

SENATE BILL REPORT

ESHB 1498

As Reported By Senate Committee On:
Health & Long-Term Care, February 26, 2004

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, Campbell, Cody, Kagi and Santos).

Brief History:

Committee Activity: Health & Long-Term Care: 2/26/04 [DPA].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass as amended.

Signed by Senators Deccio, Chair; Winsley, Vice Chair; Brandland, Franklin, Keiser and Thibaudeau.

Staff: Tanya Karwaki (786-7447)

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 as pediatrics, geriatrics, orthopedics, sports medicine, neurology, and cardiopulmonary physical therapy.

Summary of Amended Bill: Physical therapy is defined as the care and services provided by or under the direction and supervision of a physical therapist licensed by the state. The practice of physical therapy is defined with specific parameters referencing the practice's basis in movement science.

Specifically, the practice of physical therapy is 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 care services; (5) reducing the risk of injury, impairment, functional limitations, and disability; and (6) engaging in consultation, education and research.

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 provider.

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.

The requirement of a referral or consultation by an authorized health care practitioner for a physical therapist to provide treatment using certain orthoses is removed.

A physical therapist can only perform electroneuromyographic examinations upon referral from an authorized health care provider and upon completion of additional education and training as established in rule. A physical therapist can only perform wound care services upon referral from or after consultation with an authorized health care provider.

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.

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.

Amended Bill Compared to Substitute Bill: The amended bill provides consistency of terminology in the provision addressing wound care services and clarifies the supervision physical therapists are required to give assistive personnel.

Appropriation: None.

Fiscal Note: Available.

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

Testimony For: This bill is important for patient protection. Patients want to know that physical therapists are qualified and trained. It is standard practice now for physical therapists to perform electroneuromyographic (EMG) examinations upon referral. The language relating to orthoses has been negotiated with orthotic associations.

Testimony Against: EMGs are important tests and are only in the sphere of a physician. The bill would permit authorized health care practitioners, not just physicians, to refer a patient to a physical therapist for an EMG examination.

Testified: PRO: Melissa Johnson, Rich Bettesworth, Elaine Armantrout, Physical Therapy Assn. of WA; CON: Dr. Ken Isaacs, WSMA.