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October 10, 2011

Regulatory Unit Counsel  
Department of State  
P.O. Box 2649  
Harrisburg, PA 17105-2649

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RE: Reference No. 16A-6514 (Act 38 of 2008)

Dear Regulatory Unit Counsel:

I am writing in comment to the Proposed Rulemakings for the State Board of Physical Therapy.

I have a few general questions:

1. The 30 hour continuing education requirement does not indicate if it will be prorated for the 1<sup>st</sup> year as there will be the need for renewal in 2012. Is it to be assumed that the requirement for 2012 will be 15 continuing education hours (half)? Or will the full 30 go into effect with the 2014 renewals?
2. Will all of the necessary requirements including required forms be available upon the effective date of the rulemaking? 40.67 ( b)
3. How often does the board meet to review potential continuing education courses? If the board meets only every 60 days, this will likely not be frequent enough for individuals to obtain approval prior to attending most courses. It is unusual to get a mailer earlier than 90 days from most advertised course dates. Therefore, it may be necessary to get retrospective approval for courses. Please consider removing the pre-approval language.

General comments:

1. The law includes provisions that require a physical therapy assistant to work under the direct on-premises supervision of a licensed physical therapist when care is delivered to an individual in an acute care hospital, acute inpatient rehabilitation center, long-term acute care hospital facility setting, or as otherwise required by federal or state law or regulation.

When this was first included in Act 38, I had written in response and I will reiterate my comments here. The help that is available in an acute care hospital, acute inpatient rehabilitation center and LTAC through code teams, emergency care responders and general staffing is not comparable to the limited help that is available when working in the home or outpatient settings. It would seem that the opposite would/SHOULD be the case: require direct on-premises supervision in the home and/or outpatient

settings, and indirect supervision in the inpatient settings. Please comment on the rationale for this provision of the law.

2. The continuing education requirements for Physical Therapist Assistants is the same as those required for Physical Therapists. There seems to be inequity with this as the PTA pay scale is significantly different than that of the PT. The courses for PTs and PTAs are the same cost, yet the salaries are different. I am concerned that this may cause a financial hardship for all involved, especially for the PTA. Please consider reducing the requirement for the PTA.
3. The proposed continuing education section (40.67 and 40.68) which outlines activities for which one may take credit, is extremely wordy and unclear. A list, rather than narrative format, might make it better able to be understood. What is a continued competence activity? Please consider providing examples for clarification.
4. The additional (non-classroom activities) described in section 40.68(c) will be unavailable to the average working PT and PTA, as these activities are more conducive for those working in an academic setting. I would propose that the board work with the PPTA to establish additional online-approved courses that could be purchased by organizations in order to provide to their staff. The continuing education requirement will be a financial hardship to organizations. ~~In order to obtain 30 CEUs it will require approximately 3-4 courses per staff~~ member at an average cost of \$500 per course with travel/meals (not including wages). The financial impact for my organization would be a minimum of \$21,000-\$28,000 without including wages. While all licensed staff should be prepared to assume some financial risk associated with maintaining their professional licensure, this CEU requirement will be difficult for individuals and organizations to support. Therefore, board-approved activities that could be offered to multiple staff and provided at the facility level (internet-based, CD purchased, teleconferences, etc.) would be ideal. Also, please consider reducing the CEU requirement to 24 for PTs, similar to the Ohio PT licensure requirement, and 12 for PTAs. This would be better able to be accomplished as most courses are 6-8 hours each and is divisible into 24 but not 30. Ohio licensure laws and regulations might be a good resource for Pennsylvania to model after.
5. I am opposed to the fact that managerial courses are not able to be included in approved continuing education. It is critical that PTs and PTAs be knowledgeable about the reimbursement regulations that surround our practice. For example, prospective payment systems for inpatient rehabilitation, skilled nursing, and home health are frequently changing. PPTA puts on annual reimbursement seminars that are invaluable for staying in compliance with established practice guidelines. To exclude these types

of educational opportunities would be remiss in an environment with dynamic reimbursement changes. We must understand the guidelines under which we are paid. Please strongly reconsider NOT excluding these types of critical courses from inclusion.

Thank you for your consideration.

Sincerely,

Cheryl L. Kramer, PT

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