

SENATE BILL REPORT

SHB 1137

As Reported By Senate Committee On:
Health & Long-Term Care, March 24, 2005

Title: An act relating to physical therapy.

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

Sponsors: House Committee on Health Care (originally sponsored by Representatives Morrell, Orcutt, Cody, McDonald, Green, Campbell, Clibborn, Schindler, Kagi, Woods, Hunt, Miloscia, Linville, Lantz, Moeller, Williams, Wallace and Kenney).

Brief History: Passed House: 3/03/05, 88-9.

Committee Activity: Health & Long-Term Care: 3/23/05, 3/24/05 [DPA, w/oRec].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass as amended.

Signed by Senators Keiser, Chair; Thibaudeau, Vice Chair; Deccio, Ranking Minority Member; Brandland, Franklin, Kastama and Kline.

Minority Report: That it be referred without recommendation.

Signed by Senator Parlette.

Staff: Stephanie Yurcisin (786-7438)

Background: 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.

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

Summary of Amended Bill: Practice of Physical Therapy. The general and non-specific description of the practice of physical therapy as it applies 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 treatment of bodily or mental conditions by (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 the 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 care 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 and hydrocortisone and may administer such medications as prescribed by an authorized health care practitioner.

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 the appropriate health care practitioner.

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

A physical therapist can only perform electroneuromyographic examinations upon completion of additional training and education and referral from an authorized health care practitioner. The Secretary is directed to waive the training and education requirements by July 1, 2007 for physical therapists licensed under this chapter who perform EMG examinations. Wound care services may only be performed upon referral from an authorized health care provider. A physical therapist may perform sharp debridement only upon showing evidence of adequate education and training.

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 therapy education program; (2) physical therapists practicing in the military; or (3) physical therapists credentialed out-of-state who are teaching or participating in an educational seminar.

Amended Bill Compared to Original Bill: The amended bill includes additional training and education in order for physical therapists to be able to perform sharp debridement. It also adds a reference to which health care providers are authorized to refer a patient to a physical therapist for an EMG exam.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: It is beneficial to patients to know that their physical therapist has received the appropriate education and training necessary to be licensed. Physical therapists have been performing EMG exams for over twenty years, and the patients do need to be referred first. Sharp debridement is a vital part of wound care and is necessary to ensure that the wound heals properly. Physical therapists only debride non-vital tissue and they are trained in how to do this.

Testimony Against: This bill is in direct contradiction to the legislature's other efforts surrounding patient safety in that it is inappropriate for non-physicians to perform and interpret EMG exams. Physical therapists can still provide assistance to patients without the enactment of this unnecessary bill. Physical therapists are not adequately trained to employ a scalpel for debridement and this too would affect patient safety.

Who Testified: PRO: Representative Morrell, prime sponsor; Representative Orcutt; Melissa Johnson, Rich Bettsworth, Kathleen Allen, Physical Therapy Association of Washington; Elizabeth Infante, Washington Occupational Therapy Association.

CON: Dr. Maureen Callaghan, Carl Nelson, Washington State Medical Association; Dr. Tom Burghardt, Washington State Podiatric Medical Association.