

## EXPAND SCOPE OF PRACTICE OF PHYSICAL THERAPY

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**Senate Bill 668 (S-2) as passed by the Senate**

**Sponsor: Sen. Kevin Hertel**

**House Committee: Health Policy**

**Senate Committee: Health Policy**

**Complete to 11-14-24**

Analysis available at  
<http://www.legislature.mi.gov>

### SUMMARY:

Senate Bill 668 would amend the Public Health Code to allow physical therapists to treat patients without a referral, with certain conditions and requirements, and to expand their scope of practice to allow them to determine the cause, likely course, and intervention plan for a patient's physical therapy problem as long as they are not making a medical diagnosis outside of their scope of practice.

#### **Practice of physical therapy**

Under both current law and the bill, the practice of physical therapy means evaluating, educating, consulting with, or treating an individual by employing physical measures (such as massage, mobilization, heat, cold, air, light, water, electricity, or sound) and using therapeutic exercises and rehabilitative procedures, with or without assistive devices, to prevent, correct, or alleviate a physical or mental disability.

Currently, the practice of physical therapy specifically *excludes* the identification of underlying medical problems or etiologies, establishment of medical diagnoses, or the prescribing of treatment. The bill would remove this language, and instead would specifically exclude the following:

- The practice of medicine.
- The practice of osteopathic medicine and surgery.
- The practice of podiatric medicine and podiatric surgery.
- Medical diagnosis or the diagnosis of a health condition, if the diagnosis falls outside the scope of practice of physical therapy.

The bill would further provide that the practice of physical therapy specifically *includes* examining, evaluating, and testing an individual with a mechanical, physiological, or developmental impairment, a functional limitation, or a disability or other health and movement-related condition to determine a cause of the physical therapy problem to be treated and a prognosis and plan for intervention.

#### **Eliminate current referral requirements**

Currently, a physical therapist or supervised physical therapist assistant can treat a patient if the treatment is prescribed by an advanced practice registered nurse or a health professional licensed under the parts of the code that deal with licensure in dentistry, medicine, osteopathic medicine and surgery, or podiatric medicine and surgery.<sup>1</sup> However, a physical therapist or

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<sup>1</sup> The bill uses the term *health care professional* for these licensees, as does this summary below. Note that the term is used in the bill not just for professionals who are referring patients *to* a physical therapist, but also for professionals who are allowed to have a patient referral *from* a physical therapist (or who the physical therapist is required to consult

assistant can treat a patient without such a referral for 21 days or 10 treatments, whichever is less, and also can treat (without time or treatment limitations) any patient who is seeking physical therapy services to prevent injury or promote fitness.

The bill would eliminate all of the provisions described in the above paragraph.

### **New requirements for patients without a referral**

The code now requires a physical therapist treating a patient without referral to consult with an appropriate health care professional if the patient does not show reasonable response to treatment in a period consistent with standards of practice as determined by the Michigan Board of Physical Therapy.

The bill would instead require a physical therapist treating a patient without referral to consult with one of the following if the patient does not show reasonable response to treatment within 60 days after treatment is initiated or in a time period consistent with generally accepted standards of practice (whichever period is shorter):

- If the patient identifies a health care professional as their primary health care professional, that health care professional.
- If the patient does not identify a health care professional as their primary health care professional, a health care professional the physical therapist considers appropriate.

In addition, if a patient being treated without referral identifies a health care professional as their primary health care professional, the physical therapist would have to inform the patient's primary health care professional of the initial evaluation and plan of care for physical therapy services for the patient within 15 days after initiating treatment.

A physical therapist who is treating a patient without a referral from a health care professional would have to inform the patient of their potential financial liability for receiving physical therapy services without the referral.

### **Consultation requirement**

Under the bill, after identifying any of the following, a physical therapist who is treating a patient would have to consult with the health care professional who referred the patient, the health care professional the patient identifies as their primary health care professional, or (if no primary health care professional is identified) the health care professional the physical therapist considers appropriate:

- A measurable decline in the patient's condition that requires a significant change to the patient's plan of care.
- An exacerbation or progression of the patient's symptoms despite adherence to the patient's plan of care.
- A significant complication that was not present when the initial evaluation occurred and the plan of care was initially drafted for the patient.

The consultation would have to be made as soon as possible, but not later than five days after the conditions described above are identified.

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with, etc.). It is unclear whether as a practical matter a physical therapist would ever need to consult with or refer a patient to a licensed health professional who is *not* included in the bill's definition, or whether the way the term is defined and used would restrict their ability to do so.

**Other provisions**

The code currently states that it does not require new or additional third-party reimbursement or mandated worker's compensation benefits for physical therapy services and does not preclude a third party payer from requiring a member or enrollee to fulfill benefit requirements for physical therapy services, including any of the following services when rendered by an individual licensed or otherwise authorized under this part:

- Prescription.
- A referral.
- Preapproval.

The bill would add “a medical differential diagnosis to demonstrate medical necessity” to the list of examples of physical therapy services for purposes of the above provisions.

The bill would take effect 180 days after its enactment.

MCL 333.17801 et seq. and proposed MCL 333.17825a

**FISCAL IMPACT:**

Senate Bill 668 would not have a fiscal impact on any units of state or local government.

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