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Pennsylvania Original: 2369 *AECEIVE* $MedicalS \propto$ DEC 2 3 ... Health Licensing Bowther Connission

December 22, 2003

Mr. Robert Kline Administrative Assistant State Board of Physical Therapy P.O. Box 2649 Harrisburg, PA 17105-2649

Re: State Board of Physical Therapy Proposed Rulemaking; Certificate of Authorization to Practice without Referral

Dear Mr. Kline:

I am writing as President of the Pennsylvania Medical Society to comment on the proposed rulemaking published in the Pennsylvania Bulletin on November 22, 2003 concerning the granting of a certificate of Authorization of qualified physical therapists to practice without referral by the State Board of Physical Therapy.

Generally, the Medical Society is pleased that the Physical Therapy Board has closely followed the provisions of Act 6 of 2002 with respect to the requirements for training, insurance coverage, etc. to enable a physical therapist to practice without a referral from a physician, dentist, or podiatrist. One omission is the prohibition against treatment of certain conditions. Act 6 does not authorize a physical therapist "either to treat a condition in any person which is a nonneurologic, nonmuscular, or nonskeletal condition or to treat a person who has an acute cardiac or acute pulmonary condition unless the physical therapist has consulted with the person's licensed physician, dentist, or podiatrist regarding the person's condition and the physical therapy treatment plan or has referred the person to a licensed physician, dentist, or podiatrist for diagnosis and referral." The Society believes that the physical therapist must be aware of these limitations. Since it is more likely that a physical therapist applying for a certificate of authorization will see the regulations rather than the practice act, the Society recommends that a prohibited acts section be included in the regulations to address these limitations.

Secondly, language from the statute outlining the standards for referral to a licensed physician or other appropriate health care practitioner has been omitted from the regulations.

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The requirements include referral when the symptoms are a contraindication for physical therapy; when the treatment is beyond the scope of physical therapy; or when the treatment is beyond the education, expertise or experience of the physical therapist. Again these are important limitations on independent practice that should be known to the physical therapist. Placing an appropriate section in the regulations appears to be a practical way of informing potential applicants for the certificate of authorization of these limitations.

The Pennsylvania Medical Society has shared these comments with the specialty organizations representing orthopaedic surgery and physical Medicine and rehabilitation and believes that those organizations are in general agreement with the Society's comments and recommendations.

The Society would be pleased to discuss these comments with representatives of the State Board of Physical Therapy and will be communicating them to the legislative oversight committees and to the Independent Regulatory Review Commission.

Sincerely,

Jitendra M. Desai, MD President

Cc: Chairs, Senate Consumer Protection and Professional Licensure Committee Chairs, House Professional Licensure Committee Chair, Independent Regulatory Review Commission Pennsylvania Orthopaedic Society Pennsylvania Academy of Physical Medicine and Rehabilitation Original: 2369

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Mr. Robert Kline Administrative Assistant State Board of Physical Therapy P. O. Box 2649, Harrisburg, PA 17105-2649

Re: Proposed rulemaking in the *Pennsylvania Bulletin*, Reference No. 16A-651, Practice of Physical Therapy without Referral.

Dear Mr. Kline:

I am writing to you with comments, concerns and questions regarding the proposed rulemaking in the *Pennsylvania Bulletin*, Reference No. 16A-651, Practice of Physical Therapy without Referral.

The addition of § 40.61(a)(2)(ii) requires that a licensee who passed the NPTE prior to January 1, 1990, must have successfully completed within the 2 years preceding application a Board-approved course consisting of at least 10 hours on the appropriate evaluative and screening procedures to determine the need for further examination or consultation by a physician, dentist or podiatrist prior to initiating treatment without a referral. This subsection would require the Board to maintain a list of currently approved courses meeting the Board's criteria.

I would like to know when the list of approved courses is anticipated to be available as well as where the list would be available. As a practicing therapist I certainly can endorse the need for fees and a current knowledge base for any applicant for a certificate. However, as a therapist practicing for nineteen years, having career long participation in continuing education including advance courses and often working daily alongside a physician I can foresee a potential barrier to my application for certificate. My application is dependent upon the above education requirement which depends on the Board to have an approved course list.

Section 40.62--Section 9(b)(4) of the act (63 P. S. § 1309(b)(4)) was amended by Act 6 to require that a certificate holder have professional liability insurance in the minimum amounts required to be maintained by physicians under the Health Care Services Malpractice Act (40 P. S. §§ 1301.101--1301.1006). The Board noted, in implementing this statutory provision, that the Health Care Services Malpractice Act was subsequently replaced by the Medical Care Availability and Reduction of Error (MCARE) Act (MCARE Act) (40 P. S. §§ 1303.101--1303.5108). Specifically, section 711 of the MCARE Act (40 P. S. § 1303.711) sets forth the insurance requirements. Accordingly, the Board references section 711 of the MCARE Act in § 40.62(a). Can you identify a web site or another resource for the insurance requirement act so I can review my anticipated responsibility, the cost of this and provide you with any comment? You may or may not be familiar with issues regarding the exorbitant cost of physician medical malpractice in the state of Pennsylvania particularly the Philadelphia and Bucks County areas. This is also the area where I practice and would like to continue to provide physical therapy services should insurance not be cost prohibitive.

Section 40.61 (a)(5)(c) requires that a certificate holder may not delegate the care of a patient being treated without a referral to a physical therapist who is not a certificate holder. Current practice allows a physical therapist to delegate care to a physical therapist assistant under the therapist supervision. Shall a physical therapist that holds a certificate be able to delegate care to a physical therapist assistant?

I thank you in advance for your attention to the above questions. If you desire to discuss these further please do not hesitate to contact me.

Darof A. Straken P.T. Sincerely,

Carol A. Straiton, P.T.

Home: 837 Harris Avenue Croydon, PA 19021 Tel: 215-788-0710 e-mail: ptney@voicenet.com

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Health Licensing Boards

December 17, 2003

by Section.

Mr. Robert Kline Administrative Assistant State Board of Physical Therapy Commonwealth of Pennsylvania P.O. Box 2649 Harrisburg, PA 17105-2649

Pennsylvania Physical Therapy Association

Suite 106 4701 Devonshire Road RE: Reference No. 16A-651, Practice of Physical Therapy Without Referral Harrisburg, PA 17109.1746 717.541.9169 Dear Mr. Kline: 1.800.962.PPTA 717.541.9182 FAX Representatives of the Pennsylvania Physical Therapy Association (PPTA) have reviewed the Proposed Rulemaking by the State Board of Physical PAPTASSN@aol.com Therapy regarding the Certificate of Authorization for the Practice of www.ppta.org Physical Therapy Without Referral. The following comments are submitted regarding this proposal. For ease of reference the comments are presented

officers

Section 40.61. Certificate of authorization to practice physical therapy without a referral.

(a) (5): For purposes of this section, continuous practice is defined Suzanne D. Aycock-McGuire, PT as a minimum of 200 hours each year in the delivery of direct patient care.

The Board should give consideration to the following: An individual in an academic setting that may qualify as a course sponsor/presenter may not meet this clinical requirement. Similarly an individual that is involved in the management of a practice and is regularly determining appropriateness of care, adequacy of documentation, and quality of care may not meet this requirement. In a sense these individuals would be in a position of decision making with regard to an applicant's ability to practice physical therapy without a referral but would not be able to do so themselves.

Paul Rockar, PT, MS President

Vice President

Ivan Mulligan, PT, ATC Treasurer

Brigid A. Gallagher, PT Secretary

Kristin Von Nieda, PT, MEd Chief Delegate



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Page 2 – PPTA Comments on No. 16A-651

Section 40.61. Certificate of authorization to practice physical therapy without a referral.

(a) (5): For purposes of this section, continuous practice is defined as a minimum of 200 hours each year in the delivery of direct patient care. (continued)

There are currently licensed individuals in the Commonwealth that are leading researchers and instructors in their respective area of physical therapy. These individuals provide patient care on an intermittent basis (2-3 hours per week). Although they are well known for their expertise and knowledge, these individuals would not be able to see a patient without a referral. This would be a disservice to the public.

If the Board decides to maintain the 200 hour requirement, consideration should be given to the hours spent in the activities described above.

In addition, other issues should be considered: How will these hours be tracked? In the event of a reported violation how will be the Board verify an individual has met the 200 hour requirement? Will HIPAA permit patient charts or billing records to be utilized to verify the clinician actually spent 200 hours in the clinic?

There is no clear delineation of the need for 200 hours of direct patient care for an individual renewing his/her certificate of authorization. As currently written it could be interpreted that an initial applicant needs to meet the 200 hour requirement but an individual renewing his/her certificate only needs to meet the continuing education requirement. If this is the case the initial 200 hour requirement should be deleted.

Page 3 – PPTA Comments on No. 16A-651

40.63. Continuing Education.

(b): Continuing education requirement for renewal of certificate of authorization. Beginning after the first renewal of the certificate of authorization, as a condition of certificate renewal, a physical therapist shall have completed during the preceding biennium a minimum of 20 contact hours of physical therapy continuing education related to keeping the certificate holder apprised of advancements and new developments in the practice of the physical therapy profession. At least 10 of the 20 contact hours shall be in evaluative procedures to treat a person without a referral.

As written the above does not indicate continuing education is a requirement for the first renewal of the certificate of authorization. Why would the physical therapist in the first two years of a Certificate of Authorization to practice physical therapy without a referral not be required to complete the continuing education requirements?

If you have any questions please do not hesitate to contact me.

Sincerely,

Paulkockar

Paul Rockar, PT, MS President

cc: Jay Irrgang, PT, PhD, ATC, Chair, Pennsylvania State Board of Physical Therapy
Beth Sender Michlovitz, Counsel, State Board of Physical Therapy
J. Kent Culley, Legal Counsel, Pennsylvania Physical Therapy
Association
Kim Annibali, Executive Director, Pennsylvania Physical Therapy

Association

Gettysburg Hospital 147 Gettys Street P.O. Box 3786 Gettysburg, PA 17325-0786	Herr's Ridge Health Center 717.337.4206 Tel 717.337.4411 Fax	
717.337.4143 Tel 717.337.4261 Fax www.wellspan.org	Fairfield Medical Center 717.642.6077 Tel C 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	t
Robert Kline Administrative Assistant State Board of Physical T PO Box 2649 Harrisburg, PA 17105-2	Reference Contraction	Rehab WELLSPAN RECEIVED
December 9, 2003		DEC 2222003
Dear Mr. Kline,	Original: 2369	DOS LEGAL COUNSEL

I am writing in response to the proposed rulemaking by the State Board of Physical therapy in regards to certificate of Authorization (Reference No. 16A-651). After reading over this document carefully I have an objection to the requirement for therapist who took the licensing exam before 1990 having to take an educational course on evaluation and screening procedures to treat a person without referral.

My objection is this. You can interview any health care professional and find that the best diagnosticians are those that have seen many cases and have years of experience in a certain area. The same holds true for Physical Therapist. I would match a therapist with 15-20 years of outpatient experience to any less experienced therapist in their abilities to diagnosis and screen for further medical evaluation. I graduated from with a Masters in Physical Therapy form Columbia University in 1985. Part of our curriculum was evaluation and screening processes as was most PT programs. If you investigate all PT curriculums have an evaluation and screening component. We as therapist are sent any patients with a medical diagnosis of "shoulder pain" or "back pain" And therefore we do thorough evaluations to find the root of the pain to the best of our abilities. It is very common now for a PT to send a patient back to the doctor or to another doctor for further medical testing after a examination points to a more serious problem or a problem out of the PT realm. Therefore I feel that requiring PTs who have taken the PT board Exam prior to 1990 to take an extra educational course in evaluation and screening is not only unnecessary ,but also insulting. I do however agree that in order to renew any PA license continuing education credits in your field should be necessary. I also have a license to practice in Maryland, which is where I have practiced the longest, and I am required to take 30 hours of continuing education every 2 years. Maryland, a state that has practiced PT without physician referral for at least 20 years, has never had the abovementioned requirement for PTs taking the exam before 1990. I hope you will consider my objections carefully and not mandate unnecessary education and expense on us "more experienced" therapist. I am all for continuous self and professional improvement and advancement, but this requirement will benefit no one but those who receive the tuition payments!

Sincerely, Stare Born MSPT

Diane M. Bohn MSPT Director of Physical Medicine and Rehab Gettysburg Hospital

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November 24, 2003

Mr. Robert Kline Administrative Assistant State Board of Physical Therapy P.O. Box 2649 Harrisburg, PA 17105-2649

Original: 2369 3 2003 DEC 15 All 9:47 REVIEW COMMISSION

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DOS LEGAL COUNSEL

Reference #: 16A-651, Practice of Physical Therapy without Referral

Dear Mr. Kline:

I am a Physical Therapist, licensed in Pennsylvania since January 03, 1997 and I am extremely happy and proud of the steps that are being taken on behalf of our profession to allow the practice of physical therapy without obtaining a referral from a physician.

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In reading the proposed rulemaking in the PT Bulletin, Doc. 03-2232 and allowing public comment, I do have one comment regarding the wording of the definition of "continuous practice" as a minimum of 200 hours each year in the delivery of <u>direct patient care</u>. If a Physical Therapist meets the continuing education requirements, liability insurance coverage requirements AND works in an administrative capacity within the practice of physical therapy (ie dealing daily with patient care issues, auditing charts for clinical competency, compliance, etc...) at least on a part-time basis (ie 1040 hours/year), I believe the definition should reflect this aspect as part of "direct patient care".

A possible compromise for a Physical Therapist, holding an administrative or academic position, would be to require proof of an additional 10-20 hours of continuing education in a non-administrative tract or clinical tract that would satisfy the State Board. I am sure there are other alternative compromises that would be amiable to clinicians in an administrative or academic tract of the profession.

Please feel free to contact me at 724-746-0604 if you would like to discuss this further.

Respectfully,

hutzoh V. Jank, MS, mpt

Christopher V. Zanke, MS, MPT Clinical Operations Director

Health Licensing Boards

NovaCare, Inc. 2403 Washington Road Canonsburg, PA 15317 724.745.7788 Fax 724.745.8848 November 28, 2003

State Board of Physical Therapy P.O. Box 2649 Harrisburg, PA 17105-2649

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DOS LEGAL COUNSEL

Dear State Board of Physical Therapy,

I am writing this in response to the proposed rulemaking for physical therapy practice without referral. I passed my NPTE in 1986, and was given license # PT 005940-L. I have been practicing outpatient physical therapy full-time for the past 17 years. Since I passed my NPTE prior to 1990, under the current proposal I would have to take a course on the appropriate evaluative and screening procedures to determine the need for further examination or consultation by a physician, dentist, or podiatrist prior to initiating treatment without a referral.

Before I graduated from PT school, I graduated from Penn State University's Physician's Assistant program in 1984. Enclosed are copies of my diploma. Given my Physician's Assistant training, I am wondering if I can get an exemption from the course work described above. Thank you for your time in responding to this request.

Sincerely,

Hur Hele, PT, Cer. MD,

Richard Kokinda, PT, Cert. MDT 45 Kennedy Drive Drums, PA 18222 (570) 788-6707 rkokinda@intergrafix.net

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THE MILTON S. HERSHEY MEDICAL CENTER THE PENNSYLVANIA STATE UNIVERSITY

Department of Family and Community Medicine Certifies That

Richard B Kokinda

has satisfactorily completed the requirements of PHYSICIAN'S ASSISTANT TRAINING



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on February 17, 1984 Harry Rystonally, PROVOST AND BEAN

anas L.

CHAIRMAN, DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE

Rugh a. Henderson

DIRECTOR. PHYSICIAN'S ASSISTANT PROGRAM

DATE March 9, 1984

THE PENNSYLVANIA STATE UNIVERSITY

THE -MILTON · S ·· HERSHEY · MEDICAL ·· CENTER

BY · AUTHORITY · OF · THE · BOARD · OF · TRUSTEES AND · ON · RECOMMENDATION · OF · THE · SENATE HEREBY · CONFERS · UPON

RICHARD \cdot B \cdot KOKINDA

THE · DEGREE · OF ASSOCIATE · IN · SCIENCE

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AND · PRESENTS · THIS · DIPLOMA · AS · EVIDENCE | OF · THE · COMPLETION

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PRESIDENT · OF · THE · BOARD · OF · TRUSTEES



Harry Dry