDING COMMITTEE  
SB 2273**

**Human Services Committee (Sen. Lee, Chairman)** recommends **AMENDMENTS** ([25.1302.01001](#)) and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2273 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

**2025 HOUSE POLITICAL SUBDIVISIONS**

**SB 2273**

# 2025 HOUSE STANDING COMMITTEE MINUTES

## Political Subdivisions Committee Room JW327B, State Capitol

SB 2273  
3/21/2025

A BILL for an Act to amend and reenact subsection 14 of section 43-26.1-01 and section 43-26.1-11.1 of the North Dakota Century Code, relating to diagnostic imaging by physical therapists.

9:29 a.m. Chairman Longmuir opened the hearing.

Members Present: Chairman Longmuir, Vice-Chairman Fegley, Vice-Chairman Jonas, Representatives Davis, Hager, Klemin, Motschenbacher, Ostlie, Toman, Warrey

Members Absent: Representatives Bolinske, Hatlestad, Heilman

### **Discussion Topics:**

- Diagnostic image referral authorization and reimbursement
- Training and education required to become a physical therapist
- Different types of physical therapists

9:30 a.m. Senator Brad Bekkedahl, North Dakota Senator for District 1, introduced the bill and provided testimony #42420.

9:33 a.m. Jack McDonald, North Dakota Physical Therapy Association, testified in favor.

9:33 a.m. Mitch Wolden, American Physical Therapy Association of North Dakota, testified in favor and provided testimony #41498.

10:04 a.m. Scott Brown, North Dakota Physical Therapy Association, testified in favor and provided testimony #43244.

### **Additional written testimony:**

Martha Kearns, North Dakota Radiological Society, submitted testimony in opposition #43427.

10:19 a.m. Chairman Longmuir closed the hearing.

*Wyatt Armstrong, Committee Clerk*

Friday, March 21, 2025  
House Political Subdivisions  
SB 2273

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Chairman Longmuir and Committee Members:

My name is Mitch Wolden. I have been a licensed physical therapist (PT) in North Dakota for 16 years. I am currently a Professor at the University of Jamestown's Physical Therapy program in Fargo, ND. I am testifying on behalf of the American Physical Therapy Association of North Dakota.

We ask that you give a "Do Pass" to SB 2273. State law now allows PTs to order plain film radiographs, commonly called x-rays. SB 2273 broadens this authority to include a full range of diagnostic imaging such as Magnetic Resonance Imaging (MRI) and Computer Tomography (CT) scans.

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Much of the successful integration of diagnostic imaging referral privileges into PTs clinical practice can be attributed to our required doctoral education. In a PT professional doctoral education, we focus for three years on the management of patients with musculoskeletal presentations, including the purpose, function, and clinical applications of diagnostic imaging. Diagnostic imaging is threaded throughout the curriculum, mandated to be covered by our national accreditation body, and included on the National Physical Therapy Examination (the test required for all PTs to pass to attain licensure).

You'll note that in Section 2 of the bill only PTs with doctorate degrees or with specialized imaging training may use this referral privilege. Further, any ordered images must be read and interpreted by a trained medical professional, such as a radiologist (not a PT).

There is strong evidence and historical precedent that PTs are appropriate and effective providers of diagnostic imaging referrals. Allowing diagnostic imaging referral privileges for PTs is associated with appropriate healthcare utilization and cost savings.

We respectfully request that your committee approve SB 2273, allowing PTs to order diagnostic imaging.

Thank you for your time and consideration. I am happy to answer any questions you might have.

Mitch Wolden, PT, DPT, PhD



# Physical Therapists Referring for Advanced Imaging

Only **2%-4%** of new evaluations performed by physical therapists are referred for advanced imaging.<sup>1,2</sup> Compared to 20% of new evaluations performed by other primary care providers<sup>2</sup>

**Table 2.**  
Direct Access Use Rates of Diagnostic Imaging<sup>a</sup>

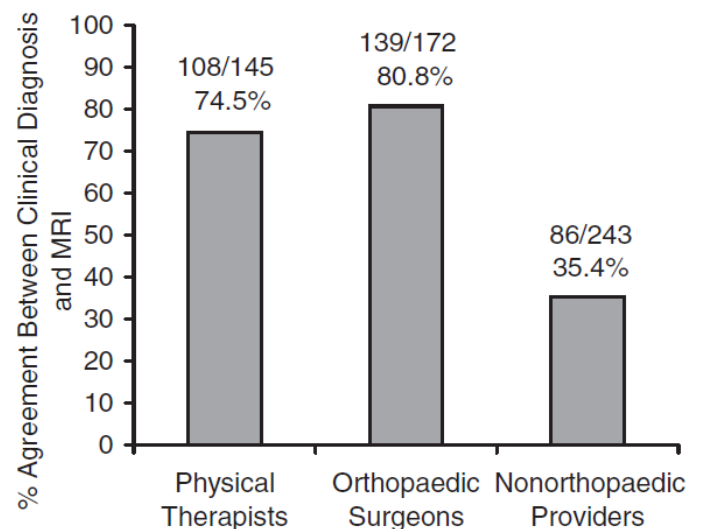
Type of Diagnostic Imaging	Use Rate
Radiographs (per new DA evaluation)	8.5% (43/503)
Advanced imaging (per new DA evaluation)	4.0% (20/503)
Radiographs (per total # DA visits)	1.7% (43/2483)
Advanced imaging (per total # DA visits)	0.8% (20/2483)
Overall imaging use per DA new evaluation	12.5% (63/503)
Overall imaging use per DA visit	2.5% (63/2483)

## Did you know? **83%-91%**

of physical therapist imaging referrals align with ACR guidelines<sup>1,3</sup>



- **All DPT programs** are mandated to cover diagnostic imaging<sup>4</sup>
- Diagnostic imaging is included on the national licensure examination<sup>5</sup>



**Physical therapists'** decision-making for ordering imaging is consistent with **orthopaedic surgeons**<sup>6</sup>

**0% - 3%** of patients experienced an adverse event when physical therapists have the ability to order advanced imaging<sup>6-10</sup>

# Physical Therapists Referring for Advanced Imaging

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## References

1. Keil AP, Baranyi B, Mehta S, Maurer. Ordering of diagnostic imaging by physical therapist: a 5-year retrospective practice analysis. *PTJ*. 2019; 99(8): 1020 – 1026. DOI: [10.1093/ptj/pzz015](https://doi.org/10.1093/ptj/pzz015).
2. Mabry LM, Notestine JP, Moore JH, Bleakley CM, Taylor JF. Safety events and privilege utilization rates in advanced practice physical therapy compared to traditional primary care: an observational study. *Mili Med*. 2020; 185: e290 – e297. DOI: [10.1093/milmed/usz176](https://doi.org/10.1093/milmed/usz176).
3. Crowell MS, Dedekam EA, Johnson MR, Dembowski SC, Westrick RB, Goss DL. Diagnostic imaging in a direct-access sports physical therapy clinic: a 2-year retrospective practice analysis. *IJSPT*. 2016; 11(5): 708 – 717. <https://pubmed.ncbi.nlm.nih.gov/27757283/>
4. Standards and Required Elements for Accreditation of Physical Therapist Education Programs. Commission on Accreditation in Physical Therapy Education. Updated August 2024. Accessed October 29, 2024. <https://www.capteonline.org/globalassets/capte-docs/2024-capte-pt-standards-required-elements.pdf>
5. The Model Practice Act for Physical Therapy: A Tool for Public Protection and Legislative Change. 7<sup>th</sup> ed. Federation of State Boards of Physical Therapy. Updated 2022. Accessed October 29, 2024. <https://www.fsbpt.org/portals/0/documents/free-resources/Model-Practice-Act.pdf>
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9. Goodwin RW, Hendrick PA. Physiotherapy as a first point of contact in general practice: a solution to a growing problem? *Prim Hlth Care Res*. 2016; 17: 489 – 502. DOI: [10.1017/S1463423616000189](https://doi.org/10.1017/S1463423616000189).
10. Gagnon R, Perreault K, Berthelot S. Direct-access physiotherapy to help manage patients with musculoskeletal disorders in an emergency department: Results of a randomized controlled trial. 2021; 28: 848 – 858. DOI: [10.1111/acem.14237](https://doi.org/10.1111/acem.14237).



# North Dakota Senate

STATE CAPITOL  
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BISMARCK, ND 58505-0360



## **Senator Brad Bekkedahl**

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P.O. Box 2443  
Williston, ND 58802-2443  
[bbekkedahl@ndlegis.gov](mailto:bbekkedahl@ndlegis.gov)

**COMMITTEES:**  
Appropriations (Chair)

**March 21, 2025**

## **Senate Bill 2273 Testimony**

### **House Political Subdivisions Committee**

### **Hon. Representative Donald Longmuir, Chairman**

Chairman Longmuir and Committee Members,

My name is Brad Bekkedahl, Senator from District 1 in Williston. I am here today to introduce SB2273, a bill that builds upon privileges previously granted to the Physical Therapy profession in the 2021 Legislative session. With that bill, Physical Therapists with a Doctoral degree or with specialized imaging training were allowed to order flat image radiographs while providing care to their patients. This bill seeks to expand that privilege to diagnostic imaging, including Magnetic Resonance Imaging (MRI) and Computer Tomography scans (CT). As you will learn from the professional testimony following me today, there are many reasons to support this expansion of patient care. There are also several other states that currently grant this privilege, including our neighbor Montana. My main reason for the first bill submission in 2021 was to improve patient care. I personally experienced this with PT care for a leg injury where during the course of 14 treatment sessions, my therapist wanted to have a new image taken to adjust the care plan. Prior to the 2021 legislation passage, I had to go back to my physician for a referral to get the x-ray, resulting in a 4 week pause to my weekly treatment schedule. That gave me a firsthand experience that properly educated and trained Physical Therapists could make my treatment more seamless while providing optimal care with this privilege. This bill offers the same efficiency, less lost time for treatment, and more optimal care to the patient. I appreciate your taking my testimony today and your consideration of SB 2273. I will stand for questions and please allow me to refer to the professionals here to testify if needed. Please recommend a Do Pass on SB2273.

Chairman Longmuir and Members of the House Political Subdivisions Committee,

My name is Scott Brown, and I am an orthopedic board-certified physical therapist with over 17 years of experience. I currently serve as the director of rehabilitation and therapy at a large healthcare organization in North Dakota. Thank you for the opportunity to testify in support of SB 2273.

Since the successful implementation of legislation in 2021 allowing physical therapists to order X-rays, we have seen significant improvements in patient care and efficiency within my organization. However, physical therapists cannot currently order other imaging types that benefit patients being evaluated by physical therapist.

Patient Case Example: Imagine a patient from Devil's Lake, ND, who traveled over two hours to be evaluated for severe spine pain. Upon arrival, he was seen first by a physical therapist who immediately identified signs of significant nerve involvement. Recognizing the urgency, the physical therapist swiftly referred for diagnostic imaging and coordinated with other healthcare providers, leading to an MRI being performed the same day. The results confirmed the need for immediate surgical intervention, and a neurosurgeon performed the necessary surgery the next day. This timely intervention by the physical therapists not only relieved the patient's pain but also potentially prevented long-term nerve damage. With our current practice act, the PT could not maximize his clinical decision-making with a direct referral for diagnostic imaging.

Support for SB 2273:

- **Provider Shortages and Rising Healthcare Costs:** Our nation's healthcare system is under duress, particularly in rural areas where provider shortages are acute. Allowing physical therapists to order advanced imaging can alleviate some of these pressures by reducing the need for multiple appointments and referrals, thus lowering overall healthcare costs.
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- **Safety and Appropriateness:** Studies have shown that physical therapists can safely and effectively order imaging. For example, in a clinical setting, 91% of images ordered by physical therapists were deemed appropriate by board-certified radiologists. Additionally, there were no reports of mismanagement, litigation, or revocation of licenses among physical therapists who had direct access to imaging. Within our organization, there have been no safety events reported nor patient complaints regarding physical therapists ordering imaging.
- **Current Utilization:** The utilization of imaging by physical therapists has been appropriate and not overutilized. For instance, data collected from my organization's spine clinic, only 2% of visits with physical therapists resulted in imaging orders, demonstrating responsible use of this capability. Other types of images follow similar low utilization rates in nationally published data.

- Delays in Larger Health Systems: Even in larger, integrated health systems, necessary tests can be delayed due to communication issues and busy providers. Currently, if an MRI is needed, the physical therapist must contact a physician, physician assistant, or nurse practitioner to order the image as a formality, which delays care. Allowing physical therapists to order imaging directly would streamline the process and improve patient outcomes.

Conclusion: Given the ongoing access challenges and the potential for these issues to worsen, now is the time to act. Supporting this legislation will improve patient access, enhance patient satisfaction, and *reduce* healthcare costs. It is a necessary step to ensure that the residents of North Dakota receive the medical care they need and deserve.

Thank you for considering this important legislation and for your service. Please do not hesitate to reach out to me with questions.



March 3, 2025

Representative Donald W. Longmuir  
Chair, House Political Subdivisions Committee  
600 East Boulevard Avenue  
State Capitol  
Bismarck, ND 58505

**RE: [SB 2273](#) an act to relating to diagnostic imaging by physical therapists.**

Dear Representative Longmuir and Committee Members,

On behalf of the North Dakota Radiological Society (NDRS), thank you for the opportunity to comment and oppose SB 2273. The NDRS is a professional organization whose mission is to advance the science of radiology, improve radiological services, and maintain high levels of medical and ethical standards in the practice of radiology throughout the state of North Dakota. SB 2273 seeks to permit the ordering of diagnostic imaging by a physical therapist.

We believe expanding the scope of physical therapists to include ordering diagnostic imaging would be burdensome to the overall impact on the healthcare costs in North Dakota and may result in repeat exams with potential exposure to repeated radiation doses.

A recent [JAMA Internal Medicine study](#) investigated diagnostic imaging by non-physician personnel (NPP), more specifically Nurse Practitioners (NPs) and Physicians Assistants





(PAs), compared to primary care physicians, after office-based encounters.<sup>1</sup> The study controlled for imaging claims that occurred after follow-up care such as specialty referrals. The study's authors noted that previous research<sup>2</sup> found that in 34 percent of emergency department cases, non-physician personnel (NPs and PAs) recommended imaging studies when physicians had not and reminded that overuse of diagnostic imaging may expose patients to unnecessary radiation and offset some savings otherwise achieved by the expanded use of non-physician personnel.

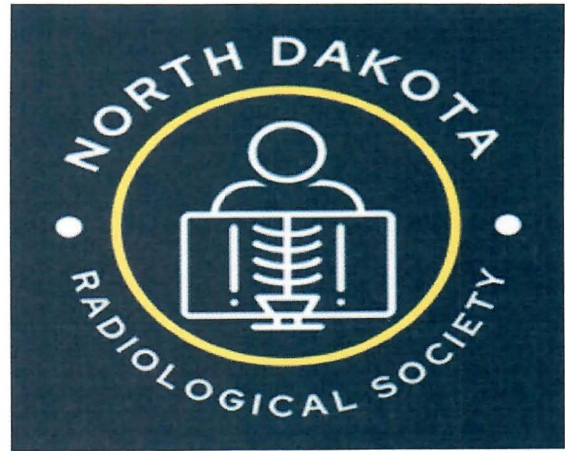
The JAMA Internal Medicine study found that NPs and PAs were associated with more ordered diagnostic imaging than primary care physicians following an outpatient visit. We hope to draw your attention to one aspect of the study in particular, the difference was more pronounced for radiographs (x-rays) – a test for which larger numbers of NPs and PAs are authorized to order than non-radiograph imaging. Further, NPs and PAs were associated with more imaging than primary care physicians on both new and established patients and results were more pronounced with new patients. NPs and PAs were not found to order differently for advanced imaging examinations but were associated with higher rates for radiography orders.

The findings suggest that expanding the authority to order imaging to non-physicians has resulted in increased imaging and may have ramifications on care and overall costs. While we share the concerns for patients to be able to receive the care they need, we believe this measure may further elevate healthcare costs and potentially increase unnecessary radiation exposure.

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<sup>1</sup> D.R. Hughes, et al., A Comparison of Diagnostic Imaging Ordering Patterns Between Advanced Practice Clinicians and Primary Care Physicians Following Office-Based Evaluation and Management Visits. JAMA Internal Med. 2014;175(1):101-07.

<sup>2</sup> Seaberg DC, MacLeod BA. Correlation between triage nurse and physician ordering of ED tests. Am J Emerg Med. 1998;16(1):8-11.



Thank you for your consideration of this very important issue.

Should you have any questions, please feel free to contact me at [mkearns1@gmail.com](mailto:mkearns1@gmail.com) or (701) 200-0166

Sincerely,

Martha Kearns, MD, MBA, FACR

President of the North Dakota Radiological Society

*Submitted via e-mail.*



# 2025 HOUSE STANDING COMMITTEE MINUTES

## Political Subdivisions Committee Room JW327B, State Capitol

SB 2273  
3/27/2025

A BILL for an Act to amend and reenact subsection 14 of section 43-26.1-01 and section 43-26.1-11.1 of the North Dakota Century Code, relating to diagnostic imaging by physical therapists.

9:51 a.m. Chairman Longmuir opened the hearing.

Members Present: Chairman Longmuir, Vice-Chairman Fegley, Representatives Bolinske, Hager, Hatlestad, Heilman, Klemin, Motschenbacher, Ostlie, Warrey

Members Absent: Vice-Chairman Jonas, Representatives Davis, Toman

### Discussion Topics:

- Education required to become a physical therapist
- Effects on medical costs

10:00 a.m. Representative Warrey moved a Do Pass.

10:00 a.m. Representative Bolinske seconded the motion.

Representatives	Vote
Representative Donald W. Longmuir	Y
Representative Clayton Fegley	Y
Representative Jim Jonas	A
Representative Macy Bolinske	Y
Representative Jayme Davis	A
Representative LaurieBeth Hager	Y
Representative Patrick R. Hatlestad	Y
Representative Matthew Heilman	Y
Representative Lawrence R. Klemin	N
Representative Mike Motschenbacher	Y
Representative Mitch Ostlie	Y
Representative Nathan Toman	A
Representative Jonathan Warrey	Y

10:01 a.m. Motion passed 9-1-3

10:02 a.m. Representative Warrey will carry the bill.

10:02 a.m. Chairman Longmuir closed the hearing.

*Wyatt Armstrong, Committee Clerk*

**REPORT OF STANDING COMMITTEE  
ENGROSSED SB 2273 ([25.1302.02000](#))**

**Political Subdivisions Committee (Rep. Longmuir, Chairman)** recommends **DO PASS** (9 YEAS, 1 NAY, 3 ABSENT OR EXCUSED AND NOT VOTING). SB 2273 was placed on the Fourteenth order on the calendar.