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Federation of State Boards of Physical Therapy (FSBPT®)

In this News Brief:

- The Slate for the 2018 Delegate Assembly Elections
- Montana and Minnesota Now Awards Credit for PTs Completing oPTion®
- Washington State Opts Into AAP
- Upcoming Deadlines
 - Before April 1, 2018- Last Call for 2018 Regulatory Training Requests to Attend
 - Before April 13, 2018- (deadline extended) Call for Presentation Proposals and Ideas for the 2018 Annual Meeting
 - Before May 1, 2018- elect your 2018 delegates and funded administrator
- Our Gratitude for Volunteers Hard at Work
- Spotlight on Member Resources: Licensing Authorities Contact Information
- Board of Directors Report
- In the Regulatory Industry
- In the News
- Board Liaisons to Jurisdictions
- Staff Contact Information

The Slate for the 2018 Delegate Assembly Elections

The Nominating Committee is pleased to announce the slate for this year’s elections at the Delegate Assembly in Reston, Virginia. The election will take place the last day of the annual meeting, Saturday, October 27, 2018. Candidate statements will appear in the Delegate Handbook, which will be available on the FSBPT website for membership review closer to the meeting date.

Secretary	
	Thomas Caldwell, TX
	Manuel (Tony) Domenech, TX

Treasurer



Ron Barbato, KY



Ruggiero (Ruggie)
Canizares, OR

Director #1



Arkena Dailey, VA



Ellen Donald, FL

Nominating Committee Member



Jade Bender-
Burnett, VA



Sherri Paru, OR

Sincerely,
FSBPT Nominating Committee

Please join FSBPT in thanking the 2018 Nominating Committee Members: **Thomas Ryan** (Chair), **Danny Landry**, and **Timothy Vidale** for their work this year.

Montana and Minnesota Now Awards Credit for PTs Completing oPTion®

Montana and Minnesota are the 20th and 21st jurisdictions for which PTs can obtain continuing competence/continuing education credit for completing oPTion. FSBPT developed this self-directed assessment tool to assist PTs with periodically ascertaining their knowledge, strength, and opportunities for development. oPTion uses scenarios and multiple-choice questions that emphasize clinical application of knowledge necessary for safe, effective practice.

To learn more about oPTion, [click here](#).

Email competencestaff@fsbpt.org if your board is interested in learning more about oPTion. To see a list of the boards that currently confirm credit, [click here](#).

Washington State Opts Into AAP

On March 20, 2018, Washington State became the third jurisdiction to opt into the new alternate approval process (AAP). Under AAP, graduates of CAPTE-accredited programs who are registering for Texas, Colorado, or Washington will be made immediately eligible to sit for the NPTE® if they meet all of the FSBPT NPTE eligibility requirements. The respective state board is still responsible for determining if an applicant is eligible for a physical therapist or physical therapist assistant license. If your jurisdiction is interested in opting in to AAP, [please let us know](#).

Upcoming Deadlines

1— Before April 1, 2018- Last Call for 2018 Regulatory Training Requests to Attend

2018 Regulatory Training for Members and Board Staff

This training is free for member boards.

This training provides an in-depth understanding of your role as a regulatory board member or staff person in protecting the consumers of physical therapy services. We also provide an overview of the services FSBPT provides to you, our members. Read our Frequently Asked Questions about Regulatory Training [Registration](#) and [Travel](#) for more information. Highlights appear below.

- Date:** June 8-10, 2018
- Location:** Alexandria, Virginia
- Attendees:** All board members and board staff (administrators, licensing specialists and attorneys) are eligible to participate.
- Cost:** The cost of travel, hotel and meals is covered by FSBPT.
- Registration:** To reserve a spot, email communications@fsbpt.org. Requests must be received **before April 1, 2018** for consideration.
- Special Notes:** Seating is limited; priority is given to first timers. If you have previously attended or if there are more than 2 individuals from your state who are interested, we will put you on a waiting list. Please contact us as soon as possible to indicate your interest.

2-- Deadline extended- April 13, 2018- Call for Presentation Proposals and Ideas for the 2018 Annual Meeting

We are still accepting presentation ideas and proposals for the 2018 Annual Meeting!

Before **9am ET Friday, April 13, 2018**, [email](#) us your proposal in a Word document. Please include:

- Title
- Course description
- Course objectives
- Tentative outline of time and content (*Note: Programs are limited to one-hour sessions.*)
- Biographical information for each speaker, including degrees/credentials, institution, city, and state.

If your proposal is chosen, two presenters will be funded to attend the annual meeting in Reston, Virginia October 25-27, 2018.

If you have a topic of interest but your board is not prepared to speak, please share the topic with us via email. We welcome ideas!

3-- Before May 1, 2018- elect your 2018 delegates and funded administrator

Member board chairs and administrators, we will need your delegates and funded administrator credentialed **by May 1, 2018** to plan for the Leadership Issues Forum (LIF) in July.

Credentialing is open and administrators have received information to complete the process. Administrators who have questions about the process can learn more [here](#).

In 2018,

- FSBPT will fund the voting delegate and funded administrator to attend the Leadership Issue Forum July 14-15 in Alexandria, Virginia, and
- FSBPT will fund the voting delegate, the funded alternate delegate and the funded administrator to attend the Annual Meeting October 25-27 in Reston, VA

Want to learn more?

Review our Leadership Issues Forum and Annual Meeting FAQs on our Members [Events Page](#).



Our Gratitude for Volunteers Hard at Work

This month, we thank the generous volunteer members of these groups for their support of our mission with work on-site:

- Basic Item Writers
- Exam Development Committee - PT
- Exam Development Committee - PTA
- Ethics and Legislation Committee
 - Tina Baum
 - Ron Barbato
 - Jean Bickal
 - David Reed
 - Rachel Reiman
 - Jerry Smith
 - Judd Warren
- Foreign Educated Standards Committee
 - Joni Kalis
 - Leslie Kesler
 - Samantha Mohn-Johnsen
 - Alicia Rabena-Amen
 - Sherise Smith
 - Traci Zeh
- Item Writer Coordinators
- ProCert® Training Meeting
 - Maggie Donohue

- Kristina Lounsberry
- Crystal Ramsey



Spotlight on Member Resources: Licensing Authorities Contact Information

Did you know there's a quick way to access the contact information of your fellow licensing authorities? View member board contact information [here](#).

Board of Directors Report

Information about the March 2018 board meeting will appear in the April *News Briefs*.

In the Regulatory Industry

Mark your Calendars – 2019 INPTRA Conference

The International Network of Physiotherapy Regulatory Authorities (INPTRA) will hold its 2019 conference in Geneva, Switzerland on May 8-9, 2019. This meeting brings together regulators from around the world to share ideas, best practices, and discuss issues relevant to the regulation of physical therapy. Registration will open later this year. Be on the lookout for additional details in the coming months.

The PT Compact is in the news!

“Physical Therapy Licensure Compact: Latest News” published on the *Supplemental Health Care* website on February 27, 2018

“While the Nursing Licensure Compact consumes a lot of the healthcare news headlines, a development that often flies under the radar is the slow and steady progress of the Physical Therapy Licensure Compact. As we reported in this space recently, on April 25, 2017, the PT Compact was officially enacted through the Federation of State Boards of Physical Therapy (FSBPT) to facilitate interstate mobility and cross-state practice for physical therapists.

“On February 9, 2018, the state of Colorado was reinstated as a member state with full privileges as part of the PT Compact. This brings the current number of states that have enacted Compact Legislation to 15, with the other member states being New Hampshire, New Jersey, North Carolina, Kentucky, Tennessee, Mississippi, Missouri, Texas, North Dakota, Montana, Utah, Arizona, Washington, and Oregon.

“Progress is being made in eight other states that have introduced Compact Legislation in their current legislative session, including Pennsylvania, West Virginia, South Carolina, Wisconsin, Iowa, Nebraska, Kansas, and Oklahoma.”

Read the article [here](#).

In the News

“The Licensing Logjam”, by C. Jarrett Dieterle & Shoshana Weissmann, published in *National Affairs* in Spring 2018

“Federal lawmakers have been talking about reforming the occupational-licensing regime for years. And despite widespread agreement on the right and left that licensing requirements are often unnecessary and burdensome — serving mainly to limit job opportunities and impede economic growth — attempts at reform at the national level have been rare, and those reforms that have been proposed have had little impact. Yet the federal government is far from powerless to help. While it is true that most far-reaching reforms must take place at the state level, there are many ways in which the federal government can reduce licensing barriers nationwide, while paving the way for states to pursue their own reforms.

“Licensing has long been a common feature of American economic life, particularly following the Supreme Court's 1889 decision in *Dent v. West Virginia*, which upheld West Virginia's medical-licensing system. That ruling ushered in an era of follow-up decisions that preserved licensing regimes for a wide array of trades and occupations around the country. Today, such requirements are ubiquitous.

“Groups like the Institute for Justice have even developed a cottage industry of sorts out of exposing credulity-straining licensing rules, such as Texas's requirement that eyebrow threaders complete 750 hours of training at a cost of up to \$9,000, or Savannah, Georgia's 100-question multiple-choice exam for city tour guides. Many of these requirements have little or no connection to safety or public health; according to IJ, the average cosmetologist spends 386 days in training before earning a license, compared to just 34 days for emergency medical technicians. And in recent years, the harmful effects of such practices have become more apparent.”

Read the full article [here](#).

“The ‘radical paradigm shift’ that’s changing Ontario’s oversight system for health professionals”, by Theresa Boyle on *thestar.com* on March 25, 2018

“There have long been calls for major reform of Ontario’s oversight system for health professionals. Now some of the loudest calls are coming from those inside the system.

“Toronto doctor Javad Peirovy was found guilty three years ago of sexually abusing four female patients.

“He ‘inappropriately touched’ their breasts, they reported to the College of Physicians and Surgeons of Ontario (CPSO), the self-regulator of doctors in the province.

“A college prosecutor argued Peirovy should lose his licence in the name of patient safety. But a disciplinary panel instead gave him a much lighter penalty, which included a six-month suspension.

“The prosecutor successfully appealed and the Ontario Divisional Court agreed the penalty was too lenient: ‘It was inadequate to protect the public and vindicate the integrity of the profession ... The public’s confidence in the medical profession demands more from the disciplinary process than recent sexual abuse discipline cases suggest.’

“It’s cases like this that have placed Ontario’s oversight system for health professionals under the microscope. The self-regulatory system — which governs everyone from doctors, nurses and dentists to homeopaths, naturopaths and Chinese medicine providers — is considered by many to be too protective

of professionals, outdated, and not robust enough to achieve its central mandate: to serve and protect the public.

“There have long been calls for major reform and they are growing louder. They include demands to scrap self-regulation.”

Read the full article [here](#).

“The tech industry thinks it’s about to disrupt health care. Don’t count on it.”, by Carolyn Y. Johnson in *The Washington Post* on March 9, 2018

“In 2016, IBM employees in the Raleigh-Durham area were offered access to a handy new health-care app with tools to help patients navigate the many choices they face when they fall ill.

“The app offered a symptom checker, an overview of the options for care, a map of nearby facilities covered by the person’s insurance, free video consults with a doctor 24 hours a day and a breakdown of the out-of-pocket costs people would face at different locations.

“The pilot feasibility study, a collaborative effort between a Harvard Medical School physician, the health insurer Anthem and IBM was designed to test whether employees and insurers would both benefit from putting more power in the hands of patients.

“Two years later, it is defunct.

“‘The short answer is nobody really used the tool,’ said Ateev Mehrotra, an associate professor of health-care policy and medicine at Harvard. ‘For a variety of reasons, they just forgot about it. This is what I would say in my defense: I still think it’s a good idea.’”

Read the full article [here](#).

“Buried In The Budget Bill Are Belated Gifts For Some Health Care Providers”, by Shefali Luthra in *Kaiser Health News* on March 2, 2018

“When President Donald Trump signed the last-minute budget deal into law earlier this month, the news coverage emphasized how the bill boosted military funding, provided tens of billions in disaster aid and raised the debt ceiling.

“But buried deep in the 652-page legislation was a repeal of a limit on Medicare coverage of physical and occupational therapy. It received little public attention, but to the American Physical Therapy Association, this headline was decades in the making.

“The group had spent 20 years lobbying to reverse a component of the Balanced Budget Act of 1997, which would have limited patients to \$2,010 worth of occupational therapy a year, and another \$2,010 of physical therapy and speech-language pathology. Each time the limit was about to kick in, APTA managed to postpone its implementation — sometimes for just months, sometimes for another year or so.”

Read the full article [here](#).

Woolham, J. G., Steils, N., Fisk, M., Porteus, J., & Forsyth, K. (2018) The UTOPIA project. Using Telecare for Older People In Adult social care: The findings of a 2016-17 national survey of local authority telecare provision for older people in England. London: Social Care Workforce Research Unit, King's College London.

Published February 2018

“Summary of Findings- Telecare is the use of electronic devices to collect, store and relay information from someone’s home to elsewhere, for it to be acted on in some way. It is typically used to remind or prompt people to do or not do things, to prevent unsafe conditions developing in a someone’s home, and to enable a rapid response should an incident – for example a fire or a fall – occur.

“This report is based on an online survey of local authority telecare managers carried out between November 2016 and January 2017. The survey, which was funded by the National Institute for Health Research School for Social Care Research (NIHR SSCR) aimed to find out how telecare is being used by local authority adult social care departments to support older people; the largest single group of social care users. An important context to the study was an earlier, Department of Health funded randomised controlled trial which became known as the Whole System Demonstrator (WSD) project. This study concluded that telecare did not produce better outcomes for recipients over a 12 month follow-up period but these findings do not appear to have led to a reappraisal of the value of telecare by local authorities.

“The survey, had twelve main sections and included 58 questions. Survey Monkey online software was used to administer the survey, which was sent to all identifiable telecare leads in England. Directors of Adult Social Care Services were emailed in those local authorities in which a telecare lead could not be identified. 154 responses were received of which 114 were valid: an overall response rate of 75%. All types of local authority and regions of England are represented within the responses.”

Read the full report [here](#).

“Same Doc, Different Profile. State med board sites have wildly differing information,” by Matt Wynn, Kristina Fiore, and John Fauber, published on *Milwaukee Journal Sentinel/MedPage Today* on February 28, 2018

“This story is part of a major investigation by MedPage Today and the Milwaukee Journal Sentinel into physicians who had public actions against their licenses in one state, but are able to practice elsewhere with ‘clean’ licenses.

“North Carolina and Georgia share a border and many physicians.

“But they couldn't be farther apart when it comes to reporting physician transgressions. North Carolina has a 52-person staff, paid out of licensing fees, and maintains one of the most detailed medical board websites in the nation.

“In Georgia, the medical board is supported by the state's general fund, a scenario that pits it against other priorities whenever it comes time to cut the budget. It has a staff of 31.

“While Georgia's website purports to include any discipline from any state, physicians themselves are charged with reporting information about out-of-state discipline.

“That is their responsibility,’ said Patricia Sherman, manager of the Office of Investigations & Enforcement for the state's medical board. ‘And, yes, it's our responsibility to police that, but we don't have the staff to do that. We don't have the staff to look at 44,000 profiles on a regular basis.’

“The result: 26 physicians who hold licenses in both states had negative marks on their North Carolina records but received no public action in Georgia.

“That's the biggest imbalance between any two states, according to an analysis by *MedPage Today* and the *Milwaukee Journal Sentinel* that found at least 500 physicians have been publicly chastised in one state while able to practice free and clear in another.”

Read the full article [here](#).

Board Liaisons to Jurisdictions

Members of the board of directors serve as liaisons to multiple jurisdictions. Current liaison relationships are listed here for your reference.

Jurisdictions	Board Liaison
Delaware, District of Columbia, Kentucky, Maryland, Pennsylvania, Rhode Island, Tennessee, Virginia, West Virginia	 <p>Ron Barbato</p>
Arizona, Colorado, Kansas, Nevada, New Mexico, Oklahoma, Utah	 <p>Charles Brown</p>
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, Ohio, South Carolina, Texas	 <p>Tom Caldwell</p>
Arkansas, Illinois, Indiana, Iowa, Michigan, Missouri, Nebraska	 <p>Natalie Harms</p>
Alaska, California, Hawaii, Idaho, Oregon, Washington	 <p>Joni Kalis</p>
Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Puerto Rico, Vermont, Virgin Islands	 <p>Nancy Kirsch</p>
Minnesota, Montana, North Dakota, South Dakota, Wisconsin, Wyoming	 <p>David Relling</p>

Staff Contact Information

<p>If you have questions, challenges or ideas, we want to hear from you! FSBPT®: (703) 299-3100 FCCPT®: (703) 684-8406 (Call FSBPT unless otherwise noted after name)</p>	
Subject	Point of Contact/Email Address
ADA accommodations	Christine Sousa
aPTitude®	competencestaff@fsbpt.org
Assessment or examination development questions	Lorin Mueller, PhD Susan Layton npte@fsbpt.org
Continuing competence	Jeffrey M. Rosa Heidi Herbst Paakkonen competencestaff@fsbpt.org
Credentials review	Jaime Nolan, FCCPT Susan K. Lindeblad, PT, PhD, FCCPT
ELDD- Exam, Licensure and Disciplinary Database participation	eldd@fsbpt.org
Exam registration processing	Christine Sousa
Foreign educated issues	Mark Lane Susan K. Lindeblad, PT, PhD, FCCPT
Immigration	Susan K. Lindeblad, PT, PhD, FCCPT
JAM- Jurisprudence Assessment Module	competencestaff@fsbpt.org
Legislation or Model Practice Act	Mark Lane Leslie Adrian
Meeting arrangements	Paul Delaney
NPDB reports/questions	Angela Burnham
oPTion®	competencestaff@fsbpt.org
PTC- Physical Therapy Compact	compact@fsbpt.org
PEAT- Practice Exam & Assessment Tool	peat@fsbpt.org
ProCert®	competencestaff@fsbpt.org
Reimbursement of expenses Other financial matters	Bill Aronson Linda Michelsen
School reports	schoolreports@fsbpt.org
Score transfer & reporting	Christine Sousa
SCP PET- Supervised Clinical Practice Performance Evaluation Tool	scppet@fsbpt.org
Security issues	Susan Layton security@fsbpt.org
Anything else, including news to share with members	William A. Hatherill Jessica Happel



Sign off:

That's all the news today from the red tipped dogwood covered banks of the Potomac, where the fish are faster, the fishing boats are longer, and the fishermen are still full of stories.

- *William A. Hatherill, CEO*