## 2160-S.E AMS BENT KIM 001

## **ESHB 2160** - S AMD **630**

By Senators Benton, Taylor

## WITHDRAWN 03/06/2014

1 On page 9, after line 21, insert the following:

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- 3 <u>NEW SECTION.</u> **Sec. 6.** A new section is added to chapter 18.25 RCW 4 to read as follows:
- 4 to read as follows:

  5 (1) Subject to the limitations of this section, a chiropractor may
- 6 practice physical therapy only after being issued a physical therapy 7 endorsement by the secretary. The secretary, upon approval by the
- 8 commission, shall issue an endorsement to a chiropractor who has at
- 9 least one year of full-time, orthopedic, postgraduate practice
- 10 experience that consists of direct patient care and averages at least
- 11 thirty-six hours a week and who provides evidence in a manner
- 12 acceptable to the commission of all of the following additional
- 13 requirements:
- 14 (a) Training in mechanical, physiological, and development
- 15 impairment diagnosis of no less than one hundred hours outlined within
- 16 a course curriculum;
- 17 (b) Didactic and practical training related to the delivery of
- 18 physical therapy procedures of no less than two hundred fifty hours
- 19 clearly delineated and outlined in a course curriculum; and
- 20 (c) At least three hundred hours of supervised clinical practical
- 21 experience in physical therapy procedures. The supervised clinical
- 22 practical experience must:
- 23 (i) Be supervised by a clinical supervisor who:
- 24 (A) Holds a physical therapy endorsement under this section;
- 25 (B) Is a licensed physical therapist; or
- 26 (C) Holds an endorsement or advanced certification the training

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- 1 requirements for which are commensurate with the training requirements
- 2 in this section;
- 3 (ii) Be under the close supervision of the clinical supervisor for
- 4 a minimum of the first one hundred fifty hours of the supervised
- 5 clinical practical experience, after which the supervised clinical
- 6 practical experience must be under the direct supervision of the
- 7 clinical supervisor;
- 8 (iii) Be completed within eighteen months of completing the
- 9 educational requirements in (a) and (b) of this subsection, unless the
- 10 chiropractor has completed the educational requirements in (a) and (b)
- 11 of this subsection prior to the effective date of this section, in
- 12 which case the supervised clinical practical experience must be
- 13 completed by January 1, 2017.
- 14 (2) A chiropractor holding a physical therapy endorsement under
- 15 subsection (1) of this section shall consult with a health care
- 16 practitioner, other than a chiropractor, authorized to practice
- 17 physical therapy if physical therapy procedures are required beyond
- 18 six treatments.
- 19 (3) A chiropractor holding a physical therapy endorsement under
- 20 subsection (1) of this section may not:
- 21 (a) Have a practice in which physical therapy constitutes the
- 22 majority of the services provided;
- 23 (b) Evaluate the function of a patient wearing an orthosis or
- 24 prosthesis as defined in RCW 18.200.010 or provide a patient with such
- 25 such ortheses;
- 26 (c) Delegate physical therapy; or
- 27 (d) Bill a health carrier for physical therapy separately from, or
- 28 in addition to, other chiropractic procedures.
- 29 (4) A chiropractor holding a physical therapy endorsement under
- 30 this section shall complete at least ten hours of continuing education
- 31 per continuing competency reporting period directly related to
- 32 physical therapy. At least five hours of the training required under
- 33 this subsection must be related to procedural technique and
- 34 application of physical therapy.

- 1 (5) If a chiropractor is intending to perform physical therapy on 2 a patient who the chiropractor knows is being treated by a physical 3 therapist for the same diagnosis, the chiropractor shall make 4 reasonable efforts to coordinate patient care with the physical 5 therapist to prevent conflict or duplication of services.
- 6 (6) By November 15, 2019, the commission shall report to the 7 legislature any disciplinary actions taken against chiropractors whose 8 performance of physical therapy resulted in physical harm to a 9 patient. Prior to finalizing the report required under this 10 subsection, the commission shall consult with the board of physical 11 therapy.

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- 13 **Sec. 7.** RCW 18.25.005 and 2002 c 225 s 1 are each amended to read 14 as follows:
- 15 (1) Chiropractic is the practice of health care that deals with 16 the diagnosis or analysis and care or treatment of the vertebral 17 subluxation complex and its effects, articular dysfunction, and 18 musculoskeletal disorders, all for the restoration and maintenance of 19 health and recognizing the recuperative powers of the body.
- (2) Chiropractic treatment or care includes the use of procedures involving spinal adjustments and extremity manipulation. Chiropractic treatment also includes the use of heat, cold, water, exercise, massage, trigger point therapy, dietary advice and recommendation of nutritional supplementation, the normal regimen and rehabilitation of the patient, the practice of physical therapy, first aid, and counseling on hygiene, sanitation, and preventive measures. Chiropractic care also includes such physiological therapeutic procedures as traction and light, but does not include procedures involving the application of sound, diathermy, or electricity.
- 30 (3) As part of a chiropractic differential diagnosis, a 31 chiropractor shall perform a physical examination, which may include 32 diagnostic x-rays, to determine the appropriateness of chiropractic 33 care or the need for referral to other health care providers. The 34 chiropractic quality assurance commission shall provide by rule for

- 1 the type and use of diagnostic and analytical devices and procedures 2 consistent with this chapter.
- 3 (4) Chiropractic care shall not include the prescription or
- 4 dispensing of any medicine or drug, the practice of obstetrics or
- 5 surgery, the use of x-rays or any other form of radiation for
- 6 therapeutic purposes, colonic irrigation, or any form of venipuncture.
- 7 (5) Nothing in this chapter prohibits or restricts any other
- 8 practitioner of a "health profession" defined in RCW 18.120.020(4)
- 9 from performing any functions or procedures the practitioner is
- 10 licensed or permitted to perform, and the term "chiropractic" as
- 11 defined in this chapter shall not prohibit a practitioner licensed
- 12 under chapter 18.71 RCW from performing medical procedures, except
- 13 such procedures shall not include the adjustment by hand of any
- 14 articulation of the spine.
- 15
- 16 Sec. 8. RCW 18.25.006 and 2002 c 225 s 2 are each amended to read
- 17 as follows:
- 18 Unless the context clearly requires otherwise, the definitions in
- 19 this section apply throughout this chapter.
- 20 (1) "Department" means the department of health.
- 21 (2) "Secretary" means the secretary of the department of health or
- 22 the secretary's designee.
- 23 (3) "Chiropractor" means an individual licensed under this
- 24 chapter.
- 25 (4) "Commission" means the Washington state chiropractic quality
- 26 assurance commission.
- 27 (5) "Vertebral subluxation complex" means a functional defect or
- 28 alteration of the biomechanical and physiological dynamics in a joint
- 29 that may cause neuronal disturbances, with or without displacement
- 30 detectable by X-ray. The effects of the vertebral subluxation complex
- 31 may include, but are not limited to, any of the following: Fixation,
- 32 hypomobility, hypermobility, periarticular muscle spasm, edema, or
- 33 inflammation.

- 1 (6) "Articular dysfunction" means an alteration of the 2 biomechanical and physiological dynamics of a joint of the axial or 3 appendicular skeleton.
- 4 (7) "Musculoskeletal disorders" means abnormalities of the 5 muscles, bones, and connective tissue.
- 6 (8) "Chiropractic differential diagnosis" means a diagnosis to 7 determine the existence of a vertebral subluxation complex, articular 8 dysfunction, or musculoskeletal disorder, and the appropriateness of 9 chiropractic care or the need for referral to other health care 10 providers.
- 11 (9) "Chiropractic adjustment" means chiropractic care of a 12 vertebral subluxation complex, articular dysfunction, or 13 musculoskeletal disorder. Such care includes manual or mechanical 14 adjustment of any vertebral articulation and contiguous articulations 15 beyond the normal passive physiological range of motion.
- 16 (10) "Extremity manipulation" means a corrective thrust or 17 maneuver applied to a joint of the appendicular skeleton.
- 18 (11) "Practice of physical therapy" means:
- 19 (a) Examining, evaluating, and testing individuals with
  20 mechanical, physiological, and developmental impairments, functional
  21 limitations in movement, and disability or other health and movement22 related conditions in order to determine a diagnosis, prognosis, plan
  23 of therapeutic intervention, and to assess and document the ongoing
- 24 effects of intervention;
- 25 \_\_\_\_(b) Alleviating impairments and functional limitations in movement
- 26 by designing, implementing, and modifying therapeutic interventions
- 27 that include therapeutic exercise; functional training related to
- 28 balance, posture, and movement to facilitate self-care and
- 29 reintegration into home, community, or work; manual therapy including
- 30 soft tissue and joint mobilization and manipulation; therapeutic
- 31 massage; airway clearance techniques; physical agents or modalities;
- 32 mechanical and electrotherapeutic modalities; and patient-related
- 33 instruction; and

- 1 (c) Reducing the risk of injury, impairment, functional
- 2 limitation, and disability related to movement, including the
- 3 promotion and maintenance of fitness, health, and quality of life in
- 4 all age populations.
- 5 (12) "Direct supervision" means the supervisor must (a) be
- 6 continuously on-site and present in the department or facility where
- 7 the person being supervised is performing services; (b) be immediately
- 8 available to assist the person being supervised in the services being
- 9 performed; and (c) maintain continued involvement in appropriate
- 10 aspects of each treatment session in which a component of treatment is
- 11 required to be directly supervised under section 6 of this act.
- 12 (13) "Close supervision" means the supervisor has personally
- 13 diagnosed the condition to be treated and has personally authorized
- 14 the procedures to be performed. The supervisor is continuously on-
- 15 site and physically present in the operatory while the procedures are
- 16 performed and capable of responding immediately in the event of an
- 17 emergency.

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- 19 NEW SECTION. Sec. 9. A new section is added to chapter 18.25 RCW
- 20 to read as follows:
- (1) Chiropractors must not advertise that they practice physical 21
- 22 therapy of any kind.
- 23 (2) A violation of this section is unprofessional conduct under
- 24 this chapter and chapter 18.130 RCW.

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Renumber the remaining sections consecutively and correct any

internal references accordingly.

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EFFECT: Allows chiropractors to practice certain physical therapy (PT) procedures if endorsed by the Secretary of Health.

To receive a PT endorsement, a chiropractor must complete: (1) at least 100 hours of mechanical, physiological, and development impairment diagnosis training; (2) at least 250 hours of didactic and practical PT procedure training; and (3) at least 300 hours of supervised clinical practical experience in PT procedure.

An endorsed chiropractor may not: (1) have a practice in which PT constitutes the majority of the services provided; (2) evaluate the function of a patient wearing an orthosis or prosthesis or provide a patient with such ortheses; (3) delegate PT; (4) bill a health carrier for PT separately from, or in addition to, other chiropractic procedures; or (5) advertise they practice PT.

An endorsed chiropractor must: (1) consult with another provider licensed to practice PT if a patient requires more than six PT treatments; (2) make reasonable efforts to coordinate patient care with a concurrently treating physical therapist; and (3) complete 10 hours of PT-related continuing education in each reporting period.

By November 15, 2019, the commission, in consultation with the board of physical therapy, must report to the Legislature any disciplinary actions taken against chiropractors whose performance of PT resulted in physical harm to a patient.

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