



This column addresses the legislative and regulatory activity currently being addressed in various jurisdictions.

The 2010 Legislative Session convened on January 4<sup>th</sup> with California opening first and other states following. As many states have already adjourned or prepare to adjourn, North Carolina will be the last state to convene on May 12<sup>th</sup>. Five states (Montana, Nevada, North Dakota, Oregon, and Texas) were not in session in 2010.

It has been an interesting year to watch the state legislatures and regulatory boards. By far and away, the issue on the minds of everyone in the states has been the jurisdictions' tremendous budget crises. Some legislators were candidly admitting that there would be little room for legislation on anything besides financial issues. Some regulatory boards found their funds swept away to the coffers of the state, leaving them little to work with to fulfill their mission. However, even in this climate, there were several notable pieces of legislation and regulation with regard to physical therapy, some of which are described in more detail below.

### **Arizona**

A bill has been introduced that would require registration with the physical therapy state board for any business organization that provides physical therapy and whose owners include any individual not licensed or certified by the Arizona physical therapy board. If enacted, as of September 1, 2011 this bill would require a number of provisions, one

being that the physical therapy services be conducted by a licensee or certificate holder of the physical therapy board.

### Connecticut

Last year a committee was convened concerning scope of practice determinations for healthcare professions in the state of Connecticut. The committee submitted their report and now the Connecticut legislature is debating an act that would implement the recommendations of the program review and investigations committee. The bill would require healthcare professions to submit a written scope of practice request to the Department of Public Health. From the Department, another committee will be convened and responsible for review and evaluation of the scope of practice request, provision of a written assessment of the scope of practice request and, if applicable, suggested legislative recommendations concerning the request to the joint standing committee of the General Assembly. If enacted, the change would be effective July 1, 2010.

### Illinois

Both HB 4935 and SB 2635 are direct reactions from the physician community to an attempt last year by the Illinois Physical Therapy Association to utilize a provision in the language regarding fee-splitting to make it illegal for a physical therapist to work for a physician. Although the Illinois Department of Professional Regulation (DPR) had stated last year that it would be sending letters to alert all Illinois licensees of the Department's position that physical therapists who are employed by physicians are in violation of the fee-splitting provisions of the physical therapy practice act, there has been no action.

### Iowa

In February, the Iowa Board of Physical and Occupational Therapy issued the Rule Summary Statement titled **ETHICAL CONDUCT IN RELATION TO FEES AND CONSIDERATION**. The intention was for the Board to issue “this summary of an existing rule in an effort to remind practitioners of their individual obligation to remain independent in providing patient care.”

[http://www.idph.state.ia.us/licensure/common/pdf/ptot\\_rule\\_summary.pdf](http://www.idph.state.ia.us/licensure/common/pdf/ptot_rule_summary.pdf)

### Oregon

The chiropractic association of Oregon has begun a campaign for the 96,000 signatures required to bring a ballot initiative in November 2010. If the initiative is successful, the

citizens of Oregon will be responsible for determining which professionals should be able to include manipulation in their scope of practice.

### **South Carolina**

H4329 is an attempt to remove the prohibition against physical therapists accepting wages from a physician; in turn, making it legal for a physician to employ a physical therapist again. In 2004, the SC Attorney General published the opinion, (subsequently upheld by the SC Circuit Court) that physical therapists are prohibited from working for physicians/referral sources based on the statute language that gives the board authority to refuse initial licensure or take disciplinary action against a licensed person who accepts, amongst other things, wages from a person who referred a patient.

### **Virginia**

Working proactively to contact and discuss language with the usual opposing forces, physical therapists easily passed a bill that gained term protection for “physical therapy” and “physiotherapy.” Virginia’s Governor signed unopposed legislation in March that adds term protection to the PT practice act. The new language takes effect July 1, 2010.

### **West Virginia**

West Virginia successfully updated its Physical Therapy Practice Act using the FSBPT [\*Model Practice Act for Physical Therapy\*](#) as a guide.

Additionally, there is a bill which would require a study be conducted regarding the establishment of a commission to make recommendations to the legislature on the scope of practice of healthcare professions. The findings of the study are to be reported to the regular session of the 2011 legislature with drafts of any legislative language/action necessary to implement the recommendations.

### **Wisconsin**

After four years of work, the Wisconsin legislature passed a bill creating an independent Physical Therapy Examining Board. Previously, the Physical Therapists Affiliated Credentialing Board, physical therapy regulation was tied to the state Medical Examining Board. However, by now being deemed an “examining” board, AB 275 separates the PT board from the medical board.