



A SUMMARY OF HOUSE BILL 4176 AS INTRODUCED 2-11-03

House Bill 4176 would amend Part 178 of the Public Health Code (MCL 333.16263 et al.), which deals with physical therapy, to allow a licensed physical therapist to treat a patient without a prescription from another licensed health professional. The bill would also revise the code’s definition of “physical therapy”, increase education and continuing education requirements, add ethics and standards of practice requirements, raise annual license fees from \$50 to \$60, create a “Physical Therapy Professional Fund” for continuing education, and add a definition of “physical therapist assistant” to the code (without requiring that a physical therapist assistant be licensed or registered).

Direct access to physical therapy. The bill would retain the code’s requirement that persons practicing physical therapy be licensed under or otherwise authorized by the code. However, the bill would eliminate the requirement that persons who engage in the actual treatment of individuals act only upon the prescription of an individual holding a license issued under the code’s provisions concerning dentistry, (allopathic) medicine, osteopathic medicine, and podiatric medicine or an individual holding an equivalent license issued by another state.

Practice of physical therapy. The bill would amend the code’s definition of “practice of physical therapy” to mean the evaluation of, education of, consultation with, or treatment of an individual by a physical therapist *or under the direction and responsibility of a physical therapist* using certain means for certain purposes. (Currently, the code does not address the issue of whether persons acting under the direction and responsibility of a physical therapist are engaged in the practice of physical therapy.) The definition of “practice of physical therapy” would also be revised to include the interpretation and labeling of test and measurement results as well as intervention selection, in addition to services currently specified. Finally, the code’s definition of physical therapy would be amended to specify that physical therapy does not include the establishment of medical diagnoses or the prescribing of *medical* treatment. Currently, the definition explicitly excludes “the identification of underlying medical problems or etiologies”, and the bill would eliminate this exclusion from the practice of physical therapy.

Physical therapy education/continuing education. In general, beginning December 31, 2009, an individual seeking a physical therapy license would have to have completed a doctoral level physical therapist program that is accredited by the American Physical Therapy Association and acceptable to the Michigan Board of Physical Therapy (“board”). However, an individual holding a physical therapy license from Michigan or another state as of December 31, 2009 would not be required to complete such a program to keep or renew his or her license.

Beginning two years after the bill's effective date, the board would require a licensee seeking renewal of a physical therapy license to provide the board with satisfactory evidence that he or she had attended at least 40 hours of continuing education courses or programs during the previous two years. The courses or programs would have to be approved by the board, treat subjects related to the practice of physical therapy, and be designed to further educate licensees. In consultation with the board, CIS would have to promulgate rules requiring each applicant to complete an appropriate number of hours or courses in pain and symptom management as part of the continuing education requirement.

Physical Therapy Professional Fund. The bill would raise physical therapy license fees from \$50 to \$60 and would require the state treasurer to deposit ten percent of each fee collected into a new Physical Therapy Professional Fund, which would be used to pay for the establishment and operation of a continuing education program. (The bill would also eliminate "temporary licenses."). Any unencumbered balance in the fund at the close of the fiscal year would remain in the fund instead of reverting to the general fund.

Physical therapists' standards of ethics and practice. In consultation with the board, CIS would have to promulgate rules to establish standards of ethics and standards of practice for physical therapists. CIS would have to incorporate by reference into the rules, the standards of ethics, standards of practice, and supervision guidelines contained in the "Guide to Physical Therapy Practice", Second Edition, Published by the American Physical Therapy Association, Alexandria, Virginia, January 2001. Physical therapists would have to adhere to the standards of ethics, standards of practice, and supervision guidelines established in CIS's rules.

Insurance/reimbursement. The bill would add a provision stating that Part 178 of the code does not require or preclude third party reimbursement for physical therapy services. Nor would Part 178 preclude an health maintenance organization, a health care benefit plan, a nonprofit health care corporation, a worker's disability compensation insurer, or the state's Medicaid program from requiring a member or enrollee to fulfill benefit requirements for physical therapy services, including prescription, referral, and preapproval.

Use of titles. Part 178 restricts the use of certain words, titles, and letters and combinations of letters to persons authorized to use those terms. The bill would add the following terms to the list of restricted terms: Doctor of Physiotherapy, Doctor of Physical Therapy, physiotherapy, physical therapist assistant, physical therapy assistant, physiotherapist assistant, physiotherapy assistant, P.T. assistant, C.P.T., D.P.T., M.P.T., P.T.A., registered P.T.A., licensed P.T.A., certified P.T.A., C.P.T.A., L.P.T.A., R.P.T.A., and P.T.T.

"Physical therapist assistant". The bill would add a definition of "physical therapist assistant" (PTA) to the code but would not require that a PTA be licensed or registered. "Physical therapist assistant" would be defined as an individual who assists a physical therapist in physical therapy intervention and is a graduate of a nationally accredited physical therapist assistant education program.

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.