

HOUSE BILL REPORT

ESHB 1498

As Passed House:
February 11, 2004

Title: An act relating to physical therapy.

Brief Description: Modifying the scope of care provided by physical therapists.

Sponsors: By House Committee on Health Care (originally sponsored by Representatives Morrell, Campbell, Cody, Kagi and Santos).

Brief History:

Committee Activity:

Health Care: 2/4/03, 2/18/03 [DPS].

Floor Activity:

Passed House: 2/11/04, 91-4.

Brief Summary of Engrossed Substitute Bill

- Redefines practice parameters and permissible activities for physical therapists to include examinations to determine proper diagnoses and plans for therapeutic interventions; designing and implementing interventions; training and evaluating patients with orthotic or prosthetic devices; and performing wound management services.
- Specifies permissible medications for physical therapists to administer.
- Establishes rules relating to the referral of patients to and from other health care practitioners.
- Defines assistive personnel in the physical therapy practice and sets limits on their use.
- Clarifies matters related to licensing and exemptions from licensure.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 12 members: Representatives Cody, Chair; Morrell, Vice Chair; Pflug, Ranking Minority Member; Bailey, Assistant Ranking Minority Member; Alexander, Benson, Campbell, Clibborn, Darneille, Edwards, Moeller and Skinner.

Minority Report: Do not pass. Signed by 1 member: Representative Schual-Berke.

Staff: Chris Blake (786-7392).

Background:

In Washington, physical therapists are regulated by the Department of Health and the Board of Physical Therapy.

Physical therapists conduct tests to measure the strength, range of motion, balance and coordination, muscle performance, and motor function of patients with movement or mobility problems due to injury or disease. With this information they develop treatment plans and perform services for patients to restore function, improve mobility, relieve pain, and prevent or limit permanent physical disabilities.

Physical therapists work in several different settings including hospitals, private offices, clinics, public schools, nursing homes, and rehabilitation centers. Some physical therapists specialize in certain areas such as pediatrics, geriatrics, orthopedics, sports medicine, neurology, and cardiopulmonary physical therapy.

Summary of Engrossed Substitute Bill:

Practice of Physical Therapy

The general and non-specific description of the practice of physical therapy as applying to any bodily or mental condition is replaced with more specific parameters referencing the practice's basis in movement science and functional limitations in movement.

The range of physical therapist activities including: (1) the use of heat, cold, air, light, water, electricity, sound, massage, and therapeutic exercise; and (2) the performance of tests and measurements of neuromuscular function are replaced with more specific activities. Permissible activities are redefined to include: (1) examining patients to determine proper diagnoses and plans for therapeutic interventions; (2) designing and implementing therapeutic interventions; (3) training and evaluating the function of people wearing orthotic or prosthetic devices; (4) performing wound management services; (5) reducing the risk of injury, impairment, functional limitations, and disability; and (6) engaging in consultation, education, and research.

Medications

Physical therapists may purchase, store, and administer medications including topical anesthetics, hydrocortisone, fluocinonide, and silvadine. Physical therapists may administer other drugs and medications as prescribed by an authorized health care provider.

Referral Requirements

When a physical therapist believes that a person has symptoms or conditions that are beyond the scope of practice of a physical therapist or if it is believed that physical therapy is contraindicated, he or she must refer the person to an appropriate health care practitioner.

A proviso requiring referral or consultation by an authorized health care practitioner in order to provide treatment using certain orthoses is removed.

A physical therapist can only perform electroneuromyographic examinations upon completion of additional training and education and referral from an authorized health care provider. Wound care services may only be performed upon referral from an authorized health care provider.

Assistive Personnel

Three categories of assistive personnel are defined: "physical therapist assistants;" "physical therapy aides;" and "other assistive personnel." They may assist a licensed physical therapist with delegated or supervised tasks or procedures that are within the practice of physical therapy according to their level of training. Other licensed health care providers may use such assistants, aides, and personnel in their practices.

Matters Related to Licensure

The practice of physical therapy without a license is prohibited. Licensing requirements do not apply to: (1) people satisfying supervised clinical education requirements as part of a physical therapist education program; (2) physical therapists practicing in the military, United States public health service, or veteran's administration; or (3) physical therapists credentialed out-of-state who are teaching or participating in an educational seminar.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of session in which bill is passed.

Testimony For: This bill is based on a national model act to standardize the practice of physical therapy so that it is consistent across the country. This will promote consumer protection in that the public will know what to expect from a physical therapist. This bill does not expand the physical therapist scope of practice, nor does it take away from any other profession's scope of practice.

Testimony Against: For some expanded physical therapy procedures, there should be additional training and credentialing requirements. Some terms need to be further defined to limit the breadth of their possible interpretation.

Testified: (In support) Melissa Johnson, Janet Peterson, and Patricia Muchmore, Physical Therapy Association of Washington; Richard Mesher; and Henry Bennett and Michael Podrasky, Washington Orthotic & Prosthetic Association.

(Opposed) Frank Morrison, Washington State Podiatric Medical Association; and Carl Nelson, Washington State Medical Association.