**1039-S2 AMS HLTC S2377.1 - NOT FOR FLOOR USE**

**2SHB 1039** - S COMM AMD

By Committee on Health & Long Term Care

**ADOPTED 04/06/2023**

Strike everything after the enacting clause and insert the following:

"**Sec.**  RCW 18.74.010 and 2018 c 222 s 1 are each amended to read as follows:

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Authorized health care practitioner" means and includes licensed physicians, osteopathic physicians, chiropractors, naturopaths, podiatric physicians and surgeons, dentists, and advanced registered nurse practitioners: PROVIDED, HOWEVER, That nothing herein shall be construed as altering the scope of practice of such practitioners as defined in their respective licensure laws.

(2) "Board" means the board of physical therapy created by RCW 18.74.020.

(3) "Close supervision" means that the supervisor has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. The supervisor is continuously on-site and physically present in the operatory while the procedures are performed and capable of responding immediately in the event of an emergency.

(4) "Department" means the department of health.

(5) "Direct supervision" means the supervisor must (a) be continuously on-site and present in the department or facility where the person being supervised is performing services; (b) be immediately available to assist the person being supervised in the services being performed; and (c) maintain continued involvement in appropriate aspects of each treatment session in which a component of treatment is delegated to assistive personnel or is required to be directly supervised under RCW 18.74.190.

(6) "Indirect supervision" means the supervisor is not on the premises, but has given either written or oral instructions for treatment of the patient and the patient has been examined by the physical therapist at such time as acceptable health care practice requires and consistent with the particular delegated health care task.

(7) "Physical therapist" means a person who meets all the requirements of this chapter and is licensed in this state to practice physical therapy.

(8)(a) "Physical therapist assistant" means a person who meets all the requirements of this chapter and is licensed as a physical therapist assistant and who performs physical therapy procedures and related tasks that have been selected and delegated only by the supervising physical therapist. However, a physical therapist may not delegate sharp debridement to a physical therapist assistant.

(b) "Physical therapy aide" means an unlicensed person who receives ongoing on-the-job training and assists a physical therapist or physical therapist assistant in providing physical therapy patient care and who does not meet the definition of a physical therapist, physical therapist assistant, or other assistive personnel. A physical therapy aide may directly assist in the implementation of therapeutic interventions, but may not alter or modify the plan of therapeutic interventions and may not perform any procedure or task which only a physical therapist may perform under this chapter.

(c) "Other assistive personnel" means other trained or educated health care personnel, not defined in (a) or (b) of this subsection, who perform specific designated tasks that are related to physical therapy and within their license, scope of practice, or formal education, under the supervision of a physical therapist, including but not limited to licensed massage therapists, athletic trainers, and exercise physiologists. At the direction of the supervising physical therapist, and if properly credentialed and not prohibited by any other law, other assistive personnel may be identified by the title specific to their license, training, or education.

(9) "Physical therapy" means the care and services provided by or under the direction and supervision of a physical therapist licensed by the state. Except as provided in RCW 18.74.190, the use of Roentgen rays and radium for diagnostic and therapeutic purposes, the use of electricity for surgical purposes, including cauterization, and the use of spinal manipulation, or manipulative mobilization of the spine and its immediate articulations, are not included under the term "physical therapy" as used in this chapter.

(10) "Practice of physical therapy" is based on movement science and means:

(a) Examining, evaluating, and testing individuals with mechanical, physiological, and developmental impairments, functional limitations in movement, and disability or other health and movement-related conditions in order to determine a diagnosis, prognosis, plan of therapeutic intervention, and to assess and document the ongoing effects of intervention;

(b) Alleviating impairments and functional limitations in movement by designing, implementing, and modifying therapeutic interventions that include therapeutic exercise; functional training related to balance, posture, and movement to facilitate self-care and reintegration into home, community, or work; manual therapy including soft tissue and joint mobilization and manipulation; therapeutic massage; assistive, adaptive, protective, and devices related to postural control and mobility except as restricted by (c) of this subsection; airway clearance techniques; physical agents or modalities; mechanical and electrotherapeutic modalities; and patient-related instruction;

(c) Training for, and the evaluation of, the function of a patient wearing an orthosis or prosthesis as defined in RCW 18.200.010. Physical therapists may provide those direct-formed and prefabricated upper limb, knee, and ankle-foot orthoses, but not fracture orthoses except those for hand, wrist, ankle, and foot fractures, and assistive technology devices specified in RCW 18.200.010 as exemptions from the defined scope of licensed orthotic and prosthetic services. It is the intent of the legislature that the unregulated devices specified in RCW 18.200.010 are in the public domain to the extent that they may be provided in common with individuals or other health providers, whether unregulated or regulated under this title, without regard to any scope of practice;

(d) Performing wound care services that are limited to sharp debridement, debridement with other agents, dry dressings, wet dressings, topical agents including enzymes, hydrotherapy, electrical stimulation, ultrasound, and other similar treatments. Physical therapists may not delegate sharp debridement. A physical therapist may perform wound care services only by referral from or after consultation with an authorized health care practitioner;

(e) Performing intramuscular needling;

(f) Reducing the risk of injury, impairment, functional limitation, and disability related to movement, including the promotion and maintenance of fitness, health, and quality of life in all age populations; and

((~~(f)~~)) (g) Engaging in administration, consultation, education, and research.

(11) "Secretary" means the secretary of health.

(12) "Sharp debridement" means the removal of devitalized tissue from a wound with scissors, scalpel, and tweezers without anesthesia. "Sharp debridement" does not mean surgical debridement. A physical therapist may perform sharp debridement, to include the use of a scalpel, only upon showing evidence of adequate education and training as established by rule. Until the rules are established, but no later than July 1, 2006, physical therapists licensed under this chapter who perform sharp debridement as of July 24, 2005, shall submit to the secretary an affidavit that includes evidence of adequate education and training in sharp debridement, including the use of a scalpel.

(13) "Spinal manipulation" includes spinal manipulation, spinal manipulative therapy, high velocity thrust maneuvers, and grade five mobilization of the spine and its immediate articulations.

(14) "Intramuscular needling," also known as "dry needling," means a skilled intervention that uses a single use, sterile filiform needle to penetrate the skin and stimulate underlying myofascial trigger points and connective and muscular tissues for the evaluation and management of neuromusculoskeletal pain and movement impairments. Intramuscular needling requires an examination and diagnosis. Intramuscular needling does not include needle retention without stimulation or the stimulation of auricular and distal points.

(15) Words importing the masculine gender may be applied to females.

NEW SECTION. **Sec.**  A new section is added to chapter 18.74 RCW to read as follows:

(1) Subject to the limitations of this section, a physical therapist may perform intramuscular needling only after being issued an intramuscular needling endorsement by the secretary. The secretary, upon approval by the board, shall issue an endorsement to a physical therapist who has at least one year of postgraduate practice experience that averages at least 36 hours a week and consists of direct patient care and who provides evidence in a manner acceptable to the board of a total of 325 hours of instruction and clinical experience that meet or exceed the following criteria:

(a) A total of 100 hours of didactic instruction in the following areas:

(i) Anatomy and physiology of the musculoskeletal and neuromuscular systems;

(ii) Anatomical basis of pain mechanisms, chronic pain, and referred pain;

(iii) Trigger point evaluation and management;

(iv) Universal precautions in avoiding contact with a patient's bodily fluids; and

(v) Preparedness and response to unexpected events including but not limited to injury to blood vessels, nerves, and organs, and psychological effects or complications.

(b) A total of 75 hours of in-person intramuscular needling instruction in the following areas:

(i) Intramuscular needling technique;

(ii) Intramuscular needling indications and contraindications;

(iii) Documentation and informed consent for intramuscular needling;

(iv) Management of adverse effects;

(v) Practical psychomotor competency; and

(vi) Occupational safety and health administration's bloodborne pathogens protocol.

(c) A successful clinical review of a minimum of 150 hours of at least 150 individual intramuscular needling treatment sessions by a qualified provider. A physical therapist seeking endorsement must submit an affidavit to the department demonstrating successful completion of this clinical review.

(2) A qualified provider must be one of the following:

(a) A physician licensed under chapter 18.71 RCW; an osteopathic physician licensed under chapter 18.57 RCW; a licensed naturopath under chapter 18.36A RCW; a licensed acupuncture and Eastern medicine practitioner under chapter 18.06 RCW; or a licensed advanced registered nurse practitioner under chapter 18.79 RCW;

(b) A physical therapist credentialed to perform intramuscular needling in any branch of the United States armed forces;

(c) A licensed physical therapist who currently holds an intramuscular needling endorsement; or

(d) A licensed physical therapist who meets the requirements of the intramuscular needling endorsement.

(3) After receiving 100 hours of didactic instruction and 75 hours of in-person intramuscular needling instruction, a physical therapist seeking endorsement has up to 18 months to complete a minimum of 150 treatment sessions for review.

(4) A physical therapist may not delegate intramuscular needling and must remain in constant attendance of the patient for the entirety of the procedure.

(5) A physical therapist can apply for endorsement before they have one year of clinical practice experience if they can meet the requirement of 100 hours of didactic instruction and 75 hours of in-person intramuscular needling instruction in subsection (1)(a)(i) and (ii) of this section through their prelicensure coursework and has completed all other requirements set forth in this chapter.

(6) If a physical therapist is intending to perform intramuscular needling on a patient who the physical therapist knows is being treated by an acupuncturist or acupuncture and Eastern medicine practitioner for the same diagnosis, the physical therapist shall make reasonable efforts to coordinate patient care with the acupuncturist or acupuncture and Eastern medicine practitioner to prevent conflict or duplication of services.

(7) All patients receiving intramuscular needling from a physical therapist must sign an informed consent form that includes:

(a) The definition of intramuscular needling;

(b) A description of the risks of intramuscular needling;

(c) A description of the benefits of intramuscular needling;

(d) A description of the potential side effects of intramuscular needling; and

(e) A statement clearly differentiating the procedure from the practice of acupuncture.

(8) Intramuscular needling may not be administered as a stand-alone treatment within a physical therapy care plan."

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On page 1, line 2 of the title, after "needling;" strike the remainder of the title and insert "amending RCW 18.74.010; and adding a new section to chapter 18.74 RCW."

EFFECT: Specifies that intramuscular needling includes stimulating underlying myofascial trigger points.

Clarifies that intramuscular needling does not include needle retention without stimulation.

Prohibits physical therapists from using intramuscular needling as a stand-alone treatment within a physical therapy care plan.