



Senate Fiscal Agency
P. O. Box 30036
Lansing, Michigan 48909-7536



BILL ANALYSIS

Telephone: (517) 373-5383
Fax: (517) 373-1986
TDD: (517) 373-0543

Senate Bill 1167 (as introduced 3-4-08)
Sponsor: Senator Bruce Patterson
Committee: Health Policy

Date Completed: 6-11-08

CONTENT

The bill would amend Part 178 (Physical Therapy) and other parts of the Public Health Code to do the following:

- **Require the Department of Community Health (DCH), by rule, to establish professional development requirements for physical therapists and physical therapist assistants.**
- **Increase the annual license fee for physical therapists from \$50 to \$90, and extend the fee to physical therapist assistants.**
- **Create the "Physical Therapist Professional Fund" and dedicate 10% of annual license fee revenue to it.**
- **Require the DCH, by rule, to establish standards of ethics, practice, and supervision for the practice of physical therapy.**
- **Require a person to be licensed or otherwise authorized in order to practice as a physical therapist assistant, and require the Board of Physical Therapy to determine licensure criteria.**
- **Establish examination requirements for physical therapist assistants.**
- **Establish the responsibilities of a physical therapist supervising a physical therapist assistant, and allow the delegation of services.**
- **Add a physical therapist assistant to the Board of Physical Therapy and reduce the public members by one.**

Professional Development

In consultation with the Board of Physical Therapy, the DCH would have to promulgate

rules establishing professional development requirements for physical therapists and physical therapist assistants, as well as rules to require licensees seeking renewal to furnish evidence acceptable to the DCH and the Board of the successful completion, during the proceeding license term, of the requirements. Beginning the license year after the rules' effective date, an individual would have to meet the professional development requirements.

Also, in consultation with the Board, the DCH would have to promulgate rules requiring each applicant for license renewal to complete as part of the professional development requirements an appropriate number of hours or courses in pain and symptom management, as well as rules to establish professional development requirements in subjects related to identifying signs and symptoms of systemic disease and making timely referrals to an appropriate primary care health care professional.

The Physical Therapy Professional Fund would be established in the State Treasury. Of the money attributable to per-year license fees collected from individuals licensed or seeking licensure as a physical therapist or physical therapist assistant, the State Treasurer would have to credit 10% of each individual annual license fee to the Fund. The money in the Fund could be spent only for the establishment and operation of a physical therapy professional development program.

The State Treasurer would have to direct the investment of the Fund and credit to it

interest and earnings from investment. The Fund could receive gifts and devises and other money as provided by law. The unencumbered balance in the Fund at the close of the fiscal year would remain in the Fund and not revert to the General Fund. The DCH would be the administrator of the Fund for auditing purposes.

Standards of Practice

In consultation with the Board, the DCH would have to promulgate rules establishing standards of practice, standards of ethics, and standards of supervision for the practice of physical therapy. A physical therapist would be required to adhere to those standards.

A physical therapist would have to refer a patient to an appropriate health care professional if the therapist had reasonable cause to believe that there were symptoms or conditions requiring services beyond the scope of practice of physical therapy.

To the extent that a particular physical therapy service required extensive professional training, education, or ability, or posed serious risks to the health and safety of patients, the Board could prohibit or otherwise restrict the delegation of that physical therapy service or could require higher levels of supervision. A physical therapist could not delegate ultimate responsibility for the quality of physical therapy services, even if the services were provided by a physical therapist assistant.

A physical therapist would have to consult with an appropriate health care professional if a patient did not show reasonable response to treatment in a time period consistent with the standards of practice established in the rules.

Practice as Physical Therapist Assistant

The bill specifies that practice as a physical therapist assistant is a health profession subfield of the practice of physical therapy. "Physical therapist assistant" would mean an individual with a health profession subfield license under Part 178 who assists a physical therapist in physical therapy intervention. "Practice as physical therapist assistant" would mean the practice of physical therapy performed under the supervision of a licensed physical therapist.

The Board would have to determine criteria for the licensure of physical therapist assistants and for the evaluation of physical therapist assistant training programs.

An applicant for licensure as a physical therapist assistant would have to meet the requirements of Section 16174 and be a graduate of a program for the training of physical therapist assistants approved by the Board or be a licensed, certified, registered, approved, or other legally recognized physical therapist assistant in another state with qualifications substantially equivalent to those established by the Board.

(Section 16174 requires an individual who is licensed or registered under Article 15 (health occupations) to be 18 years of age or older; be of good moral character; have a specific education or experience in the health profession or health profession subfield or health profession specialty field of the health profession, or equivalent training, or both, necessary to promote safe and competent practice and informed consumer choice; have a working knowledge of the English language; pay the appropriate fees; establish that disciplinary proceedings before a similar licensure or certification board are not pending; establish that no sanctions are in force at the time of application; file a consent to the release of information regarding a disciplinary investigation; and submit fingerprints for a criminal history check.)

To determine whether an applicant for initial licensure as a physical therapist assistant had the appropriate level of skill and knowledge required by Part 178, the Board would have to require the applicant to submit to an examination that included those subjects the general knowledge of which was commonly and generally required of a graduate of an accredited physical therapist assistant education program in the United States. The Board could waive this requirement for a graduate of an approved program if he or she had taken a national exam and achieved a score acceptable to the Board as demonstrating the level of skill and knowledge required. The Board also could waive the exam for an applicant who was licensed, certified, registered, approved, or otherwise legally recognized as a physical therapist assistant in another state, when the Board determined that the other state

had qualifications, including completion of a national or state approved exam, that were substantially equivalent to those established by Part 178.

The Board would have to determine the nature of an examination and could include the use and acceptance of national exams where appropriate. The Board could not allow the use of exams or the requirements for successful completion to result in discriminatory treatment of applicants.

The Board would have to provide for the recognition of the certification or experience consistent with Part 178 acquired by physical therapist assistants in other states who wished to practice in Michigan.

The Board could cause an investigation to be begun when necessary to determine the qualifications of an applicant for licensure. An applicant could be required to furnish additional documentation or information when the Board determined that it was necessary to evaluate the applicant's qualifications.

The Board would have to establish the standards and decisions regarding the qualifications of physical therapist assistants to determine that each assistant had the necessary knowledge and skill to perform in a safe and competent manner with due regard to the complexity and risks attendant to activities that could be delegated by a physical therapist to an assistant.

A physical therapist assistant would have to apply for licensure or renewal of licensure on a form provided by the DCH.

The Board could relicense a physical therapist assistant who had failed to renew a license if the assistant showed that he or she met the current requirements for licensure under Part 178 and rules promulgated under it. In relicensing an individual, the Board could establish standards for training, education, or experience equivalent to current educational and practice requirements. An interim license could be issued pending the results of action taken under these provisions.

Supervisory Responsibilities

A physical therapist who supervised a physical therapist assistant would be responsible for all of the following:

- Verifying the assistant's credentials.
- Evaluating the assistant's performance.
- Monitoring the assistant's practice and provision of physical therapy services.

Subject to the standards of practice, ethics, and supervision, a physical therapist who supervised a physical therapist assistant could delegate to the assistant the performance of physical therapy services for a patient who was under the case management responsibility of the physical therapist, if the delegation were consistent with the assistant's training. A physical therapist would be responsible for the clinical supervision of each physical therapist assistant to whom the therapist delegated the performance of physical therapy services under these provisions.

A physical therapist who supervised a physical therapist assistant would have to keep on file in the therapist's office or in the health facility or agency or correctional facility in which the therapist supervised the assistant, a permanent, written record that included the therapist's name and license number and the name and license number of each assistant he or she supervised.

A group of physical therapists practicing other than as sole practitioners could designate one or more physical therapists in the group to fulfill the responsibilities regarding delegation and record-keeping.

Notwithstanding any law or rule to the contrary, a physical therapist would not be required to countersign documentation written in a patient's clinical record by a physical therapist assistant to whom the therapist had delegated the performance of physical therapy services for a patient.

The Board could prohibit a physical therapist from supervising one or more physical therapist assistants for any of the grounds set forth in Section 16221 or for failure to supervise an assistant as required in Part 178 and rules promulgated under it. (Section 16221 requires a health profession disciplinary subcommittee to proceed with administrative sanctions if it finds that grounds listed in that section exist.)

Renewal

If an applicant met the requirements for renewal as set forth in Part 178 or rules promulgated under it, the Board would have

to issue a renewal license. If the Board determined that an applicant had not met the requirements for renewal, the applicant would have to be given written notice of the reasons for denial and would have the right to a hearing.

Certificate of Licensure or Renewal

The DCH would be required to issue a certificate of licensure or renewal to an applicant who was granted licensure or renewal. A certificate would have to contain the full name of the individual licensed, a permanent individual number, and the date of expiration. The DCH also would have to issue to licensees under Part 178 a pocket card containing the essential information of the license.

Physical Therapist Assistant Provisions

A licensed physical therapist assistant would have to display publicly the current certificate of licensure or renewal permanently in his or her place of practice, if feasible, and would have to have his or her pocket card available for inspection. While working, the individual would have to wear appropriate identification, clearly indicating that he or she was a physical therapist assistant.

The Board would have to grant interim licensure to an unlicensed individual who was a graduate of a physical therapist assistant education program accredited by the Commission on Accreditation in physical therapy education and who was employed as a physical therapist assistant on the bill's effective date. An interim license would be effective until the Board formally issued or denied a license to the assistant. Until rules were promulgated under Part 178, the Board also could grant interim licensure to a new applicant who had graduated from a physical therapist assistant education program accredited by the Commission on Accreditation in physical therapy education after the bill's effective date.

A physical therapist assistant would be the agent of the supervising physical therapist or group of physical therapists. A communication made to a physical therapist assistant that would be a privileged communication if made to the supervising physical therapist would be a privileged communication to the assistant and the

supervising therapist to the same extent as if it were made to the supervising therapist.

A physical therapist assistant would have to conform to minimal standards of acceptable and prevailing practice for the supervising physical therapist.

Program Investigation; Register

The Board could conduct or cause to be conducted investigations and evaluations necessary to determine whether a program met the criteria established by Part 178 and rules promulgated under it.

At times the Board determined appropriate, it could review the criteria for the education and training of graduates to determine whether they met the requirements for practice and use of the title physical therapist assistant in Michigan.

The Board would have to keep a register of programs meeting the criteria it established. The register would have to include the full title of the program, the institution of which it was a part, and its address. A copy of the register or the information contained in it would have to be available for public inspection.

Title of "Doctor"

Currently, an individual licensed under Article 15 to engage in the practice of medicine, osteopathic medicine and surgery, dentistry, chiropractic, optometry, podiatric medicine and surgery, psychology, or veterinary medicine may not use the term "doctor" or "dr." in any written or printed matter or display without adding "of medicine", "of osteopathic medicine and surgery", "of dentistry", etc. The bill would include the practice of physical therapy in this provision.

The bill also would prohibit an individual licensed under Part 178 from using the term "doctor" or "dr." without having been granted a doctoral degree from a regionally or nationally accredited college or university.

Other Provisions

The Board of Physical Therapy consists of five physical therapists and three public members. The bill would add one physical therapist assistant and reduce the public members to two.

Part 178 lists words, titles, and letters whose use is restricted to those individuals authorized to use them. The bill would add the following to this list: doctor of physiotherapy, doctor of physical therapy, physical therapist assistant, physical therapy assistant, physiotherapist assistant, physiotherapy assistant, p.t. assistant, c.p.t., d.p.t., m.p.t., p.t.a., registered p.t.a., licensed p.t.a., certified p.t.a., c.p.t.a., l.p.t.a., and r.p.t.a.

The bill provides that Part 178 would not apply to a student in training to become a physical therapist or physical therapist assistant while performing duties assigned as part of the training.

Part 178 states that it does not prohibit a hospital, as a condition of employment or the granting of staff privileges, from requiring a physical therapist to practice in the hospital only upon the prescription of a licensed dentist, physician, or podiatrist. Under the bill, this would apply to a physical therapist assistant, as well as a physical therapist.

The bill specifies that Part 178 would not require new or additional third party reimbursement or mandated worker's compensation benefits for physical therapy services, and would not preclude a third payer from requiring a member or enrollee to fulfill benefit requirements for physical therapy services, including prescription, referral, or preapproval when services were rendered by an individual licensed or otherwise authorized under Article 15.

MCL 333.16265 et al.

Legislative Analyst: Suzanne Lowe

FISCAL IMPACT

The bill would require the State to incur costs associated with the establishment of the Physical Therapy Professional Fund and an increased administrative burden due to expanded licensure regulations. These costs, however, would likely be offset by the increase in annual license fees for physical therapists and physical therapy assistants. The bill proposes raising the annual licensure fee from \$50 to \$90. According to DCH, the Michigan Board of Physical Therapy currently oversees approximately 9,000 physical therapists and an indeterminate number of physical therapy assistants. This

suggests that the State could increase revenue by at least \$360,000 per year if the annual license fee were increased as proposed.

Fiscal Analyst: Matthew Grabowski

S0708\S1167sa

This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.