

CERTIFICATION OF ENROLLMENT

HOUSE BILL 2446

Chapter 222, Laws of 2018

65th Legislature
2018 Regular Session

PHYSICAL THERAPY ASSISTIVE PERSONNEL--SUPERVISION

EFFECTIVE DATE: June 7, 2018

Passed by the House February 12, 2018
Yeas 95 Nays 3

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate February 27, 2018
Yeas 49 Nays 0

CYRUS HABIB

President of the Senate

Approved March 22, 2018 4:12 PM

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **HOUSE BILL 2446** as passed by House of Representatives and the Senate on the dates hereon set forth.

BERNARD DEAN

Chief Clerk

FILED

March 26, 2018

**Secretary of State
State of Washington**

HOUSE BILL 2446

Passed Legislature - 2018 Regular Session

State of Washington

65th Legislature

2018 Regular Session

By Representatives Graves, Jenkins, Cody, Macri, Robinson, Riccelli,
and Kloba

Read first time 01/09/18. Referred to Committee on Health Care &
Wellness.

1 AN ACT Relating to physical therapist supervision of assistive
2 personnel; and amending RCW 18.74.010 and 18.74.180.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 **Sec. 1.** RCW 18.74.010 and 2016 c 41 s 16 are each amended to
5 read as follows:

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

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

14 (2) "Board" means the board of physical therapy created by RCW
15 18.74.020.

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

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

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

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

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

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

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

36 (c) "Other assistive personnel" means other trained or educated
37 health care personnel, not defined in (a) or (b) of this subsection,
38 who perform specific designated tasks that are related to physical
39 therapy and within their license, scope of practice, or formal
40 education, under the supervision of a physical therapist, including

1 but not limited to licensed massage therapists, athletic trainers,
2 and exercise physiologists. At the direction of the supervising
3 physical therapist, and if properly credentialed and not prohibited
4 by any other law, other assistive personnel may be identified by the
5 title specific to their license, training, or education.

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

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

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

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

33 (c) Training for, and the evaluation of, the function of a
34 patient wearing an orthosis or prosthesis as defined in RCW
35 18.200.010. Physical therapists may provide those direct-formed and
36 prefabricated upper limb, knee, and ankle-foot orthoses, but not
37 fracture orthoses except those for hand, wrist, ankle, and foot
38 fractures, and assistive technology devices specified in RCW
39 18.200.010 as exemptions from the defined scope of licensed orthotic
40 and prosthetic services. It is the intent of the legislature that the

1 unregulated devices specified in RCW 18.200.010 are in the public
2 domain to the extent that they may be provided in common with
3 individuals or other health providers, whether unregulated or
4 regulated under this title, without regard to any scope of practice;

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

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

16 (f) Engaging in administration, consultation, education, and
17 research.

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

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

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

33 (14) Words importing the masculine gender may be applied to
34 females.

35 **Sec. 2.** RCW 18.74.180 and 2013 c 280 s 2 are each amended to
36 read as follows:

37 A physical therapist is professionally and legally responsible
38 for patient care given by assistive personnel under his or her
39 supervision. If a physical therapist fails to adequately supervise

1 patient care given by assistive personnel, the board may take
2 disciplinary action against the physical therapist.

3 (1) Regardless of the setting in which physical therapy services
4 are provided, only the licensed physical therapist may perform the
5 following responsibilities:

6 (a) Interpretation of referrals;

7 (b) Initial examination, problem identification, and diagnosis
8 for physical therapy;

9 (c) Development or modification of a plan of care that is based
10 on the initial examination and includes the goals for physical
11 therapy intervention;

12 (d) Determination of which tasks require the expertise and
13 decision-making capacity of the physical therapist and must be
14 personally rendered by the physical therapist, and which tasks may be
15 delegated;

16 (e) Assurance of the qualifications of all assistive personnel to
17 perform assigned tasks through written documentation of their
18 education or training that is maintained and available at all times;

19 (f) Delegation and instruction of the services to be rendered by
20 the physical therapist, physical therapist assistant, other assistive
21 personnel, or physical therapy aide including, but not limited to,
22 specific tasks or procedures, precautions, special problems, and
23 contraindicated procedures;

24 (g) Timely review of documentation, reexamination of the patient,
25 and revision of the plan of care when indicated;

26 (h) Establishment of a discharge plan.

27 (2) If patient care is given by a physical therapist assistant,
28 or other assistive personnel, supervision by the physical therapist
29 requires that the patient reevaluation is performed:

30 (a) (~~Every fifth visit, or if treatment is performed more than~~
31 ~~five times per week, reevaluation must be performed at least once a~~
32 ~~week;)) The later of every fifth visit or every thirty days if a
33 physical therapist has not treated the patient for any of the five
34 visits or within the thirty days;~~

35 (b) When there is any change in the patient's condition not
36 consistent with planned progress or treatment goals.

37 (3) Supervision of assistive personnel means:

38 (a) Physical therapist assistants may function under direct or
39 indirect supervision;

1 (b) Physical therapy aides must function under direct supervision
2 at all times. Other assistive personnel must function under direct
3 supervision when treating a patient under a physical therapy plan of
4 care;

5 (c)(i) ~~((The physical therapist may supervise a total of two~~
6 ~~assistive personnel at any one time.))~~ Except as provided in (c)(ii)
7 of this subsection, at any one time, the physical therapist may
8 supervise up to a total of three assistive personnel, who may be
9 physical therapist assistants, other assistive personnel, or physical
10 therapy aides. If the physical therapist is supervising the maximum
11 of three assistive personnel at any one time, no more than one of the
12 assistive personnel may be a physical therapy aide. The physical
13 therapist has the sole discretion, based on the physical therapist's
14 clinical judgment, to determine whether to utilize assistive
15 personnel to provide services to a patient.

16 (ii) A physical therapist working in a nursing home as defined in
17 RCW 18.51.010 or in the public schools as defined in RCW 28A.150.010,
18 may supervise a total of only two assistive personnel at any one
19 time.

20 (iii) In addition to the ~~((two))~~ assistive personnel authorized
21 in (c)(i) and (ii) of this subsection, the physical therapist may
22 supervise a total of two persons who are pursuing a course of study
23 leading to a degree as a physical therapist or a physical therapist
24 assistant.

Passed by the House February 12, 2018.
Passed by the Senate February 27, 2018.
Approved by the Governor March 22, 2018.
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