

HESS

Sunset Review

Physical

Therapists

MEMORANDUM

TO: HOUSE HESS COMMITTEE MEMBERS
FROM: NANCY BENNETT, COMMITTEE STAFF
RE: BOARD OF PHYSICAL THERAPY
DATE: FEBRUARY 13, 1986

You have before you today the Sunset Review of the Board of Physical Therapy Examiners. The Division of Legislative Audit recommended that the board be continued and made one recommendation:

In order to best serve the public welfare and to guarantee savings in health care costs, the board should support an amendment to their statute to allow them to practice autonomously without supervision or to allow them to be supervised by additional health care professionals.

Dr. Morris Horning, physician member of the Board, will be testifying for the board.

Mr. Hal Egbert and other members of the Physical Therapy Association will also testify from Anchorage concerning the issue of independent practice. Mr. Egbert has submitted information for your packet and will recommend two specific changes to the statute:

1. Amend 08.84.120 (8) as follows:

(8) has treated or attempted to treat ailments of human beings otherwise than by physical therapy[, OR HAS ATTEMPTED TO PRACTICE INDEPENDENT OF THE PRESCRIPTION AND DIRECTION OF A PERSON LICENSED TO PRACTICE MEDICINE, OSTEOPATHY, DENTISTRY OR PODIATRY].

2. Amend 08.84.160 as follows:

[PRACTICE OF LICENSED PHYSICAL THERAPIST. A PERSON LICENSED UNDER THIS CHAPTER MAY NOT TREAT HUMAN AILMENTS BY PHYSICAL THERAPY OR OTHERWISE EXCEPT UNDER THE PRESCRIPTION AND DIRECTION OF A PERSON LICENSED TO PRACTICE MEDICINE, DENTISTRY, OSTEOPATHY OR PODIATRY.] This chapter does not authorize any person to practice medicine, dentistry, osteopathy, chiropractic or other method of healing.

Board or Commission	Appointed	Term
<p>STATE PHYSICAL THERAPY BOARD AS 08.84 - 5 members; 3 year term; shall serve until successors are appointed; by the Governor.</p>		
<p>E. Budd Simpson (public member) One Sealaska Plaza, Suite 301 Juneau, Alaska 99801 (work) 586-2890 (home) 586-6433</p>		September 1, 1988
<p>Morris R. Horning, M.D. 2401 East 42nd Avenue, Ste. 304 Anchorage, Alaska 99508 (work) 561-4935 (home) 276-8776</p>		September 1, 1988
<p>Merle B. Young, Jr. RPT 2005 Bridgewater Drive Fairbanks, Alaska 99701 (work) 474-6801 (home) 456-1789</p>		September 1, 1988
<p>Gail E. Dudley, RPT 1605 Elmendorf Drive Anchorage, Alaska 99504 (work) 745-4822 (home) 333-8323</p>		September 1, 1986
<p>Susan J. Thompson, RPT 4449 Beaver Loop Kenai, Alaska 99611 (work) 262-9665 (home) 283-4141</p>		September 1, 1989

Hess

A PERFORMANCE REPORT ON THE
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
STATE PHYSICAL THERAPY BOARD

September 23, 1985

Audit Control Number

08-1225-86-R

Commissioner, Department of
Commerce and Economic Development

Loren H. Lounsbury

Deputy Commissioners, Department of
Commerce and Economic Development

Greg Baker
Terry Elder

Members of the
State Physical Therapy Board

Acting Chairperson
Member
Member
Member

Donna Klokkevold, RPT
Morris R. Horning, MD
E. "Bud" Simpson
Merle B. Young, Jr. RPT

STATE OF ALASKA

AUDIT DIVISION
POUCH W
JUNEAU, ALASKA 99811

THE LEGISLATURE

BUDGET AND AUDIT COMMITTEE

September 23, 1985

Members of the Legislative Budget
and Audit Committee:

In accordance with the provisions of Titles 24 and 44 of the
Alaska Statutes (sunset legislation), the attached report is
submitted for your review.

A PERFORMANCE REPORT ON THE
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT
STATE PHYSICAL THERAPY BOARD

September 23, 1985

Audit Control Number

08-1225-86-R



Gerald L. Wilkerson, CPA
Legislative Auditor
Division of Legislative Audit

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PURPOSE OF THE REPORT

In accordance with the intent of Titles 24 and 44 of the Alaska Statutes (sunset legislation), we have reviewed the activities of the State Physical Therapy Board to determine if the Board has been operating in an efficient and effective manner.

Legislative intent requires consideration of this report during legislative oversight hearings to determine whether the State Physical Therapy Board should be reestablished. The law now specifies that the Board will terminate June 30, 1986, and have one year from that date to conclude its affairs.

The major areas of our examination were the licensing, examination, administration, complaint, and affirmative action functions of the Board. We reviewed and performed the following:

1. Applicable statutes and regulations.
2. Tests of files and documents of licensees.
3. Interviews with the licensing examiners.
4. Complaints filed with the Division of Occupational Licensing, Equal Employment Opportunity Office, and the Ombudsman's Office.
5. Discussions with Board members.
6. Minutes of Board meetings and Division correspondence files.
7. Attorney General's Opinions applicable to professional boards.

ORGANIZATION AND FUNCTION

The State Physical Therapy Board was established by the 1974 Legislature. This regulatory board consists of five persons; three physical therapists, one medical doctor, and one public member appointed by the Governor. Board members serve staggered terms of four years.

The Board is organized under the Department of Commerce and Economic Development, Division of Occupational Licensing (OL). OL provides the Board with licensing and investigative support. The licensing section processes applications, maintains license files, answers inquiries, and provides other administrative help to the Board.

The Board sets the minimum standards to practice in Alaska by:

1. Examining and issuing licenses to qualified applicants.
2. Establishing, amending, or eliminating regulations necessary and desirable to enforce statutes.
3. Revoking, annulling, or suspending licenses in accordance with the Administrative Procedures Act when a person has violated physical therapist statutes or regulations.

(Intentionally left blank)

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(Intentionally left blank)

REPORT CONCLUSION

Policy Issues

This report contains policy issues raised as a result of our evaluation of various Board practices. The final policy decisions affecting these practices are not within the scope of this report but require legislative consideration. In debating these issues, the oversight committees should take into consideration the findings and recommendations presented in this report so the potential impact of policy changes can be evaluated.

Report Conclusion

In our opinion, the State Physical Therapy Board should be reestablished. The regulation and licensing of qualified professionals is necessary to protect the public's health, safety, and welfare. The Board provides this service by establishing minimum educational and examination requirements that provide reasonable assurance that persons licensed are qualified. Also, assurance that those licensed act in a competent manner is provided by active investigation of complaints and revocation or suspension of licenses where appropriate.

However, the following findings describe areas where weaknesses or conflicts exist. We have made recommendations which, if implemented, will improve the efficiency and effectiveness of the Board.

FINDING AND RECOMMENDATION

Recommendation No. 1

The Board of Physical Therapy should support the amendment or repeal of statutes that regulate supervision of physical therapists by other medical professionals.

The current statutes that regulate the supervision of physical therapists unduly restrict the public's access to physical therapy services. Alaska Statutes 08.84.120(8) and 08.84.160 allow the practice of physical therapy only under the supervision of licensed medical doctors, osteopaths, dentists, and podiatrists.

The Board should consider supporting an amendment to the current statutes that would allow physical therapists to practice under the direction and supervision of other health care professionals, such as chiropractors. In an April 1984 letter to the president of the Alaska Chiropractic Society, the Department of Law stated that they felt the exclusion of licensed chiropractors from the professionals listed in AS 08.84.120(8) and AS 08.84.160 was "... legally questionable on both antitrust and constitutional grounds." Additionally, exclusions written into the current law could result in increased health care costs to patients of chiropractors requiring physical therapy.

Rather than proposing amending the current statutes to allow greater public access to physical therapy services, the Board should also consider if the public may be better served by repeal. Repeal of the statutes would allow physical therapists to practice more autonomously, therefore greatly increasing the public's access to their services, most likely at a reduced cost. Nationally, the trend has been to ease restrictions of, and increase the access to, physical therapy services. Seven states allow therapists to practice independently, while 27 states allow physical therapy evaluation without referral from other health care professionals.

If the current statutes are repealed or amended as suggested, the public will have more access to physical therapy services at a reduced cost. We believe public protection will not be diminished by improving the availability of physical therapy services and the legal questionability of the statutes would be eliminated. In order to discharge its mandate to recommend statutory changes which are generally of benefit to the public interest, the Board should consider these options; then pursue and support appropriate modifications to their statutes.

ANALYSIS OF PUBLIC NEED

Limited Analysis

The following analyses indicate both positive and negative factors as they relate to the public need as defined in the "sunset" law. These analyses are not intended to be comprehensive, but to address those areas we were able to cover within the scope of our review.

- I. The extent to which the board, commission, or program has operated in the public interest.
 - A. The Board has established regulations governing its duties and licensure requirements.
 - B. The Board has enforced the laws for issuing licenses in a uniform and consistent manner.
 - C. The Board has held meetings and administered examinations in accordance with its statutory requirements.
- II. The extent to which the operation of the board, commission, or agency program has been impeded or enhanced by existing statutes, procedures, and practices which it has adopted, and any other matter, including budgetary, resource, and personnel matters.
 - A. The Board's budget was reduced from \$5,200 in FY 84 to \$1,700 in FY 85. This resulted in fewer FY 85 board meetings (see Appendix C).
 - B. The Board receives administrative services support from the Division of Occupational Licensing.
- III. The extent to which the board, commission, or agency has recommended statutory changes which are generally of benefit to the public interest.
 - A. Statutory changes were made to allow qualified foreign-trained physical therapists to practice in Alaska.
- IV. The extent to which the board, commission, or agency has encouraged interested persons to report to it concerning the effect of its regulations and decisions on the effectiveness of service, economy of service, and availability of service which it has provided.
 - A. The Board publicizes its meetings through public notices placed in Anchorage, Fairbanks, and Juneau newspapers. In order to facilitate public attendance, past meetings have been held at each of these locations.

- B. The Board has sent a "public notice" poster describing the Board's purpose to physical therapy departments statewide.
- V. The extent to which the board, commission, or agency has encouraged public participation in the making of its regulations and decisions.
 - A. The Board announces proposed regulation changes or additions in newspapers according to the Administrative Procedures Act.
- VI. The efficiency with which public inquiries or complaints regarding the activities of the board, commission, or agency filed with it, with the department to which a board or commission is administratively assigned, or with the Office of the Ombudsman have been processed and resolved.
 - A. The Office of the Ombudsman and the Attorney General's Office has no outstanding consumer complaints regarding the State Physical Therapy Board.
- VII. The extent to which a board or commission which regulates entry into an occupation or profession has presented qualified applicants to serve the public.
 - A. We found no instances where the Board had licensed unqualified practitioners.
 - B. There are 169 physical therapists and 11 physical therapist assistants licensed in Alaska.
- VIII. The extent to which State personnel practices, including affirmative action requirements, have been complied with by the board, commission, or agency to its own activities and the area of activity of interest.
 - A. No complaints have been filed with the Office of Equal Employment Opportunity regarding the State Physical Therapy Board.
- IX. The extent to which statutory, regulatory, budgeting, or other changes are necessary to enable the agency, board, or commission to better serve the interests of the public and to comply with the factors enumerated in this subsection.

Please refer to the previous section, Finding and Recommendation.

APPENDIXES

APPENDIX A

STATE PHYSICAL THERAPY BOARD
REVENUES COMPARED WITH EXPENDITURES
For the Fiscal Year Ended June 30, 1985
(UNAUDITED)
(Note 1)

Average Revenues (Note 2)	\$8,129
Expenditures (Note 3)	<u>3,417</u>
Excess of Revenues over Expenditures	<u>\$4,712</u>

Schedule 1
Types of Revenues

<u>Revenues</u>	<u>Amount</u>	<u>Collection Time</u>
Examination Fee	\$ 50	With application form
Reexamination Fee	50	At least 40 days prior to the examination
Licensure by Credential Fee	50	With application form
Renewal Fee	200	Quadrennially
Temporary Permit Fee	20	With application form
Initial Application Fee	50	With application form
Late Fee Fine	10	With late payment
Bad Check Charge	10	With valid payment

Note 1

This revenue/expenditure comparison was prepared from available records and discussions with Occupational Licensing personnel. The records were not audited by us and, accordingly, we do not express an opinion on the Board's Revenues Compared with Expenditures.

Note 2

The majority of the revenues collected are composed of license renewal fees. These fees are collected by most boards once every two or four years and cause revenues in one year to be much greater than the revenues collected in the next year. Therefore, we calculated and reported an average for the revenues collected in FY 82 through FY 85 in order to obtain a more accurate representation of collected revenues.

Note 3

Expenditures consist of direct costs resulting from Board activities. These include miscellaneous contractual, travel and per diem costs incurred by Board members and the Board's licensing examiner. This amount does not include the indirect administrative expenditures of the Division of Occupational Licensing such as employee salaries nor the expenditures made by other departments such as the Department of Law, which assist the boards and the Division.

APPENDIX B

STATE PHYSICAL THERAPY BOARD
EXAMINATION STATISTICS

Number of Examinations Given in Fiscal Years 1983-1985

<u>Fiscal Year</u>	<u>Passes</u>	<u>Fails</u>	<u>Total</u>
1983	5	1	6
1984	3	0	3
1985	2	0	2

APPENDIX C

STATE PHYSICAL THERAPY BOARD
ADMINISTRATIVE STATISTICS
September 23, 1985

Licensed Physical Therapists	169
Licensed Physical Therapy Assistants	11
<u>Board Meetings in Fiscal Years 1983-1985</u>	
1983	3
1984	3
1985	2

BILL SHEFFIELD, GOVERNOR

**DEPARTMENT OF COMMERCE &
ECONOMIC DEVELOPMENT**

DIVISION OF OCCUPATIONAL LICENSING

POUCH D
JUNEAU, ALASKA 99811
PHONE: (907) 465-2534

December 23, 1985

RECEIVED
DEC 24 1985

**LEGISLATIVE
AUDIT**

Mr. Gerald L. Wilkerson
Legislative Auditor
Division of Legislative Audit
Pouch W
Juneau, AK 99811

Dear Mr. Wilkerson:

Thank you for the opportunity to comment on your preliminary
audit report for the State Physical Therapy Board.

We concur with the report that the State Physical Therapy Board
is necessary to protect the public's health, safety and welfare,
and submit that the board has operated in the best interest of
the public. We, therefore, support the reestablishment of the
board.

Thank you once again for the opportunity to comment on the
preliminary report.

Sincerely,


Loren H. Lounsbury
Commissioner

LHL/mst3049m
120985a

14-1754
Utermohle
2/6/86 ✓

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

2 HOUSE BILL NO.

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FOURTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act extending the termination date of the State
7 Physical Therapy Board; and providing for an effec-
8 tive date."

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

10 * Section 1. AS 08.03.010(c)(8) is amended to read:

11 (8) State Physical Therapy Board (AS 08.84.010) -- June 30,
12 1990 [1986].

13 * Sec. 2. This Act takes effective immediately in accordance with
14 AS 01.10.070(c).

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February 8, 1986

Hal W. Egbert, L.P.T.
Chairman, Alaska Practice Without
Referral Task Force

Max F. Gruenberg, Jr. , Representative
Chairman, House HESS Committee
Alaska State Legislature
Pouch V (MS 3100)
Juneau, Alaska 99811

Dear Representative Gruenberg,

I am writing to you in regard to Alaska physical therapy and the need to revise our Alaska Physical Therapy practice act to repeal statutes that regulate supervision of physical therapists by other medical professionals.

You may be familiar with the recent performance report submitted by Gerald L. Wilkerson, CPA, who is a legislative auditor working for the Legislative Audit Division. This report was done to determine whether or not our Alaska Physical Therapy Board should be recommended to continue and how to make it work better. In addition to recommending to reestablish the Physical Therapy Board an item of weakness and/or conflict was discovered. The following is part of the performance audit report: (Appendix A)

"...In an April 1984 letter to the president of the Alaska Chiropractic Society, the Department of Law stated that they felt the exclusion of licensed chiropractors from the professionals listed in AS 08.84.120(8) and AS 08.84.160 was "...legally questionable on both antitrust and constitutional grounds." Additionally, exclusions written into the current law could result in increased health care costs to patients of chiropractors requiring physical therapy.

Rather than proposing amending the current statutes to allow greater public access to physical therapy services, the Board should also consider if the public may be better served by repeal. Repeal of the statutes would allow physical therapists to practice more autonomously, therefore greatly increasing the public's access to their services, most likely at a reduced cost. Nationally, the trend has been to ease restrictions of, and increase the access to, physical therapy services. Seven states allow physical therapists to practice independently, while 27 states allow physical therapy evaluation without referral from other health care professionals.

If the current statutes are repealed or amended as suggested, the public will have more access to physical therapy services at a reduced cost. We believe public protection will not be

diminished by improving the availability of physical therapy services and the legal questionability of the statutes would be eliminated. In order to discharge its mandate to recommend statutory changes which are generally of benefit to the public interest, the Board should consider these options; then pursue and support appropriate modifications to their statutes."

Having spoken today to the three physical therapists on the Board, I can report to you that Meryl Young from Fairbanks, Gail Dudley from Anchorage, and Susan Thompson from Soldotna all support the repeal of statutes that regulate supervision of physical therapists by other medical professionals.

As you know, the Alaska Physical Therapy Association has voted that we need to pursue gaining autonomous practice abilities. Reasons that support this desire are listed in Appendix B. We agree strongly with the Legislative Audit report and intend to ask for a revision of our statutes on 2/13/86 at 4:30 PM when you are chairing the House HESS committee considering our practice act.

We have polled all 180 Alaska licensed physical therapists and as of this date have received 71 responses to the question: "Do you support Practice Without Referral for therapists in Alaska?" Sixty-two physical therapists are for the proposed statute change. Eight therapists are against; one therapist is neutral. At present, 88% of the responses are supporting this proposed practice act change. .

There are now 9 states that allow practice without referral and 28 states that permit evaluation without referral. These states are listed in Appendix C. In all of these states, there has been no negative situations reported as a result of the statute changes in their states. A letter from our major malpractice underwriter also supports this "no problem" result of permitting more autonomous practice(see Appendix D).

As chairman of an eight therapist state-wide "Practice Without Referral" Task Force, I have met with Dr. Dave McGuire, president of the Alaska AMA Society and Dr. Myron Schweigert, president of the Alaska Chiropractic Society and discussed this issue and asked for feedback from their Societies. Dr. McGuire was neutral and thought there would be some opposition from general practitioners

and a few orthopods. He wished us good luck in our endeavor. He did not encourage further discussions with his officers. Dr. Schweigert and his executive officers were pleased to see they would not be excluded from referring patients to physical therapists but withheld outright endorsement pending final language of the bill.

Representative Gruenberg, we appreciate your assistance at our meeting this past Fall that Avis Hayden and I had with you. We also appreciate Nancy Bennet's call this past thursday and Friday. We have followed your advice on the poll and to meet with those who would be affected by permitting physical therapists to treat independently. The previously proposed repeal of part of AS 08.24.160 will satisfy the recommendation made by the Legislative Audit performance report. The national trend is in this direction, supporting what the majority of Alaskan therapists desire for their practice. It will allow more timely care to be delivered and probably at a reduced cost to patients. This will also remove a major problem in delivering care to school children needing physical therapy. Eight therapists commenting on the bottom of their poll form were very strongly recommending this change because of their experiences working in the school districts.

Even though there have been no consumer problems or complaints in states with more autonomous practice and the fact that Alaska Legislative Audit foresees no problems from this statute change, we would still recommend to the physical therapy Board to add more regulations(see Appendix E).

We hope that you will support our efforts in this matter on 2/13/86. We can furnish more information at your request. Thank you for your consideration of us last week.

Sincerely yours,

Hal W. Egbert, L.P.T.

Hal W. Egbert, L.P.T., Chairman
Alaska Physical Therapy Practice
Without Referral

S.R. Box 1483
Eagle River, Ak. 99577
Home phone 6944512
Work phone 265-9249 or 9330

Practice Without Referral

Appendix B

Some questions: Why now? Why do physical therapists want or treat patients ^{need to} without a referral? Why will people benefit from this proposed change in our practice act?

Some answers:

More timely care: People with acute pain and dysfunction could be managed earlier due to decreased time spent waiting for an appointment. People having a previously diagnosed dysfunction which requires long-term, intermittent physical therapy management would be spared time and money spent in securing a new referral.

Rural therapists having the problem of coordinating evaluations from practitioner and therapist, paperwork demands, local travel logistics would have the advantage of less restrictions on timely care.

Preventative care: Physical therapy training has increasingly through the years focused on preventative health care, emphasizing early therapeutic exercise, education and facilitation that is frequently self-managed once a program is initiated.

Accessible care: People would have the choice of obtaining physical therapy if they wished it. Practice without referral would allow people to obtain therapy before the dysfunction requires medical intervention.

Referred care: There will be a number of people seen by a physical therapist that will be referred to a medical practitioner for management. These patients will be receiving needed care that may otherwise not be delivered if they had selected a more accessible fitness center, chiropractor, etc., for their needs.

Youth care: Will allow screening of children, athletes and others who desire screening and therapeutic advice or treatment on either an existing dysfunction or for the prevention of dysfunction. At present, a physician's referral is needed for the above and for long-term management, an annual evaluation.

Safe care: The majority of States now allow evaluation without referral and there are many allowing treatment without referral. National APTA supports this trend. There has not been increasing mal-practice insurance for those therapists engaging in this practice. This is in every way, a positive change for both our profession and the consumers.

Appendix B C

STATES WHICH PERMIT PHYSICAL THERAPY EVALUATION
WITHOUT PHYSICIAN REFERRAL

- Arizona
- California
- Connecticut
- Georgia
- Illinois
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Minnesota
- Mississippi
- Montana
- Nebraska
- Nevada
- New Mexico
- New York
- North Dakota
- Oklahoma
- Pennsylvania
- South Dakota
- Texas
- Utah
- Vermont
- Washington
- West Virginia

21 others

STATES WHICH PERMIT PHYSICAL THERAPY TREATMENT
WITHOUT PHYSICIAN REFERRAL

- Arizona
- California
- Maryland
- Massachusetts
- Nebraska
- Nevada
- Utah
- West Virginia
- North Carolina

Appendix D



DONALD F. LANG
PRESIDENT

PROFESSIONAL INSURANCE ADJUSTERS

March 14, 1985

Mr. Harvey Shapira
Rancho Physical Therapists
820 Rancho Lane
Suite 860
Las Vegas, Nevada 89106

Dear Mr. Shapira:

Our office as a major insurer in the physical therapy area has been monitoring claims in those jurisdictions where practice without referral is allowed. As of this writing, we have no evidence that practice without referral has had a negative impact on professional liability claims handled by our office. We have not seen any significant increases in claims in such situations.

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

Serving our clients professionally for over 30 years

Dear Mr. Shapria:

March 14, 1985

We will continue to monitor our therapy program and should we notice any significant change, you may be assured that we will be in contact with your national office in Alexandria.

I hope this communication will be of help to you.

Sincerely,



Donald F. Lang

DFL/cc

CC: Mr. Skip Calvert ✓
Associate Executive Director -
Administration
and
Mr. Robert A. Teckemeyer
Deputy Executive Director
AMERICAN PHYSICAL THERAPY ASSOCIATION

The Alaska Chapter of the American Physical Therapy Association, Inc., (APTA) is a regional chapter of the voluntary, non-profit national organization for physical therapists. One of our main purposes is to foster the development and improvement of physical therapy service and physical therapy education through the coordinated action of physical therapists, allied professional groups, citizens, agencies, and schools to the end that the physical therapy needs of the people will be met. One important function of the Chapter is to develop, oversee, and maintain those high standards that a therapist must attain, to serve the public. Our objective is to promote interest in and understanding of physical therapy in Alaska and, towards this end, to comment upon and propose legislation which affects the practice of physical therapy.

The Alaska Chapter of the American Physical Therapy Association, Inc., with unanimous approval of the Executive Committee, wishes physical therapists to practice independently; that is, without physician referral as is now required.

The proposed amendments are presented after a careful review of the needs of both the public sector and the physical therapy profession. We feel that Alaskan physical therapists would be able to provide additional and better service to the public, and still maintain our current high standards of service.

We believe that adoption of these changes will result in professional growth for physical therapists in Alaska and corresponding increase in quality and availability of services to Alaskans. Your careful consideration of our proposal, and your support for its enactment into law, would be appreciated. If we may answer any questions, or provide you with any further information, please do not hesitate to contact Hal Egbert (_____ home or 279-6561 work). Thank you for your attention.

Patricia McAdoo, LPT
President, Alaska Chapter
American Physical Therapy Association

The American Physical Therapy Association, which represents over 35,000 physical therapists, has declared after a significant period of study and deliberation that it is ethical for physical therapists to practice without a physician's referral in a jurisdiction in which it is legal to do so. Elimination of the requirement of referral allows individuals who might not otherwise be able to afford a physician's fee to be treated directly by a qualified physical therapist. Thus, we believe that the amendments we propose will result in decreased health care costs to the public, with no decrease in the quality of care. Research performed by the United States Army and the United States Public Health Service, both of which already utilize therapists in this independent capacity, has demonstrated the effectiveness and cost-efficient nature of using physical therapists as initial health care providers.

Today's physical therapists are well qualified, by both education and clinical training, to evaluate a patient's condition, assess his/her physical therapy needs and, if appropriate, safely and effectively treat the patient. The physical therapist is also well qualified to recognize when a patient demonstrates conditions, signs, and symptoms that should be evaluated by another health care professional before physical therapy is instituted, and knows when to refer patients to other professionals for consultation.

Different types of treatment possible for patient care are rapidly expanding due to advances in all aspects of medicine. Physical therapy meets this need by emphasizing recognition of signs and symptoms of medical problems. The physical therapist assesses a problem and then makes a decision as to whether or not treatment will be beneficial based on this training. It is important to realize that with this knowledge the physical therapist determines which patients can benefit from physical therapy treatment and which should see another medical specialist.

Six states (California, Arizona, Nebraska, Maryland, Massachusetts, West Virginia) and the United States Army already permit independent practice. Twenty-one other states allow initial evaluation without referral. In reviewing the bills of the six states, it was felt that Arizona's statute most closely meets the needs of Alaska, and it has been used as the model in our proposed legislation.

To our knowledge, there has been no problem in those states where similar legislation has been enacted. As it is now, referring practitioners often rely very heavily upon the physical therapist's evaluation and judgement in determining the most appropriate treatment for the patient. We do not desire to exclude physician contact or physician referrals, but we feel that physical therapists, as professionals, should be able to and are fully qualified to function independently as well.

In order to strengthen our commitment to safe, high quality care, we feel that it is appropriate to add into our Practice Act the additions proposed as Section 03.24.120 (11) and (12). This section offers additional protection to the public, and is an appropriate means to regulate the profession to ensure a high standard of care is maintained.

PHYSICAL THERAPIST EDUCATION/LICENSURE :

The basic education of a physical therapist includes eight semester hours of gross human anatomy with total human cadaver dissection, five semester hours of systems physiology, three semester hours of neuro-science which includes neuro-anatomy with human brain dissection, four semester hours of patho-physiology, and three semester hours of functional anatomy which includes pathokinesiology. In addition to these basic science courses, the student receives extensive education in the clinical sciences. The professional program is 26 months in length which includes six months of rotating internships in facilities which offer orthopedic, neurological and long term care physical therapy. Prior to admittance to the professional program a student must complete 67 semester hours of pre-requisite college work which includes chemistry, physics, microbiology, college algebra and trigonometry, psychology, humanities, social sciences and the fine arts. The student graduates from a physical therapy education program with approximately 163 semester hours. A comprehensive professional examination must be taken and passed before a physical therapist can be licensed to practice.

PROPOSED PRACTICE ACT CHANGES:

Sec. 08.84.120

Refusal, revocation and suspension of license.
The board may refuse to license an applicant, may refuse to renew the license of a person, and may suspend or revoke the license of a person who

- (1) same
- (2) same
- (3) same
- (4) same
- (5) same
- (6) same
- (7) same
- (8) has treated or attempted to treat ailments

of human beings otherwise than by physical therapy, or has attempted to practice independent of the prescription and direction of a person licensed to practice medicine, osteopathy, dentistry, or podiatry.

Delete

2/13/80

- (9) same
- (10) same

(ADD)

To Board in Regs →

(11) FAILS TO REFER A PATIENT TO ANOTHER QUALIFIED PROFESSIONAL A PATIENT WHOSE CONDITION IS BEYOND THE TRAINING OR ABILITY OF THE PHYSICAL THERAPIST.

(ADD)

TO BOARD IN REGS →

(12) DEMONSTRATES ANY CONDUCT OR PRACTICE CONTRARY TO RECOGNIZED STANDARDS OF ETHICS OF THE PHYSICAL THERAPY PROFESSION OR ANY CONDUCT OR PRACTICE WHICH DOES OR MIGHT CONSTITUTE A DANGER TO THE HEALTH, WELFARE, OR SAFETY OF THE PATIENT OR THE PUBLIC, OR ANY CONDUCT, PRACTICE OR CONDITION WHICH DOES OR MIGHT IMPAIR THE ABILITY SAFELY AND SKILLFULLY TO PRACTICE PHYSICAL THERAPY.

Sec. 08.84.160

Delete

Practice of licensed physical therapist.

A person licensed under this chapter may not treat human ailments by physical therapy or otherwise except under the prescription and direction of a person licensed to practice medicine, dentistry, osteopathy, or podiatry. This chapter does not authorize any person to practice medicine, dentistry, osteopathy, chiropractic, or other method of healing.

(ADD)

To Board in Regs

THERAPISTS TREATING PATIENTS WITHOUT A PRESCRIPTION OF A PERSON LICENSED TO PRACTICE MEDICINE, DENTISTRY, OSTEOPATHY, OR PODIATRY MUST COMPLY WITH THE REGULATIONS SET BY THE STATE PHYSICAL THERAPY BOARD. (THERAPISTS INTENDING TO TREAT PATIENTS WITHOUT PRACTITIONER'S REFERRAL MUST SEND A LETTER OF INTENTION ALONG WITH THEIR RESUME TO THE BOARD)

Sec. 08.84.160

(ADD)

TERAPISTS ARE ALLOWED TO SCREEN ANY PERSON
OR SUPERVISE PREVENTATIVE HEALTH PROGRAMS WITHOUT
PRACTITIONER REFERRAL.

Sec. 08.84.185

Add to Board
ness

(ADD)

Limits or conditions on license; discipline.

(a) In addition to action under AS 08.84.180, upon finding that by reason of demonstrated problems of confidence, experience, education or health the authority to practice physical therapy should be limited or conditioned or the practitioner disciplined, the board may reprimand, censure, place on probation, restrict practice by speciality, procedure or facility, require additional education or training, or revoke or suspend a registration. FAILING TO REFER TO ANOTHER QUALIFIED PROFESSIONAL A PATIENT WHOSE CONDITION IS BEYOND THE TRAINING OR ABILITY OF THE PHYSICAL THERAPIST WILL REQUIRE THE BOARD TO SUSPEND THAT THERAPIST'S PRIVILEGE TO TREAT PATIENTS WITHOUT REFERRAL.

The Alaska Chapter of the American Physical Therapy Association, Inc., (APTA) is a regional chapter of the voluntary, non-profit national organization for physical therapists. One of our main purposes is to foster the development and improvement of physical therapy service and physical therapy education through the coordinated action of physical therapists, allied professional groups, citizens, agencies, and schools to the end that the physical therapy needs of the people will be met. One important function of the Chapter is to develop, oversee, and maintain those high standards that a therapist must attain, to serve the public. Our objective is to promote interest in and understanding of physical therapy in Alaska and, towards this end, to comment upon and propose legislation which affects the practice of physical therapy.

The Alaska Chapter of the American Physical Therapy Association, Inc., with unanimous approval of the Executive Committee, wishes physical therapists to practice independently; that is, without physician referral as is now required.

The proposed amendments are presented after a careful review of the needs of both the public sector and the physical therapy profession. We feel that Alaskan physical therapists would be able to provide additional and better service to the public, and still maintain our current high standards of service.

We believe that adoption of these changes will result in professional growth for physical therapists in Alaska and corresponding increase in quality and availability of services to Alaskans. Your careful consideration of our proposal, and your support for its enactment into law, would be appreciated. If we may answer any questions, or provide you with any further information, please do not hesitate to contact Hal Egbert (_____ home or 279-6661 work). Thank you for your attention.

Patricia McAdoo, LPT
President, Alaska Chapter
American Physical Therapy Association

BACKGROUND AND JUSTIFICATION:

The American Physical Therapy Association, which represents over 35,000 physical therapists, has declared after a significant period of study and deliberation that it is ethical for physical therapists to practice without a physician's referral in a jurisdiction in which it is legal to do so. Elimination of the requirement of referral allows individuals who might not otherwise be able to afford a physician's fee to be treated directly by a qualified physical therapist. Thus, we believe that the amendments we propose will result in decreased health care costs to the public, with no decrease in the quality of care. Research performed by the United States Army and the United States Public Health Service, both of which already utilize therapists in this independent capacity, has demonstrated the effectiveness and cost-efficient nature of using physical therapists as initial health care providers.

Today's physical therapists are well qualified, by both education and clinical training, to evaluate a patient's condition, assess his/her physical therapy needs and, if appropriate, safely and effectively treat the patient. The physical therapist is also well qualified to recognize when a patient demonstrates conditions, signs, and symptoms that should be evaluated by another health care professional before physical therapy is instituted, and knows when to refer patients to other professionals for consultation.

Different types of treatment possible for patient care are rapidly expanding due to advances in all aspects of medicine. Physical therapy meets this need by emphasizing recognition of signs and symptoms of medical problems. The physical therapist assesses a problem and then makes a decision as to whether or not treatment will be beneficial based on this training. It is important to realize that with this knowledge the physical therapist determines which patients can benefit from physical therapy treatment and which should see another medical specialist.

Six states (California, Arizona, Nebraska, Maryland, Massachusetts, West Virginia) and the United States Army already permit independent practice. Twenty-one other states allow initial evaluation without referral. In reviewing the bills of the six states, it was felt that Arizona's statute most closely meets the needs of Alaska, and it has been used as the model in our proposed legislation.

To our knowledge, there has been no problem in those states where similar legislation has been enacted. As it is now, referring practitioners often rely very heavily upon the physical therapist's evaluation and judgement in determining the most appropriate treatment for the patient. We do not desire to exclude physician contact or physician referrals, but we feel that physical therapists, as professionals, should be able to and are fully qualified to function independently as well.

In order to strengthen our commitment to safe, high quality care, we feel that it is appropriate to add into our Practice Act the additions proposed as Section 08.84.120 (11) and (12). This section offers additional protection to the public, and is an appropriate means to regulate the profession to ensure a high standard of care is maintained.

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