Since the last Delegate Assembly meeting, the Ethics and Legislation Committee met in Alexandria once and by conference call five times to work on the following objectives under the FSBPT Goals noted below.

**Provide consultation, technical assistance, and training regarding practice act changes, implementing the Model Practice Act and other legislative issues**

Over the past year, the bulk of the committee’s work has been centered on updating and revising the Model Practice Act for Physical Therapy for the 5th Edition. Several changes and updates have been made including adding definitions for competence, continuing competence, telehealth, and electronic communications, as well as recommending an increase in the size of the PT licensing board from five to seven members with the addition of a physical therapist assistant and another public member. Additional areas for proposed changes include:

1. Changing the word individuals to patient/client throughout
2. Revising the definition of restricted license to allow jurisdictions to restrict a current license as appropriate to ensure consumer protection
3. Adding parallel language to that of the physical therapist for the PTA throughout
4. Adding continuing competence recommendations and methods for assessing
5. Adding detail regarding discipline for a breach of security of the exam, violations of exam security, reporting of any subversive attempts to compromise the national exam, and discipline of those candidates who violate this.
6. Adding language for the foreign trained physical therapist assistant obtaining licensure in a jurisdiction.
7. Requiring a federal PT or PTA to be licensed in that jurisdiction if they also work outside of the government system
8. Adding language for the requirements for re-entry into the profession, maintaining the board’s flexibility and includes the possibility of supervised clinical practice
9. Addressing the appropriate use of DPT, Doctor of Physical Therapy
10. Revising the Patient Care Management section to include diagnosis, prognosis, plan of treatment intervention

The Board of Directors has reviewed the new language and made some recommendations for edits. The committee will continue to improve the language and expects publication of the 5th edition in early 2011.

**Monitor and research the regulatory implications of current physical therapy issues**

The Federation began legislative monitoring in earnest in January 2009 when a contract was signed with CQ Trend Track, a legislative tracking company. Since that time, the company has also developed a regulatory tracking system which was launched in January 2010. The tracking has been used to identify legislation and regulation which may impact physical therapy specifically or a related area which may have an effect on the Federation's members.
It has been an interesting year to watch the state legislatures and regulatory boards. 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 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 including a practice act revision in West Virginia, the creation of an independent physical therapy board in Wisconsin, term protection in Virginia, and a failed attempt in South Carolina to change statutory language which would legalize physical therapists accepting wages from physicians. After passage of Senate Bill 2635 by the Illinois legislature, Governor Pat Quinn vetoed the bill, which would have amended the fee-splitting section of the Physical Therapy Practice Act to exempt employment of PTs by other health care providers. If enacted, the legislation would have allowed the continued practice of physicians employing physical therapists to whom they then refer patients, commonly known as POPTS, Physician owned PT services. The legislature may be able to overturn the Governor's veto in November when they return to session.

The Federation also published a resource paper on the topic of Intramuscular Manual Therapy, also known as dry needling. Utilizing the four tenets from *Changes in Healthcare Professions Scope of Practice: Legislative Considerations*, on which FSBPT was a collaborator, information, background and evidence were presented in this paper to provide some basis on which the state licensing authority may wish to base the decision regarding whether intramuscular manual therapy is within a physical therapist’s scope of practice. More resource papers of this nature are planned for the future.

**Continue to develop and provide resources and information related to remediation for discipline, ethics, repeat exam failures, etc., for jurisdictions and/or candidates**

Based on a survey to determine the needs of the jurisdictions, an ethics remediation program for severe ethical decision making issues, was developed with the Center for Personalized Education for Physicians (CPEP). The Federation began working with CPEP early in 2009 to develop the physical therapy specific course ProBE-PT. To date, three programs have been scheduled, however referrals have been sparse and the programs have been cancelled due to a lack of participants. Those licensees that had been referred were placed into CPEP’s program ProBE and the feedback from jurisdictions has been positive with regard to the value and outcome of the program.

**Continue to identify issues that put the public at risk and common causes for disciplinary actions**

In response to new Basis for Action titles developed by NPDB-HIPDB, the Federation developed the second version of *Basis for Disciplinary Action Definitions and Descriptions*. This tool was developed to assist physical therapy regulatory bodies categorize the basis for disciplinary action. A training session for jurisdictions was held by Webinar for using the second version of the *Basis for Action Definitions* and more are planned for the future.

Respectfully submitted,

Kathleen Barnes