



president's perspective

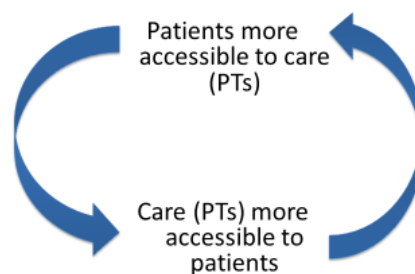
The Role of the Physical Therapy Licensure Compact in Public Protection

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It's easy to see how the Physical Therapy Licensure Compact (PTLC) will benefit licensed PTs and PTAs. No license needed to practice from state to state means less cost, less hassle, and getting to work in the new state right away. The licensee wins, but what is in it for the public? Why should licensing boards, whose primary purpose is protection of the public against incompetent or unscrupulous providers, support the PTLC? The answer is found in the first line: "The purpose of this Compact is to facilitate interstate practice of physical therapy with the goal of improving public access to physical therapy services."

The United States is facing increasing shortages of a variety of healthcare professionals. Shortages often result in a lack of access to timely care or care at the skill level required. Minimizing licensure barriers and facilitating practice where most needed, regardless of state boundaries, expedites the mobility of health care professionals, and allows the workforce to go where needed much more easily and efficiently.

Benefit to the Public or the Profession?



State boundaries and differences in licensure and practice requirements have been identified as barriers to access to health care. In some instances, a patient may not be able to access the best possible physical therapy care for his/her situation because of current barriers in place. Healthcare has seen the development of large healthcare conglomerates with a multi-state presence, technology to deliver services to clients physically located in another state, and insurance companies offering information lines to their clients located all over the country. In all of these examples, situations may arise when a provider may find themselves in a position to deliver services to a patient in a state in which the professional is not licensed. The reality of healthcare now is in-person care in a variety of settings, patients returning home to a different state after an episode of care and following up with a provider by phone, video conferencing for consultation and home health visits, and Internet consultation.

With the changing health care system, evolution of physical therapy education, mobile communications between patient and client, mobility of patients accessing care, large healthcare corporations/insurance companies, and advent of new ways in which to deliver care such as telehealth, the ability of a clinician to practice across jurisdictional boundaries with minimal barriers is an issue coming to the forefront. The PTLC addresses these barriers and facilitates access to physical therapy providers.

In the past, states have used an exemption from licensure to facilitate portability in very specific cases. However, the use of licensure exemption should be judicious, as the motivation for regulating a profession is protecting the public from incompetent providers. These exemptions have played an important role in allowing licensed physical therapists to move freely and carry out their professional responsibilities for a limited time in a jurisdiction where they are not licensed. Overall, the small number of persons that fit into these limited categories combined with the time constraints (60 days) results in little overall impact on the mobility of the profession as a whole. Additionally, the exemption often does not allow the state to know who is in the state practicing.

The Compact Privilege is a good alternative to the licensure exemption. Although the waiting time for a Compact Privilege will be little to no time at all, states are confident knowing that a licensee has met all the required criteria prior to that Compact Privilege being granted.

The healthcare workforce is not the only shortage. State employees often find themselves with too much to do and too little time to get it all done. Employees of state licensing boards spend a great deal of their time tracking down and processing the required paperwork for initial and endorsement licensure. It has been suggested that reducing some of the barriers to cross-state practice may be “a way of improving the efficiency of the licensing system in this country so that scarce resources can be better used in the disciplinary and enforcement activities of state boards, rather than in duplicative licensing processes.”¹

A primary tenant of any interstate compact is the sharing of disciplinary data. A compact increases data sharing, most significantly disciplinary and licensure data among states, improving public protection by enhancing the reporting between states and the Compact Commission. When every jurisdiction member of the PTLC reports the licensure and disciplinary information for the state, complete with a unique identifier such as the FSBPT ID number, there is greater assurance that a

¹ United States Department of Health and Human Services, Health Resources and Services Administration. *Health Licensing Board Report to Congress*. Washington, DC: Health Resources and Services Administration; Spring 2011.

new applicant's full licensure history is accessible in making decisions regarding licensure and granting of a Compact Privilege. The Compact Commission will easily retrieve robust information about the applicant, making licensure verification by other jurisdictions no longer necessary, eliminating this sometimes time-consuming step. Additionally, full data system participation generally creates improved information sharing, better research capability, and improved public protection by identifying those applicants with a history of disciplinary actions. When there is a disciplinary action taken or an investigation initiated, members of the Compact will share that information with the Compact Commission which will update the database of licensees and Compact Privilege holders and alert the appropriate jurisdictions.

The PTLC is mutually beneficial for the licensee and the licensing Board. Improvements in licensure portability for PTs and PTAs positively impacts public protection by increasing patient access to qualified providers, improving the continuity of care for patients as they relocate or vacation, enhancing licensing and disciplinary data, and improving information sharing between jurisdictions. The PTLC encourages the cooperation of member states in regulating multi-state physical therapy practice and enhances the state's ability to protect the public health and safety.

President Nancy R. Kirsch, PT, DPT, PhD, FAPTA received her PT degree from Temple University, her Masters in Health Education from Montclair University, Certificate in Health Administration from Seton Hall University, her PhD concentration in ethics from Rutgers University (formerly UMDNJ), and a Doctor of Physical Therapy from MGH Institute of Health Professions. She practiced in a variety of settings including in-patient rehabilitation, acute care, long term care and home care. She owned a private practice for twenty years and currently practices in a school based setting. In addition, she is the Director of the Doctor of Physical Therapy Program at Rutgers, The State University of New Jersey. Nancy has been a member of the New Jersey Board of Physical Therapy Examiners since 1990 and was chairperson of the board for 12 years. She served as an evaluator for FCCPT. Nancy has been involved with the Federation of State Boards of Physical Therapy in the following capacities: she served two terms on the Finance committee and also served on several task forces, in addition to the Board of Directors. Nancy has been active in the American Physical Therapy Association since she was a student. She served the New Jersey Chapter as Secretary and President, and as a delegate and chief delegate to the House of Delegates. She served the national association as a member of the ethics document revision task force. She also served a five year term on the APTA Ethics and Judicial Committee and the APTA Reference Committee. She received the Lucy Blair Service Award and was elected a Catherine Worthingham Fellow from National APTA and received an Outstanding Service Award and the President's Award from the FSBPT.