BOARD OF PHYSICAL THERAPY

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
Board Room #4, Second Floor
Monday, March 24, 2014

9:00 a.m.

AGENDA

CALL TO ORDER

ORDERING OF AGENDA

ACCEPTANCE OF MINUTES – Tab 1

- Board Meeting – August 9, 2013
- Formal Hearing – August 9, 2013
- Formal Hearing – October 2, 2013

INFORMAL CONFERENCES HELD

- (1) August 9, 2013
- (4) October 22, 2013
- (2) November 22, 2013

PUBLIC COMMENT

EXECUTIVE DIRECTOR'S REPORT – Lisa R. Hahn - Tab 2

NEW BUSINESS

- Health Practitioners Monitoring Program (HPMP) – **Peggy Wood**
- Legislative/Regulatory Report – **Elaine Yeatts – Tab 3**
- Direct Access, Dry Needling & Research – **Lisa R. Hahn - Tab 4**
- Medicaid Requirements for School Based PT's – **Lisa R. Hahn & Peggy Belmont – Tab 5**
- FSBPT Update - **Lisa R. Hahn & Peggy Belmont**

Tab 1

UNAPPROVED
BOARD OF PHYSICAL THERAPY
MEETING MINUTES

The Virginia Board of Physical Therapy convened for a board meeting on Friday, August 9, 2013 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #2, Henrico, Virginia.

BOARD MEMBERS PRESENT:
Peggy Belmont, PT, President
Melissa Wolff-Burke, PT, EdD, Vice-President
Robert Maroon, PT
Sarah Schmidt, PTA
Michael Styron, PT, MBA
Dixie Bowman, PT, DPT, EdD

BOARD MEMBERS ABSENT:
J.R. Locke, Citizen Member

DHP STAFF PRESENT:

Lisa R. Hahn, Executive Director
Lynne Helmick, Deputy Executive Director
Dr. Dianne Reynolds-Cane, Agency Director
Arnie Owens, Chief Deputy Director
Elaine Yeatts, Senior Policy Analyst
Missy Currier, Board Operations Manager

BOARD COUNSEL

Erin Barrett, Assistant Attorney General

QUORUM:

With 6 members present, a quorum was established.

GUEST PRESENT
None

CALLED TO ORDER

Ms. Belmont, President, gave welcome to Dr. Reynolds-Cane, Arne Owens, and Dixie Bowman, the newest board member to the meeting.

ORDERING OF THE AGENDA

The agenda was accepted as ordered.

ACCEPTANCE OF MINUTES

Upon a motion by Mr. Styron and properly seconded by Ms. Schmidt, the Board voted to accept the minutes of the May 24, 2013 board meeting. The motion passed unanimously.

INFORMAL CONFERENCES HELD

Ms. Belmont shared that an informal conference was held on May 24, 2013.

PUBLIC COMMENT

There was no public comment

EXECUTIVE DIRECTOR'S REPORT - Lisa R. Hahn

Ms. Hahn welcomed Dixie Bowman as the newest member to the board and shared that Ms. Bowman had already contributed to the board working on various task forces in her capacity as a professor and educator at VCU.

Ms. Hahn was pleased to announce that Melissa Wolff-Burke had been re-appointed for a second term on the board.

FY13 Budget

Ms. Hahn reported that the cash balance as of June 30, 2012 was $298,364; the revenue for FY13 was $862,330; the direct and allocated expenditures were $551,292; the ending cash balance as of June 30, 2013 was $609,403.

Discipline Statistics

Ms. Hahn reported that as of August 6th, there were 32 open cases; 8 were in Investigations; 22 were at the probable cause level; 0 cases were at the APD level; 1 case was at the Informal Conference level which would be heard following the meeting; and 1 case was at the Formal level. Ms. Hahn specified that 12 of the 22 cases at the probable cause level were due to failure on CE requirements for renewals.

Ms. Hahn mentioned that she and Ms. Belmont would like to highlight the importance of licensees completing their required CE's in a future issue of a PT Newsletter.

Ms. Hahn reported that 14 cases are being monitored on probation.

Virginia Performs

Ms. Hahn reported the clearance rate for the 4th Quarter 2013 was 114%. The age of our pending case load over 250 days was at 0%; the time to disposition is at 100% of cases closed

within 250 days. The licensing standard of less than 30 days for issuance has been met 100% of the time. Ms. Hahn was pleased to report that the customer satisfaction rating was 100%. Ms. Hahn concluded that in Quarter 4, the board received 7 cases and closed 8.

Melissa Wolff-Burke wanted to reflect in the minutes how she had heard from various students how wonderful it was for candidates to work with the Virginia Board Staff during their application process and how great our customer service is compared to other states. Ms. Wolff-Burke wanted to be sure the staff was commended for their high level of service.

Ms. Hahn gave special kudos to Laura Mueller, the PT licensing specialist as well as Annie Artis and Vicki Saxby who are also responsible for licensing and customer service.

Licensee Statistics

Ms. Hahn reported that as of July 22, 2013, there were 6,355 active physical therapists compared to 6,085 in February 2013; 2,640 active physical therapist assistants compared to 2,454 in February 2013, and 753 with Direct Access Certification compared to 667 in February 2013.

NPTE Results

Ms. Hahn shared the most recent Virginia NPTE exam results for PT's:

- **April 30, 2013** – 79.1% passage rate (18f/68p) – PT's
  - **U.S. Educated**: 76 took exam; 62 passed 1st; 4 passed repeated attempt; 10 failed (3 first attempts and 7 repeat attempts)
  - **Foreign Educated**: 10 took exam; 2 passed first attempts, 0 passed repeat; 8 failed (7 first attempt and 1 repeat attempts)

- **July 23-24, 2013 – 82.8% (37f/178p) – PT's**
  - **US Educated:** 205 took exam; 170 passed first attempt; 6 passed repeated attempt; 29 failed (19 first attempt and 10 repeat attempts)
  - **Foreign Educated:** 10 took exam; 0 passed first attempt; 2 passed repeat; 8 failed (2 first attempt and 6 repeat attempt)

Virginia NPTE exam results for PTA's:

- **July 10, 2013 – 85.8% (18f/109p) – PTA's**
  - **US Educated:** 109 took exam; 101 passed first attempt; 8 passed repeated attempt; 18 failed (8 first attempt and 10 repeat attempts).
  - **Foreign Educated:** *No Foreign Educated applicants tested.*

2013 NPTE Test Dates

Ms. Hahn gave the following remaining dates for candidates to take the examination:

PT –October 30th
PTA –October 9th

2014 Dates and Deadlines for PT's

Test Date	Registration Deadline
January 29	December 23
April 30	March 26
July 22 & 23	June 17
October 29	September 24

2014 Dates and Deadlines for PTA's

Test Date	Registration Deadline
January 15	December 11
April 9	March 5
July 8	June 3
October 8	September 3

Miscellaneous Board Business

Ms. Hahn shared the following information with the board:

- Online applications going very well with a smooth transition.
- FSBPT has completed the pilot program for the Supervised Clinical Practice Performance Evaluation Tool and we are awaiting final approval so we can begin to pilot the tool.
- FSBPT Work Force study is underway and Ms. Hahn will be sharing with them experiences and lessons learned by the Board of Health Professions (BHP) in completing its studies. Ms. Hahn will be speaking with FSBPT in the near future regarding the study and hopes to provide guidance in setting their Minimum Data Set (MDS) for the survey.

Board Meeting Calendar

Ms. Hahn stated November 22nd was the last meeting scheduled for 2013 and reminded the board that a meeting may be cancelled if the agenda does not necessitate holding the meeting and to be fiscally responsible.

Ms. Hahn also polled the members about their flexibility in holding board meetings on days other than Friday. The majority of the members indicated they preferred Friday but would consider alternate days provided they are given plenty of advance notice.

AGENCY DIRECTOR'S REPORT

Dr. Reynolds-Cane gave a brief report regarding the Prescription Drug Abuse Reduction Statewide Plan sponsored by the National Governors Association that she, Arne Owens and several others had been working very hard on and stated that the plan was now complete and is in the Governor's office.

NEW BUSINESS

Revised Fast-Track Action on Regulations under Governor's Regulatory Reform Project (Attachment #1): – Elaine Yeatts

Ms. Yeatts explained that there were some inconsistencies between the regulations that just became effective on July 17, 2013 and the recommendations made by the board during the May meeting. She reviewed the revised recommendations made to **18 VAC 112-20-10** of the Regulations of the Board of Physical Therapy. Discussion was held and the board agreed to accept the revised recommendations.

Upon a motion by Sarah Schmidt and properly seconded by Robert Maroon, the board voted to re-adopt changes made to the Regulatory Review as a Fast Track Action of **18VAC112-20** of the Regulations of the Board of Physical Therapy. The motion passed unanimously.

BREAK

The Board took a recess at 11:20 a.m. and reconvened at 11:30 a.m.

2013/2014 Committees

Ms. Belmont directed the members to the handouts provided with the committee assignments for the upcoming year and stated that an official list would also be emailed.

Probable Cause Review – Lisa R. Hahn, Executive Director

Ms. Hahn provided guidance in the process involved when reviewing cases for Probable Cause and the elements involved in making sound decisions. Key points Ms. Hahn discussed in her review included:

- Probable Cause Determination
- Who Conducts the Review
- Review of the Probable Cause Form & How to Complete it
- 5 Probable Cause Elements

- Making Recommendations

Ms. Hahn emphasized how important it is to ensure that evidence exists to substantiate the alleged violations cited.

Ms. Hahn suggested that the board break for lunch and reconvene at 12:30 when she would continue with a refresher on Sanction Reference Points.

LUNCH BREAK

The board broke for lunch at 11:40 a.m. and reconvened at 12:30 p.m.

SANCTION REFERENCE POINTS GUIDELINES

Ms. Hahn gave a PowerPoint presentation on Sanction Reference Points by providing background on the development of the tool and how it is used in disciplinary cases to determine appropriate and consistent sanctions.

The members were given a sample case and asked to complete the Sanction Worksheet.

Questions were raised about the Department's Health Practitioners Monitoring Program. Ms. Hahn concluded her presentation by suggesting the board invite DHP's expert Peggy Wood to their next meeting so that she could speak about the particulars of the Health Practitioners Monitoring Program (HPMP).

CLOSING COMMENTS

Ms. Hahn commended Peggy Belmont on a job well done for her first meeting as board president.

Motion was made by Robert Maroon and properly seconded by Michael Styron to adjourn the meeting. The motion passed unanimously.

ADJOURNMENT

With all business concluded the meeting was adjourned at 12:55 p.m.

Peggy H. Belmont, PT, Chair	Lisa R. Hahn, MPA, Executive Director
Date	Date

ATTACHMENT #1

Project 3816

BOARD OF PHYSICAL THERAPY

Regulatory review changes

Part I

General Provisions

18VAC112-20-10. Definitions.

In addition to the words and terms defined in § 54.1-3473 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means a minimum of 160 hours of professional practice as a physical therapist or physical therapist assistant within the 24-month period immediately preceding renewal. Active practice may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

"Approved program" means an educational program accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

"CLEP" means the College Level Examination Program.

"Contact hour" means 60 minutes of time spent in continuing learning activity exclusive of breaks, meals or vendor exhibits.

"Direct supervision" means a physical therapist or a physical therapist assistant is physically present and immediately available and is fully responsible for the physical therapy tasks or activities being performed.

"Discharge" means the discontinuation of interventions in an episode of care that have been provided in an unbroken sequence in a single practice setting and related to the physical therapy interventions for a given condition or problem.

"Evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to plan and implement a treatment intervention, provide preventive care, reduce risks of injury and impairment, or provide for consultation.

"FCCPT" means the Foreign Credentialing Commission on Physical Therapy.

"FSBPT" means the Federation of State Boards of Physical Therapy.

"General supervision" means a physical therapist shall be available for consultation.

"National examination" means the examinations developed and administered by the Federation of State Boards of Physical Therapy and approved by the board for licensure as a physical therapist or physical therapist assistant.

"PRT" means the Practice Review Tool for competency assessment developed and administered by FSBPT.

"Re-evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to determine a patient's response to the treatment plan and care provided.

"Support personnel" means a person who is performing designated routine tasks related to physical therapy under the direction and supervision of a physical therapist or physical therapist assistant within the scope of this chapter.

"TOEFL" means the Test of English as a Foreign Language.

"Trainee" means a person seeking licensure as a physical therapist or physical therapist assistant who is undergoing a traineeship.

"Traineeship" means a period of active clinical practice during which an applicant for licensure as a physical therapist or physical therapist assistant works under the direct supervision of a physical therapist approved by the board.

"TSE" means the Test of Spoken English.

"Type 1" means continuing learning activities offered by an approved organization as specified in 18VAC112-20-131.

"Type 2" means continuing learning activities which may or may not be offered by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning.

18VAC112-20-27. Fees.

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. Licensure by examination.

1. The application fee shall be $140 for a physical therapist and $100 for a physical therapist assistant.

2. The fees for taking all required examinations shall be paid directly to the examination services.

C. Licensure by endorsement. The fee for licensure by endorsement shall be $140 for a physical therapist and $100 for a physical therapist assistant.

D. Licensure renewal and reinstatement.

1. The fee for active license renewal for a physical therapist shall be $135 and for a physical therapist assistant shall be $70 and shall be due by December 31 in each even-numbered year.

2. The fee for an inactive license renewal for a physical therapist shall be $70 and for a physical therapist assistant shall be $35 and shall be due by December 31 in each even-numbered year.

3. A fee of $25 for a physical therapist assistant and $50 for a physical therapist for processing a late renewal within one renewal cycle shall be paid in addition to the renewal fee.

4. The fee for reinstatement of a license that has expired for two or more years shall be $180 for a physical therapist and $120 for a physical therapist assistant and shall be submitted with an application for licensure reinstatement.

E. Other fees.

1. The fee for an application for reinstatement of a license that has been revoked shall be $1,000; the fee for an application for reinstatement of a license that has been suspended shall be $500.

2. The fee for a duplicate license shall be $5, and the fee for a duplicate wall certificate shall be $15.

3. The fee for a returned check shall be $35.

4. The fee for a letter of good standing/verification to another jurisdiction shall be $10.

F. Direct access certification fees.

1. The application fee shall be $75 for a physical therapist to obtain certification to provide services without a referral.

2. The fee for renewal on a direct access certification shall be $35 and shall be due by December 31 in each even-numbered year.

3. A fee of $15 for processing a late renewal of certification within one renewal cycle shall be paid in addition to the renewal fee.

18VAC112-20-60. Requirements for licensure by examination.

~~A.~~ Every applicant for initial licensure by examination shall submit:

1. Documentation of having met the educational requirements specified in 18VAC112-20-40 or 18VAC112-20-50;

2. The required application, fees and credentials to the board; and

3. Documentation of passage of the national examination as prescribed by the board.

~~B. If an applicant fails the national examination three times, he shall apply for approval to sit for any subsequent examination by submission of evidence satisfactory to the board of having successfully completed the following requirements:~~

~~1. Provide the board with a copy of the deficiency report from the examination;~~

~~2. Review areas of deficiency with the applicant's physical therapy educational program and develop a plan, which may include additional clinical training or coursework, to address deficiency areas; and~~

~~3. Take an examination review course and the practice examination.~~

18VAC112-20-65. Requirements for licensure by endorsement.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in the United States, its territories, the District of Columbia, or Canada may be licensed in Virginia by endorsement.

B. An applicant for licensure by endorsement shall submit:

1. Documentation of having met the educational requirements prescribed in 18VAC112-20-40 or 18VAC112-20-50. In lieu of meeting such requirements, an applicant may provide evidence of clinical practice consisting of at least 2,500 hours of patient care during the five years immediately preceding application for licensure in Virginia with a current, unrestricted license issued by another U.S. jurisdiction;

2. The required application, fees, and credentials to the board;

3. A current report from the Healthcare Integrity and Protection Data Bank (HIPDB) ~~and a current report from the National Practitioner Data Bank (NPDB)~~;

4. Evidence of completion of 15 hours of continuing education for each year in which the applicant held a license in another U.S. jurisdiction, or 60 hours obtained within the past four years; ~~and~~

5. Documentation of passage of an examination equivalent to the Virginia examination at the time of initial licensure or documentation of passage of an examination required by another state at the time of initial licensure in that state ~~and active, clinical practice~~

~~with a current, unrestricted license for at least five years prior to applying for licensure in Virginia.~~; and

~~For the purpose of this subsection, active, clinical practice shall mean at least 2,500 hours of patient care over a five-year period.~~

~~C.~~6. ~~A physical therapist seeking licensure by endorsement who has not actively practiced~~ Documentation of active practice in physical therapy in another U. S. jurisdiction for at least 320 hours within the four years immediately preceding his application for licensure. A physical therapist who does not meet the active practice requirement shall:

~~1.~~a. Successfully complete ~~480~~ 320 hours in a traineeship in accordance with requirements in 18VAC112-20-140; or

~~2.~~b. Document that he meets the standard of the PRT within the two years preceding application for licensure in Virginia and successfully complete ~~320~~ 160 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

D. A physical therapist assistant seeking licensure by endorsement who has not actively practiced physical therapy for at least 320 hours within the four years immediately preceding his application for licensure shall successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

18VAC112-20-90. General responsibilities.

A. The physical therapist shall be responsible for managing all aspects of the physical therapy care of each patient and shall provide:

1. The initial evaluation for each patient and its documentation in the patient record; ~~and~~

2. Periodic ~~evaluations~~ re-evaluation, including documentation of the patient's response to therapeutic intervention~~.~~; and

3. The documented status of the patient at the time of discharge, including the response to therapeutic intervention. If a patient is discharged from a health care facility without the opportunity for the physical therapist to re-evaluate the patient, the final note in the patient record may document patient status.

B. The physical therapist shall communicate the overall plan of care to the patient or his legally authorized representative and shall also communicate with a referring doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, nurse practitioner or physician assistant to the extent required by § 54.1-3482 of the Code of Virginia.

C. A physical therapist assistant may assist the physical therapist in performing selected components of physical therapy intervention to include treatment, measurement and data collection, but not to include the performance of an evaluation as defined in 18VAC112-20-10.

D. A physical therapist assistant's visits to a patient may be made under general supervision.

E. A physical therapist providing services with a direct access certification as specified in § 54.1-3482 of the Code of Virginia shall utilize the Direct Access Patient Attestation and Medical Release Form prescribed by the board or otherwise include in the patient record the information, attestation and written consent required by subsection B of § 54.1-3482 of the Code of Virginia.

18VAC112-20-120. Responsibilities to patients.

A. The initial patient visit shall be made by the physical therapist for evaluation of the patient and establishment of a plan of care.

B. The physical therapist assistant's first visit with the patient shall only be made after verbal or written communication with the physical therapist regarding patient status and plan of care. Documentation of such communication shall be made in the patient's record.

C. Documentation of physical therapy interventions shall be recorded on a patient's record by the physical therapist or physical therapist assistant providing the care.

D. The physical therapist shall reevaluate the patient as needed, but not less than according to the following schedules:

1. For inpatients in hospitals as defined in § 32.1-123 of the Code of Virginia, it shall be not less than once every seven consecutive days.

2. For patients in other settings, it shall be not less than one of 12 visits made to the patient during a 30-day period, or once every 30 days from the last ~~evaluation~~ re-evaluation, whichever occurs first.

3. For patients who have been receiving physical therapy care for the same condition or injury for six months or longer, it shall be at least every 90 days from the last re-evaluation.

Failure to abide by this subsection due to the absence of the physical therapist in case of illness, vacation, or professional meeting, for a period not to exceed five consecutive days, will not constitute a violation of these provisions.

E. The physical therapist shall be responsible for ongoing involvement in the care of the patient to include regular communication with a physical therapist assistant regarding the patient's plan of treatment.

18VAC112-20-135. Inactive license.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required renewal fee ~~of $70 for a physical therapist and $35 for a physical therapist assistant~~, be issued an inactive license. ~~The fee for the renewal of an inactive license due December 31, 2010, shall be $60 for a physical therapist and $30 for a physical therapist assistant~~.

1. The holder of an inactive license shall not be required to meet active practice requirements.

2. An inactive licensee shall not be entitled to perform any act requiring a license to practice physical therapy in Virginia.

B. A physical therapist or physical therapist assistant who holds an inactive license may reactivate his license by:

1. Paying the difference between the renewal fee for an inactive license and that of an active license for the biennium in which the license is being reactivated;

2. Providing proof of 320 active practice hours in another jurisdiction ~~equal to those required for renewal of an active license in Virginia for the period in which the license has been inactive~~ within the four years immediately preceding application for reactivation.

a. If the inactive physical therapist licensee does not meet the requirement for active practice, the license may be reactivated by completing ~~480~~ 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 or documenting that he has met the standard of the PRT within the two years preceding application for reactivation of licensure in Virginia and successfully completing ~~320~~ 160 hours in a traineeship in accordance with requirements in 18VAC112-20-140.

b. If the inactive physical therapist assistant licensee does not meet the requirement for active practice, the license may be reactivated by completing 320–hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140; and

3. Completing the number of continuing competency hours required for the period in which the license has been inactive, not to exceed four years.

18VAC112-20-136. Reinstatement requirements.

A. A physical therapist or physical therapist assistant whose Virginia license is lapsed for two years or less may reinstate his license by payment of the renewal and late fees as set forth in 18VAC112-20-150 and completion of continued competency requirements as set forth in 18VAC112-20-131.

B. A physical therapist or physical therapist assistant whose Virginia license is lapsed for more than two years and who is seeking reinstatement shall:

1. Apply for reinstatement and pay the fee specified in 18VAC112-20-150;

2. Complete the number of continuing competency hours required for the period in which the license has been lapsed, not to exceed four years; and

3. Have actively practiced physical therapy in another jurisdiction for at least 320 hours within the four years immediately preceding applying for reinstatement.

a. If a physical therapist licensee does not meet the requirement for active practice, the license may be reinstated by completing ~~480~~ 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 or documenting that he has

met the standard of the PRT within the two years preceding application for licensure in Virginia and successfully completing ~~320~~ 160 hours in a traineeship in accordance with requirements in 18VAC112-20-140.

b. If a physical therapist assistant licensee does not meet the requirement for active practice, the license may be reinstated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140.

18VAC112-20-140. Traineeship requirements.

A. The traineeship shall be (i) ~~in a facility that serves as a clinical education facility for students enrolled in an accredited program educating physical therapists in Virginia, (ii)~~ approved by the board, and ~~(iii)~~ (ii) under the direction and supervision of a licensed physical therapist.

B. Supervision and identification of trainees:

1. There shall be a limit of two physical therapists assigned to provide supervision for each trainee.

2. The supervising physical therapist shall countersign patient documentation (i.e., notes, records, charts) for services provided by a trainee.

3. The trainee shall wear identification designating them as a "physical therapist trainee" or a "physical therapist assistant trainee."

C. Completion of traineeship.

1. The physical therapist supervising the trainee shall submit a report to the board at the end of the required number of hours on forms supplied by the board.

2. If the traineeship is not successfully completed at the end of the required hours, as determined by the supervising physical therapist, the president of the board or his designee shall determine if a new traineeship shall commence. If the president of the board determines that a new traineeship shall not commence, then the application for licensure shall be denied.

3. The second traineeship may be served under a different supervising physical therapist and may be served in a different organization than the initial traineeship. If the second traineeship is not successfully completed, as determined by the supervising physical therapist, then the application for licensure shall be denied.

18VAC112-20-150. ~~Fees.~~ (Repealed.)

~~A. Unless otherwise provided, fees listed in this section shall not be refundable.~~

~~B. Licensure by examination.~~

~~1. The application fee shall be $140 for a physical therapist and $100 for a physical therapist assistant.~~

~~2. The fees for taking all required examinations shall be paid directly to the examination services.~~

~~C. Licensure by endorsement. The fee for licensure by endorsement shall be $140 for a physical therapist and $100 for a physical therapist assistant.~~

~~D. Licensure renewal and reinstatement.~~

~~1. The fee for active license renewal for a physical therapist shall be $135 and for a physical therapist assistant shall be $70 and shall be due by December 31 in each even-numbered year. The fee for renewal of an active license due December 31, 2010, shall be $100 for a physical therapist and $60 for a physical therapist assistant.~~

~~2. A fee of $25 for a physical therapist assistant and $50 for a physical therapist for processing a late renewal within one renewal cycle shall be paid in addition to the renewal fee.~~

~~3. The fee for reinstatement of a license that has expired for two or more years shall be $180 for a physical therapist and $120 for a physical therapist assistant and shall be submitted with an application for licensure reinstatement.~~

~~E. Other fees.~~

~~1. The fee for an application for reinstatement of a license that has been revoked shall be $1,000; the fee for an application for reinstatement of a license that has been suspended shall be $500.~~

~~2. The fee for a duplicate license shall be $5, and the fee for a duplicate wall certificate shall be $15.~~

~~3. The fee for a returned check shall be $35.~~

~~4. The fee for a letter of good standing/verification to another jurisdiction shall be $10.~~

~~F. Direct access certification fees.~~

~~1. The application fee shall be $75 for a physical therapist to obtain certification to provide services without a referral.~~

~~2. The fee for renewal on a direct access certification shall be $35 and shall be due by December 31 in each even-numbered year. The fee for direct access certification due December 31, 2010, shall be $30.~~

~~3. A fee of $15 for processing a late renewal of certification within one renewal cycle shall be paid in addition to the renewal fee.~~

DRAFT UNAPPROVED

VIRGINIA BOARD OF PHYSICAL THERAPY
FORMAL HEARING MINUTES

Friday, August 9, 2013	Department of Health Professions Perimeter Center 9960 Mayland Drive, Suite #300	Henrico, Virginia

CALL TO ORDER:	A panel of the Board was called to order at 1:12 p.m.
MEMBERS PRESENT:	Peggy Belmont, PT, Chair Michael Styron, PT, MBA Sarah Schmidt, P.T.A Melissa Wolff-Burke, PT, EdD Robert Maroon, PT Dixie Bowman, PT
BOARD COUNSEL:	Erin L. Barrett, Assistant Attorney General
DHP STAFF PRESENT:	Lisa R. Hahn, Executive Director Lynne Helmick, Deputy Executive Director Missy Currier, Board Operations Manager
COURT REPORTER:	Angela Pegram, Court Reporting Services, LLC
PARTIES ON BEHALF OF COMMONWEALTH:	Wayne Halbeib, Assistant Attorney General Anne Joseph, Deputy Director - APD
COMMONWEALTH WITNESS:	Ron Houser, Sr. Investigator, DHP Kara Jeffrey, OT
MATTER SCHEDULED:	**Arne Delos Reyes, PT Reinstatement Applicant** **License No.: 2305-205765** **Case No.: 150848**
ESTABLISHMENT OF A QUORUM:	With six (6) members of the Board present, a quorum was established.
PRELIMINARY MATTER:	Mr. Halbeib motioned to redact Bates Stamped pages 025 through 042 and Bates Stamped pages 052 through 093 of the Commonwealth's Exhibit 3.

CLOSED SESSION:

Upon a motion by Melissa Wolff-Burke, and duly seconded by Robert Maroon, the Board voted to convene a closed meeting at 1:30 p.m., pursuant to §2.2-3711.A(27) of the Code of Virginia, for the purpose to consider the Commonwealth's motion. Additionally, she moved that Ms. Hahn, Ms. Barrett, Ms. Helmick and Ms. Currier attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE:

Upon a motion by Michael Styron, and duly seconded by Dixie Bowman, the Board voted to reconvene at 1:55 p.m. and announced its decision.

CERTIFICATION:

Melissa Wolff-Burke certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code of Virginia, the Board reconvened in open session and announced its decision.

RULING:

The Board denies the Commonwealth's Motion to redact specific pages of the Commonwealth's Exhibit 3.

CLOSED SESSION:

Upon a motion by Melissa Wolff-Burke, and duly seconded by Robert Maroon, the Board voted to convene a closed meeting at 2:15 p.m., pursuant to §2.2-3711.A(7) of the Code of Virginia, for the purpose of consultation with Board counsel regarding the voluminous amount of additional evidence Mr. Reyes presented to the Board for consideration. Additionally, she moved that Ms. Hahn, Ms. Barrett, Ms. Helmick and Ms. Currier attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE:

Upon a motion by Melissa Wolff-Burke, and duly seconded by Dixie Bowman, the Board voted to reconvene at 2:35 p.m.

CERTIFICATION:

Melissa Wolff-Burke certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code of Virginia, the Board reconvened in open session and announced its decision.

DECISION: Upon a motion by Sarah Schmidt and duly seconded by Michael Styron, the Board moved to continue this matter to a later date, so that all evidence may be adequately reviewed for consideration in this case.

VOTE: The vote was unanimous.

ADJOURNMENT: The Board adjourned at 2:43 p.m.

Peggy Belmont, PT, Chair	Lisa R. Hahn, Executive Director
Date	Date

DRAFT UNAPPROVED

VIRGINIA BOARD OF PHYSICAL THERAPY
FORMAL HEARING MINUTES

Wednesday, October 2, 2013 **Department of Health Professions** **Henrico, Virginia**
Perimeter Center
9960 Mayland Drive, Suite #300

CALL TO ORDER: A panel of the Board was called to order at 9:40 a.m.

MEMBERS PRESENT:
Peggy Belmont, PT, Chair
Michael Styron, PT, MBA
Sarah Schmidt, P.T.A
Robert Maroon, PT
Dixie Bowman, PT
JR Locke, Citizen Member

BOARD COUNSEL: Erin L. Barrett, Assistant Attorney General

DHP STAFF PRESENT:
Lisa R. Hahn, Executive Director
Missy Currier, Board Operations Manager

COURT REPORTER: Patricia Price White, Crane-Snead & Associates, Inc.

PARTIES ON BEHALF OF COMMONWEALTH:
Wayne Halbeib, Assistant Attorney General
Anne Joseph, Deputy Director - APD

COMMONWEALTH WITNESS:
Niama Fellars, Senior Investigator, DHP
Gayle Miller, Senior Investigator, DHP
Kathy Petersen, Discipline Operations Manager, DHP

MATTER SCHEDULED:
Arne Delos Reyes, PT Reinstatement Applicant
License No.: 2305-205765
Case No.: 150848

DISCUSSION: Mr. Delos Reyes appeared before the Board in accordance with the Amended Notice and Statement of Particulars dated August 30, 2013. Mr. Delos Reyes was present and was not represented by counsel.

The Board received evidence and sworn testimony from the Commonwealth's witness regarding the matters as set forth in the Statement of Particulars.

CLOSED SESSION: Upon a motion by Mr. Styron, and duly seconded by Mr. Maroon, the Board voted to convene a closed meeting pursuant to 2.2-3711.A(27) of the *Code of Virginia,* for the purpose of deliberation to reach a decision in the matter of Mr. Arne Delos Reyes, PT Reinstatement Applicant. Additionally, Mr. Styron moved that Ms. Hahn, Ms. Currier and Ms. Barrett attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations. The Board convened into closed session at 1:56 p.m.

OPEN SESSION: Mr. Styron certified that the matters discussed in the preceding closed session met the requirements of § 2.2.-3712 of the *Code of Virginia;* Ms. Schmidt seconded the certification and the Board re-convened open session at 3:15 p.m.

ACTION: Upon a motion by Mr. Locke and duly seconded by Ms. Schmidt, the Board voted to deny the reinstatement the Physical Therapist license of Mr. Delos Reyes. Mr. Delos Reyes' license will remain indefinitely suspended until such time the Maryland Board of Physical Therapy reinstates his license. At that time, Mr. Delos Reyes may request reinstatement with the Virginia Board of Physical Therapy.

VOTE: The vote was unanimous.

ADJOUNMENT: The Board adjourned at 3:20 p.m.

Peggy Belmont, PT, Chair	Lisa R. Hahn, Executive Director
Date	Date

Tab 2

Virgina Department of Health Professions
Cash Balance
As of January 31, 2014

	116- Physical Therapy
Board Cash Balance as of June 30, 2013	$ 609,403
YTD FY14 Revenue	88,955
Less: YTD FY14 Direct and In-Direct Expenditures	323,372
Board Cash Balance as of January 31, 2014	374,986

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
July 1, 2013 through January 31, 2014

	116- Physical Therapy			
	Jul '13 - Jan 14	Budget	$ Over Budget	% of Budget
Revenue				
2400 · Fee Revenue				
Administrative Fees	0.00			
2401 · Application Fee	75,615.00	104,700.00	-29,085.00	72.22%
2402 · Examination Fee	0.00			
2406 · License & Renewal Fee	6,545.00	0.00	6,545.00	100.0%
2407 · Dup. License Certificate Fee	465.00	550.00	-85.00	84.55%
2408 · Board Endorsement - In	0.00			
2409 · Board Endorsement - Out	5,655.00	5,900.00	-245.00	95.85%
2421 · Monetary Penalty & Late Fees	675.00	5,235.00	-4,560.00	12.89%
2430 · Board Changes Fee	0.00			
2432 · Misc. Fee (Bad Check Fee)	0.00	35.00	-35.00	0.0%
Total 2400 · Fee Revenue	88,955.00	116,420.00	-27,465.00	76.41%
3000 · Sales of Prop. & Commodities				
3007 · Sales of Goods/Svces to State	0.00			
3020 · Misc. Sales-Dishonored Payments	0.00			
Total 3000 · Sales of Prop. & Commodities	0.00			
9000 · Other Revenue				
9060 · Miscellaneous Revenue	0.00			
9084 · Refund- Prior Yr Disb	0.00			
Total 9000 · Other Revenue	0.00			
Total Revenue	88,955.00	116,420.00	-27,465.00	76.41%
Expenditures				
1100 · Personal Services				
1110 · Employee Benefits				
1111 · Employer Retirement Contrib.	4,553.28	7,309.00	-2,755.72	62.3%
1112 · Fed Old-Age Ins- Sal St Emp	3,661.10	6,383.00	-2,721.90	57.36%
1113 · Fed Old-Age Ins- Wage Earners	0.00			
1114 · Group Insurance	618.51	993.00	-374.49	62.29%
1115 · Medical/Hospitalization Ins.	14,714.72	23,778.00	-9,063.28	61.88%
1116 · Retiree Medical/Hospitalizatn	519.87	835.00	-315.13	62.26%
1117 · Long term Disability Ins	211.59	393.00	-181.41	53.84%
Total 1110 · Employee Benefits	24,279.07	39,691.00	-15,411.93	61.17%
1120 · Salaries				
1123 · Salaries, Classified	51,980.94	83,432.00	-31,451.06	62.3%
1125 · Salaries, Overtime	0.00			
Total 1120 · Salaries	51,980.94	83,432.00	-31,451.06	62.3%
1130 · Special Payments				
1131 · Bonuses and Incentives	0.00	0.00	0.00	0.0%
1138 · Deferred Compnstn Match Pmts	240.00	864.00	-624.00	27.78%
Total 1130 · Special Payments	240.00	864.00	-624.00	27.78%

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
July 1, 2013 through January 31, 2014

	116- Physical Therapy			
	Jul '13 - Jan 14	Budget	$ Over Budget	% of Budget
1140 · Wages				
1141 · Wages, General	0.00			
Total 1140 · Wages	0.00			
1150 · Disability Benefits				
1153 · Short-trm Disability Benefits	0.00			
Total 1150 · Disability Benefits	0.00			
1160 · Terminatn Personal Svce Costs				
1165 · Employee Retirement Contributio	0.00	0.00	0.00	0.0%
Total 1160 · Terminatn Personal Svce Costs	0.00	0.00	0.00	0.0%
Total 1100 · Personal Services	76,500.01	123,987.00	-47,486.99	61.7%
1200 · Contractual Services				
Other Medical Services	0.00			
1210 · Communication Services				
1211 · Express Services	139.35	5.00	134.35	2,787.0%
1212 · Outbound Freight Services	0.00			
1213 · Messenger Services	0.00			
1214 · Postal Services	3,643.67	7,000.00	-3,356.33	52.05%
1215 · Printing Services	47.18	600.00	-552.82	7.86%
1216 · Telecommunications Svcs (DIT)	518.16	1,000.00	-481.84	51.82%
1217 · Telecomm. Svcs (Non-State)	175.24			
1219 · Inbound Freight Services	11.99			
Total 1210 · Communication Services	4,535.59	8,605.00	-4,069.41	52.71%
1220 · Employee Development Services				
1221 · Organization Memberships	0.00	2,500.00	-2,500.00	0.0%
1222 · Publication Subscriptions	0.00			
1224 · Emp Trning Courses, Wkshp & Cnf	0.00	1,000.00	-1,000.00	0.0%
1225 · Employee Tuition Reimbursement	0.00			
1227 · Emp Trning- Trns, Ldgng & Meals	0.00			
Total 1220 · Employee Development Services	0.00	3,500.00	-3,500.00	0.0%
1230 · Health Services				
1236 · X-ray and Laboratory Services	0.00	300.00	-300.00	0.0%
Total 1230 · Health Services	0.00	300.00	-300.00	0.0%
1240 · Mgmnt and Informational Svcs				
1242 · Fiscal Services	16.18	15,500.00	-15,483.82	0.1%
1244 · Management Services	2,511.27	4,000.00	-1,488.73	62.78%
1246 · Public Infrmtnl & Relation Svcs	0.00			
1247 · Legal Services	350.00	300.00	50.00	116.67%
1249 · Recruitment Services	0.00			
Total 1240 · Mgmnt and Informational Svcs	2,877.45	19,800.00	-16,922.55	14.53%
1250 · Repair and Maintenance Svcs				

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
July 1, 2013 through January 31, 2014

	116- Physical Therapy			
	Jul '13 - Jan 14	Budget	$ Over Budget	% of Budget
1251 · Custodial Services	37.87			
1252 · Electrical Rep & Maintenance	0.00	25.00	-25.00	0.0%
1253 · Equip Repair & Maintenance	0.00			
1256 · Mechanical Rep & Maint Svcs	0.00			
1257 · Plant Rep & Maintenance Svcs	0.00			
Total 1250 · Repair and Maintenance Svcs	37.87	25.00	12.87	151.48%
1260 · Support Services				
1263 · Clerical Services	0.00	4,919.00	-4,919.00	0.0%
1264 · Food & Dietary Services	450.26	750.00	-299.74	60.04%
1266 · Manual Labor Services	62.83	700.00	-637.17	8.98%
1267 · Production Services	1,170.64	2,245.00	-1,074.36	52.14%
1268 · Skilled Services	9,143.77	11,930.00	-2,786.23	76.65%
Total 1260 · Support Services	10,827.50	20,544.00	-9,716.50	52.7%
1280 · Transportation Services				
1282 · Travel, Personal Vehicle	1,448.95	3,000.00	-1,551.05	48.3%
1283 · Travel, Public Carriers	-119.80			
1284 · Travel, State Vehicles	0.00	1,500.00	-1,500.00	0.0%
1285 · Travel, Subsistence & Lodging	46.04	1,500.00	-1,453.96	3.07%
1288 · Trvl, Meal Reimb- Not Rprtble	-86.25	300.00	-386.25	-28.75%
Total 1280 · Transportation Services	1,288.94	6,300.00	-5,011.06	20.46%
Total 1200 · Contractual Services	19,567.35	59,074.00	-39,506.65	33.12%
1300 · Supplies And Materials				
1310 · Administrative Supplies				
1311 · Apparel Supplies	0.00			
1312 · Office Supplies	512.60	1,000.00	-487.40	51.26%
1313 · Stationery and Forms	113.55			
Total 1310 · Administrative Supplies	626.15	1,000.00	-373.85	62.62%
1320 · Energy Supplies				
1323 · Gasoline	0.00			
Total 1320 · Energy Supplies	0.00			
1330 · Manufctrng and Merch Supplies				
1335 · Packaging and Shipping Suppl	0.00	50.00	-50.00	0.0%
Total 1330 · Manufctrng and Merch Supplies	0.00	50.00	-50.00	0.0%
1340 · Medical and Laboratory Supp.				
1342 · Medical and Dental Supplies	0.47			
1343 · Field Supplies	0.00			
Total 1340 · Medical and Laboratory Supp.	0.47			
1350 · Repair and Maint. Supplies				
1352 · Custodial Rep & Maint Mat'ls	0.00			
1353 · Electrical Repair and Maint	0.00	15.00	-15.00	0.0%
Total 1350 · Repair and Maint. Supplies	0.00	15.00	-15.00	0.0%

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
July 1, 2013 through January 31, 2014

	116- Physical Therapy			
	Jul '13 - Jan 14	Budget	$ Over Budget	% of Budget
1360 · Residential Supplies				
1362 · Food and Dietary Supplies	0.00	200.00	-200.00	0.0%
1363 · Food Service Supplies	67.65			
1364 · Laundry and Linen Supplies	0.00			
1365 · Personal Care Supplies	0.00			
Total 1360 · Residential Supplies	67.65	200.00	-132.35	33.83%
1370 · Specific Use Supplies				
1373 · Computer Operating Supplies	2.28	10.00	-7.72	22.8%
Total 1370 · Specific Use Supplies	2.28	10.00	-7.72	22.8%
Total 1300 · Supplies And Materials	696.55	1,275.00	-578.45	54.63%
1400 · Transfer Payments				
1410 · Awards, Contrib., and Claims				
1413 · Premiums	0.00			
1415 · Unemployment Compnsatn Reimb	0.00			
Total 1410 · Awards, Contrib., and Claims	0.00			
Total 1400 · Transfer Payments	0.00			
1500 · Continuous Charges				
1510 · Insurance-Fixed Assets				
1512 · Automobile Liability	0.00			
1516 · Property Insurance	25.04	29.00	-3.96	86.35%
Total 1510 · Insurance-Fixed Assets	25.04	29.00	-3.96	86.35%
1530 · Operating Lease Payments				
1534 · Equipment Rentals	1,893.38			
1535 · Building Rentals	0.00			
1539 · Building Rentals - Non State	4,440.72	7,345.00	-2,904.28	60.46%
Total 1530 · Operating Lease Payments	6,334.10	7,345.00	-1,010.90	86.24%
1540 · Service Charges				
1546 · S Purch Ch. Card Check Fee	0.00			
Total 1540 · Service Charges	0.00			
1550 · Insurance-Operations				
1551 · General Liability Insurance	89.84	107.00	-17.16	83.96%
1554 · Surety Bonds	5.29	7.00	-1.71	75.57%
Total 1550 · Insurance-Operations	95.13	114.00	-18.87	83.45%
Total 1500 · Continuous Charges	6,454.27	7,488.00	-1,033.73	86.2%
2200 · Equipment Expenditures				
2210 · Computer Equipment				
2218 · Computer Software Purchases	0.00			
Total 2210 · Computer Equipment	0.00			

Virginia Dept. of Health Professions
Revenue and Expenditures Summary
July 1, 2013 through January 31, 2014

	116- Physical Therapy			
	Jul '13 - Jan 14	Budget	$ Over Budget	% of Budget
2220 · Educational & Cultural Equip				
2224 · Reference Equipment	0.00	60.00	-60.00	0.0%
Total 2220 · Educational & Cultural Equip	0.00	60.00	-60.00	0.0%
2230 · Electrnc & Photographic Equip				
2238 · Electronic & Photo Equip Impr	0.00			
Total 2230 · Electrnc & Photographic Equip	0.00			
2260 · Office Equipment				
2261 · Office Appurtenances	0.00	35.00	-35.00	0.0%
2262 · Office Furniture	0.00			
2263 · Office Incidentals	3.67			
2264 · Office Machines	0.00			
2268 · Office Equipment Improvements	0.00			
Total 2260 · Office Equipment	3.67	35.00	-31.33	10.49%
2270 · Specific Use Equipment				
2271 · Household Equipment	0.00			
2274 · Non Power Rep & Maint- Equip	3.44			
Total 2270 · Specific Use Equipment	3.44			
Total 2200 · Equipment Expenditures	7.11	95.00	-87.89	7.48%
Total Direct Expenditures	103,225.29	191,919.00	-88,693.71	53.79%
9001 · Allocated Expenditures				
9206 · Funeral\LTCA\PT	58,268.11	95,935.32	-37,667.21	60.74%
9301 · DP Operations & Equipment	52,860.58	114,141.48	-61,280.90	46.31%
9302 · Human Resources	8,143.72	12,546.96	-4,403.24	64.91%
9303 · Finance	24,446.65	36,439.44	-11,992.79	67.09%
9304 · Director's Office	12,228.67	21,530.28	-9,301.61	56.8%
9305 · Enforcement	31,292.84	61,794.72	-30,501.88	50.64%
9306 · Administrative Proceedings	10,337.87	15,540.00	-5,202.13	66.52%
9307 · Impaired Practitioners	604.30	933.36	-329.06	64.75%
9308 · Attorney General	6,081.93	1,057.44	5,024.49	575.16%
9309 · Board of Health Professions	7,532.51	11,994.72	-4,462.21	62.8%
9310 · SRTA	0.00			
9311 · Maintenance and Repairs	76.54	439.68	-363.14	17.41%
9313 · Emp. Recognition Program	6.47	353.40	-346.93	1.83%
9314 · Conference Center	50.02	284.65	-234.63	17.57%
9315 · Pgm Devlpmnt & Implmentn	8,216.05	12,496.92	-4,280.87	65.75%
Total 9001 · Allocated Expenditures	220,146.26	385,488.37	-165,342.11	57.11%
987900 · Cash Trsfr Out- Appr Act Pt. 3	0.00	1,489.80	-1,489.80	0.0%
Total Direct and In-Direct Expenditures	323,371.55	386,978.17	-63,606.62	83.56%
Net Cash Surplus\Shortfall	-234,416.55	-270,558.17	36,141.62	86.64%

Discipline Statistics

As of March 10, 2014:

Investigations	**7**
Probable Cause	**9**
APD	**0**
Informal Stage	**3**
Formal Stage	**0**
Total	**19**

Monitoring:

PT Compliance Cases	**21**

Licensure Count Report

As of March 10, 2014:

Physical Therapists	**6,888**
Physical Therapist Assistants	**2,761**
Direct Access Certification	**863**

Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times: Quarterly Performance Measurement, Q2 2010 - Q2 2014

Dianne Reynolds-Cane, M.D.
Director

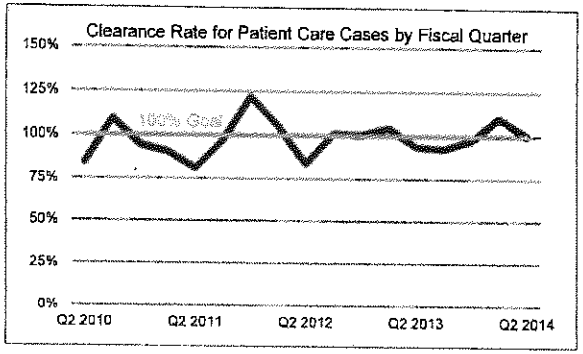
"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."
DHP Mission Statement

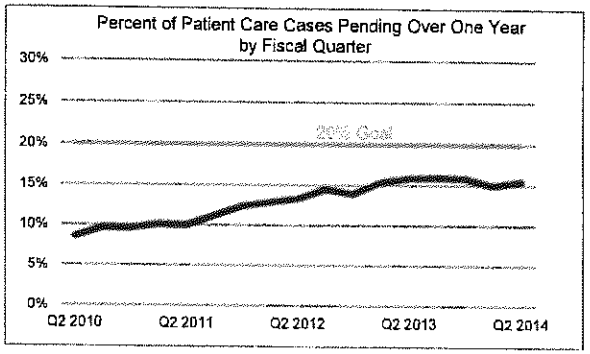
In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. These three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload; Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

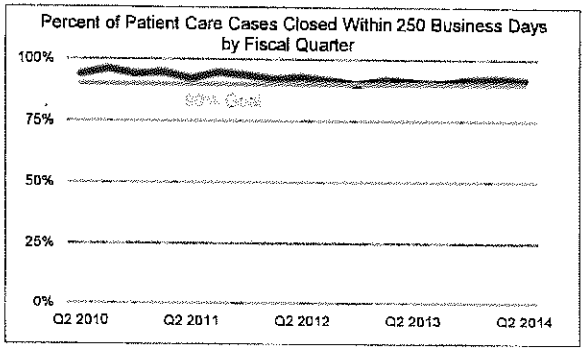
Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct through the end of FY 2016. The current quarter's clearance rate is 100%, with 863 patient care cases received and 863 closed.

Age of Pending Caseload - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20% through the end of FY 2016. That goal continues to be achieved with the percent of cases pending over 250 business days maintaining an average of 16% for the past 4 quarters. For the last quarter shown, there were 2,062 patient care cases pending, with 320 pending over 250 business days.

Time to Disposition - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days through the end of FY 2016. That goal continues to be acheived with 92% percent of patient care cases being resolved within 250 business days this past quarter. During the last quarter, there were 855 patient care cases closed, with 785 closed within 250 business days.







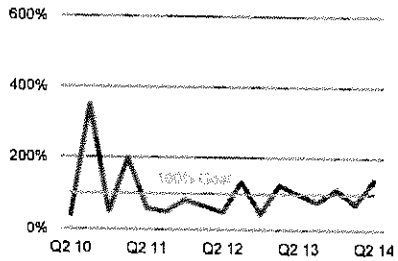
Submitted: 1/5/2014

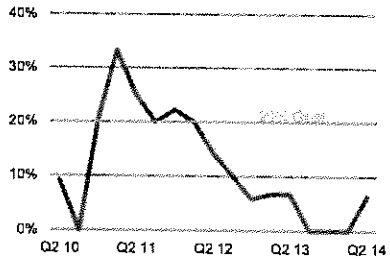
Prepared by: VisualResearch, Inc.

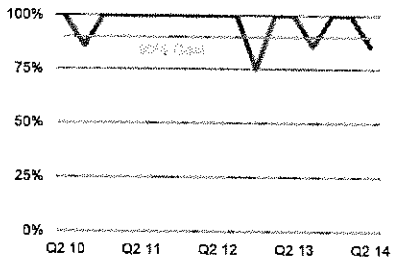
Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

Clearance Rate | **Age of Pending Caseload** (percent of cases pending over one year) | **Percent Closed in 250 Business Days**

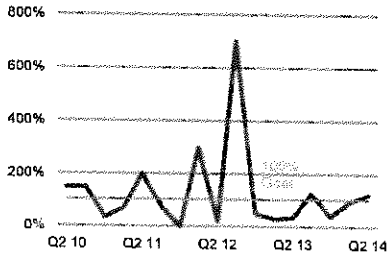
Physical Therapy - In Q2 2014, the clearance rate was 140%, the Pending Caseload older than 250 business days was 6% and the percent closed within 250 business days was 86%.
Q2 2014 Caseloads:
Received=5, Closed=7
Pending over 250 days=1
Closed within 250 days=6

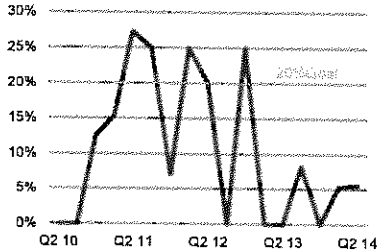


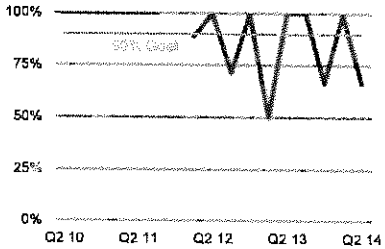




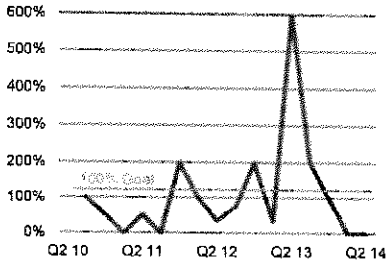
Funeral - In Q2 2014, the clearance rate was 120%, the Pending Caseload older than 250 business days was 6% and the percent closed within 250 business days was 67%.
Q2 2014 Caseloads:
Received=5, Closed=6
Pending over 250 days=1
Closed within 250 days=4

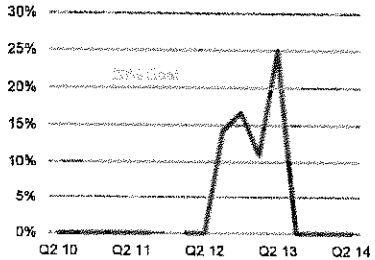


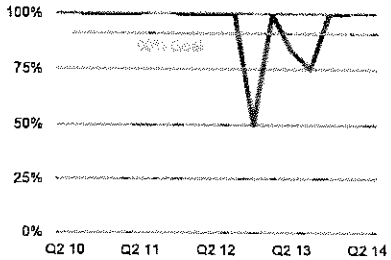




Audiology - In Q2 2014, the clearance rate was 0% the Pending Caseload older than 250 business days was 0% and the percent closed within 250 business days was N/A.
Q2 2014 Caseloads:
Received=2, Closed=0
Pending over 250 days=0
Closed within 250 days=N/A







Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Submitted: 1/5/2014

Prepared by: VisualResearch, Inc.

FISCAL YEAR 2013, QUARTER ENDING 6/30/13

*APPLICANT SATISFACTION SURVEY RESULTS: APPROVAL RATE**

Board	Quarter Ending 6/30/13 Percent Approval	Quarter Ending 6/30/12 Percent Approval	Percent Change	Fiscal Year 2013 Percent Approval	Fiscal Year 2012 Percent Approval	Percent Change	Biennial 7/1/012 - 6/30/13 Percent Approval	Prior Biennial 7/1/10 - 6/30/11 Percent Approval	Percent Change
Audiology/Speech Pathology	100.0%	86.7%	15.3%	98.7%	90.5%	9.1%	98.7%	91.8%	7.5%
Counseling	76.3%	74.5%	2.4%	72.5%	74.3%	-2.4%	72.5%	75.7%	-4.2%
Dentistry	94.7%	93.7%	1.1%	94.8%	92.9%	2.0%	94.8%	95.7%	-0.9%
Funeral Directing	100.0%	100.0%	0.0%	100.0%	100.0%	0.0%	100.0%	95.2%	5.0%
Long Term Care Administrator	n/a	81.0%	-100.0%	n/a	96.3%	-100.0%	n/a	94.4%	-100.0%
Medicine	87.5%	95.4%	-8.3%	90.3%	96.5%	-6.4%	90.3%	94.1%	-4.0%
Nurse Aide	99.1%	97.5%	1.6%	97.8%	97.9%	-0.1%	97.8%	97.5%	0.3%
Nursing	96.5%	94.7%	1.9%	95.2%	96.3%	-1.1%	95.2%	94.8%	0.4%
Optometry	100.0%	100.0%	0.0%	92.9%	100.0%	-7.1%	92.9%	100.0%	-7.1%
Pharmacy	97.3%	98.1%	-0.8%	97.9%	96.8%	1.1%	97.9%	97.7%	0.2%
Physical Therapy	98.6%	98.2%	n/a	96.8%	97.6%	-0.8%	96.8%	95.3%	1.6%
Psychology	99.1%	90.2%	9.9%	91.3%	84.6%	7.9%	91.3%	88.1%	3.6%
Social Work	94.9%	86.9%	9.2%	88.2%	85.5%	3.2%	88.2%	90.6%	-2.6%
Veterinary Medicine	93.3%	98.7%	-5.5%	95.8%	97.6%	-1.8%	95.8%	97.7%	-1.9%
Agency Total	***93.5%***	***94.5%***	-1.1%	***93.6%***	***95.3%***	-1.8%	***93.6%***	***94.6%***	-1.1%

*Applicant Satisfaction Surveys are sent to all initial applicants. The survey includes six categories for which applicants rate their satisfaction on a scale from one to four, one and two being degrees of satisfaction, three and four being degrees of disatisfaction. This report calculates the percentage of total responses falling into the approval range.

Tab 3

Regulations Effective: February 27, 2014

Part I
General Provisions

18VAC112-20-10. Definitions.

In addition to the words and terms defined in § 54.1-3473 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means a minimum of 160 hours of professional practice as a physical therapist or physical therapist assistant within the 24-month period immediately preceding renewal. Active practice may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

"Approved program" means an educational program accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

"CLEP" means the College Level Examination Program.

"Contact hour" means 60 minutes of time spent in continuing learning activity exclusive of breaks, meals or vendor exhibits.

"Direct supervision" means a physical therapist or a physical therapist assistant is physically present and immediately available and is fully responsible for the physical therapy tasks or activities being performed.

"Discharge" means the discontinuation of interventions in an episode of care that have been provided in an unbroken sequence in a single practice setting and related to the physical therapy interventions for a given condition or problem.

"Evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to plan and implement a treatment intervention, provide preventive care, reduce risks of injury and impairment, or provide for consultation.

"FCCPT" means the Foreign Credentialing Commission on Physical Therapy.

"FSBPT" means the Federation of State Boards of Physical Therapy.

"General supervision" means a physical therapist shall be available for consultation.

"National examination" means the examinations developed and administered by the Federation of State Boards of Physical Therapy and approved by the board for licensure as a physical therapist or physical therapist assistant.

"PRT" means the Practice Review Tool for competency assessment developed and administered by FSBPT.

"Reevaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to determine a patient's response to the treatment plan and care provided.

"Support personnel" means a person who is performing designated routine tasks related to physical therapy under the direction and supervision of a physical therapist or physical therapist assistant within the scope of this chapter.

"TOEFL" means the Test of English as a Foreign Language.

"Trainee" means a person seeking licensure as a physical therapist or physical therapist assistant who is undergoing a traineeship.

"Traineeship" means a period of active clinical practice during which an applicant for licensure as a physical therapist or physical therapist assistant works under the direct supervision of a physical therapist approved by the board.

"TSE" means the Test of Spoken English.

"Type 1" means continuing learning activities offered by an approved organization as specified in 18VAC112-20-131.

"Type 2" means continuing learning activities which may or may not be offered by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning.

18VAC112-20-27. Fees.

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. Licensure by examination.

1. The application fee shall be $140 for a physical therapist and $100 for a physical therapist assistant.

2. The fees for taking all required examinations shall be paid directly to the examination services.

C. Licensure by endorsement. The fee for licensure by endorsement shall be $140 for a physical therapist and $100 for a physical therapist assistant.

D. Licensure renewal and reinstatement.

1. The fee for active license renewal for a physical therapist shall be $135 and for a physical therapist assistant shall be $70 and shall be due by December 31 in each even-numbered year.

2. The fee for an inactive license renewal for a physical therapist shall be $70 and for a physical therapist assistant shall be $35 and shall be due by December 31 in each even-numbered year.

3. A fee of $50 for a physical therapist and $25 for a physical therapist assistant for processing a late renewal within one renewal cycle shall be paid in addition to the renewal fee.

4. The fee for reinstatement of a license that has expired for two or more years shall be $180 for a physical therapist and $120 for a physical therapist assistant and shall be submitted with an application for licensure reinstatement.

E. Other fees.

1. The fee for an application for reinstatement of a license that has been revoked shall be $1,000; the fee for an application for reinstatement of a license that has been suspended shall be $500.

2. The fee for a duplicate license shall be $5, and the fee for a duplicate wall certificate shall be $15.

3. The fee for a returned check shall be $35.

4. The fee for a letter of good standing/verification to another jurisdiction shall be $10.

F. Direct access certification fees.

1. The application fee shall be $75 for a physical therapist to obtain certification to provide services without a referral.

2. The fee for renewal on a direct access certification shall be $35 and shall be due by December 31 in each even-numbered year.

3. A fee of $15 for processing a late renewal of certification within one renewal cycle shall be paid in addition to the renewal fee.

18VAC112-20-60. Requirements for licensure by examination.

~~A.~~ Every applicant for initial licensure by examination shall submit:

1. Documentation of having met the educational requirements specified in 18VAC112-20-40 or 18VAC112-20-50;

2. The required application, fees and credentials to the board; and

3. Documentation of passage of the national examination as prescribed by the board.

~~B. If an applicant fails the national examination three times, he shall apply for approval to sit for any subsequent examination by submission of evidence satisfactory to the board of having successfully completed the following requirements:~~

~~1. Provide the board with a copy of the deficiency report from the examination;~~

~~2. Review areas of deficiency with the applicant's physical therapy educational program and develop a plan, which may include additional clinical training or coursework, to address deficiency areas; and~~

~~3. Take an examination review course and the practice examination.~~

18VAC112-20-65. Requirements for licensure by endorsement.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in the United States, its territories, the District of Columbia, or Canada may be licensed in Virginia by endorsement.

B. An applicant for licensure by endorsement shall submit:

1. Documentation of having met the educational requirements prescribed in 18VAC112-20-40 or 18VAC112-20-50. In lieu of meeting such requirements, an applicant may provide evidence of clinical practice consisting of at least 2,500 hours of patient care during the five years immediately preceding application for licensure in Virginia with a current, unrestricted license issued by another U.S. jurisdiction;

2. The required application, fees, and credentials to the board;

3. A current report from the Healthcare Integrity and Protection Data Bank (HIPDB) ~~and a current report from the National Practitioner Data Bank (NPDB)~~;

4. Evidence of completion of 15 hours of continuing education for each year in which the applicant held a license in another U.S. jurisdiction, or 60 hours obtained within the past four years; ~~and~~

5. Documentation of passage of an examination equivalent to the Virginia examination at the time of initial licensure or documentation of passage of an examination required by another state at the time of initial licensure in that state ~~and active, clinical practice with a current, unrestricted license for at least five years prior to applying for licensure in Virginia.~~; and

~~For the purpose of this subsection, active, clinical practice shall mean at least 2,500 hours of patient care over a five-year period.~~

~~C. A physical therapist seeking licensure by endorsement who has not actively practiced~~ 6. Documentation of active practice in physical therapy in another U.S. jurisdiction for at least 320 hours within the four years immediately preceding his application for licensure. A physical therapist who does not meet the active practice requirement shall:

~~1.~~ a. Successfully complete ~~480~~ 320 hours in a traineeship in accordance with requirements in 18VAC112-20-140; or

~~2.~~ b. Document that he meets the standard of the PRT within the two years preceding application for licensure in Virginia and successfully complete ~~320~~ 160 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

~~D.~~ C. A physical therapist assistant seeking licensure by endorsement who has not actively practiced physical therapy for at least 320 hours within the four years immediately preceding his application for licensure shall successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

18VAC112-20-90. General responsibilities.

A. The physical therapist shall be responsible for managing all aspects of the physical therapy care of each patient and shall provide:

1. The initial evaluation for each patient and its documentation in the patient record; ~~and~~

2. Periodic ~~evaluations~~ reevaluation, including documentation of the patient's response to therapeutic intervention~~.~~; and

3. The documented status of the patient at the time of discharge, including the response to therapeutic intervention. If a patient is discharged from a health care facility without the opportunity for the physical therapist to reevaluate the patient, the final note in the patient record may document patient status.

B. The physical therapist shall communicate the overall plan of care to the patient or his legally authorized representative and shall also communicate with a referring doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, nurse practitioner or physician assistant to the extent required by § 54.1-3482 of the Code of Virginia.

C. A physical therapist assistant may assist the physical therapist in performing selected components of physical therapy intervention to include treatment, measurement and data collection, but not to include the performance of an evaluation as defined in 18VAC112-20-10.

D. A physical therapist assistant's visits to a patient may be made under general supervision.

E. A physical therapist providing services with a direct access certification as specified in § 54.1-3482 of the Code of Virginia shall utilize the Direct Access Patient Attestation and Medical Release Form prescribed by the board or otherwise include in the patient record the information, attestation and written consent required by subsection B of § 54.1-3482 of the Code of Virginia.

18VAC112-20-120. Responsibilities to patients.

A. The initial patient visit shall be made by the physical therapist for evaluation of the patient and establishment of a plan of care.

B. The physical therapist assistant's first visit with the patient shall only be made after verbal or written communication with the physical therapist regarding patient status and plan of care. Documentation of such communication shall be made in the patient's record.

C. Documentation of physical therapy interventions shall be recorded on a patient's record by the physical therapist or physical therapist assistant providing the care.

D. The physical therapist shall reevaluate the patient as needed, but not less than according to the following schedules:

1. For inpatients in hospitals as defined in § 32.1-123 of the Code of Virginia, it shall be not less than once every seven consecutive days.

2. For patients in other settings, it shall be not less than one of 12 visits made to the patient during a 30-day period, or once every 30 days from the last ~~evaluation~~ reevaluation, whichever occurs first.

3. For patients who have been receiving physical therapy care for the same condition or injury for six months or longer, it shall be at least every 90 days from the last reevaluation.

Failure to abide by this subsection due to the absence of the physical therapist in case of illness, vacation, or professional meeting, for a period not to exceed five consecutive days, will not constitute a violation of these provisions.

E. The physical therapist shall be responsible for ongoing involvement in the care of the patient to include regular communication with a physical therapist assistant regarding the patient's plan of treatment.

18VAC112-20-135. Inactive license.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required renewal fee ~~of $70 for a physical~~

~~therapist and $35 for a physical therapist assistant~~, be issued an inactive license. ~~The fee for the renewal of an inactive license due December 31, 2010, shall be $60 for a physical therapist and $30 for a physical therapist assistant.~~

1. The holder of an inactive license shall not be required to meet active practice requirements.

2. An inactive licensee shall not be entitled to perform any act requiring a license to practice physical therapy in Virginia.

B. A physical therapist or physical therapist assistant who holds an inactive license may reactivate his license by:

1. Paying the difference between the renewal fee for an inactive license and that of an active license for the biennium in which the license is being reactivated;

2. Providing proof of 320 active practice hours in another jurisdiction ~~equal to those required for renewal of an active license in Virginia for the period in which the license has been inactive~~ within the four years immediately preceding application for reactivation.

a. If the inactive physical therapist licensee does not meet the requirement for active practice, the license may be reactivated by completing ~~480~~ 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 or documenting that he has met the standard of the PRT within the two years preceding application for reactivation of licensure in Virginia and successfully completing ~~320~~ 160 hours in a traineeship in accordance with requirements in 18VAC112-20-140.

b. If the inactive physical therapist assistant licensee does not meet the requirement for active practice, the license may be reactivated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140; and

3. Completing the number of continuing competency hours required for the period in which the license has been inactive, not to exceed four years.

18VAC112-20-136. Reinstatement requirements.

A. A physical therapist or physical therapist assistant whose Virginia license is lapsed for two years or less may reinstate his license by payment of the renewal and late fees as set forth in 18VAC112-20-150 and completion of continued competency requirements as set forth in 18VAC112-20-131.

B. A physical therapist or physical therapist assistant whose Virginia license is lapsed for more than two years and who is seeking reinstatement shall:

1. Apply for reinstatement and pay the fee specified in 18VAC112-20-150;

2. Complete the number of continuing competency hours required for the period in which the license has been lapsed, not to exceed four years; and

3. Have actively practiced physical therapy in another jurisdiction for at least 320 hours within the four years immediately preceding applying for reinstatement.

a. If a physical therapist licensee does not meet the requirement for active practice, the license may be reinstated by completing ~~480~~ 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 or documenting that he has met the standard of the PRT within the two years preceding application for licensure in Virginia and successfully completing ~~320~~ 160 hours in a traineeship in accordance with requirements in 18VAC112-20-140.

b. If a physical therapist assistant licensee does not meet the requirement for active practice, the license may be reinstated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140.

18VAC112-20-140. Traineeship requirements.

A. The traineeship shall be ~~(i) in a facility that serves as a clinical education facility for students enrolled in an accredited program educating physical therapists in Virginia, (ii)~~ approved by the board~~,~~ and ~~(iii)~~ under the direction and supervision of a licensed physical therapist.

B. Supervision and identification of trainees:

1. There shall be a limit of two physical therapists assigned to provide supervision for each trainee.

2. The supervising physical therapist shall countersign patient documentation (i.e., notes, records, charts) for services provided by a trainee.

3. The trainee shall wear identification designating them as a "physical therapist trainee" or a "physical therapist assistant trainee."

C. Completion of traineeship.

1. The physical therapist supervising the trainee shall submit a report to the board at the end of the required number of hours on forms supplied by the board.

2. If the traineeship is not successfully completed at the end of the required hours, as determined by the supervising physical therapist, the president of the board or his designee shall determine if a new traineeship shall commence. If the president of the board determines that a new traineeship shall not commence, then the application for licensure shall be denied.

3. The second traineeship may be served under a different supervising physical therapist and may be served in a different organization than the initial traineeship. If the second traineeship is not successfully completed, as determined by the supervising physical therapist, then the application for licensure shall be denied.

18VAC112-20-150. ~~Fees.~~ (Repealed.)

Report of the 2014 General Assembly

Board of Physical Therapy

HB 190 Athletic trainers; possession and administration of oxygen.

Chief patron: Bell, Richard P.

An Act to amend and reenact § 54.1-3408 of the Code of Virginia, relating to athletic trainers; possession and administration of oxygen.

Summary as introduced:
Athletic trainers; possession and administration of oxygen. Provides that prescribers may authorize licensed athletic trainers to possess and administer oxygen for use in emergency situations.

03/03/14 Senate: Read third time
03/03/14 Senate: Passed Senate (40-Y 0-N)
03/06/14 House: Enrolled
03/06/14 House: Bill text as passed House and Senate (HB190ER)
03/07/14 House: Impact statement from DPB (HB190ER)

HB 191 Physician assistant; expert witness testimony.

Chief patron: Minchew

An Act to amend and reenact § 8.01-401.2 of the Code of Virginia, relating to expert witness testimony; chiropractor; physician assistant.

Summary as passed:

Expert witness testimony; chiropractic, physician assistant. Allows a properly qualified physician assistant to testify as an expert witness in a court of law on certain matters within the scope of his activities as authorized under Virginia law, except in any medical malpractice action for or against (i) a defendant doctor of medicine or osteopathic medicine regarding the standard of care or (ii) a defendant health care provider regarding causation. The bill also adds "treatment" and "treatment plan" to those matters about which a chiropractor may testify as an expert witness. This bill is identical to SB 185.

03/03/14 House: Enrolled
03/03/14 House: Bill text as passed House and Senate (HB191ER)
03/03/14 House: Signed by Speaker
03/06/14 House: Impact statement from DPB (HB191ER)
03/06/14 Senate: Signed by President

HB 505 Dextromethorphan Distribution Act; penalty for distributing or selling Dextromethorphan to a minor.

Chief patron: Hodges

An Act to amend the Code of Virginia by adding in Chapter 7 of Title 18.2 an article numbered 1.3, consisting of sections numbered 18.2-265.19, 18.2-265.20, and 18.2-265.21, relating to the Dextromethorphan Distribution Act; penalty.

Summary as passed:

Dextromethorphan Distribution Act; penalty. Provides that no pharmacy or retail distributor may knowingly or intentionally sell or distribute a product containing dextromethorphan (a cough suppressant found in many over-the-counter medications) to a minor and that no minor may knowingly and intentionally purchase such product. A violation is punishable by a $25 civil penalty. Additionally, a pharmacy or retail distributor shall not sell or distribute a product containing dextromethorphan unless the purchaser presents a government-issued photo-ID showing proof of age or the purchaser appears to be at least 25 years old. Upon a first violation, the pharmacy or retail distributor shall receive a notice of noncompliance, and any subsequent violation is punishable by a $25 civil penalty. The bill also provides that a person who distributes or possesses with the intent to distribute unfinished dextromethorphan is guilty of a Class 1 misdemeanor. The bill has a delayed effective date of January 1, 2015, and is identical to SB 213.

02/18/14 House: Bill text as passed House and Senate (HB505ER)
02/18/14 House: Signed by Speaker
02/19/14 House: Impact statement from DPB (HB505ER)
02/20/14 Senate: Signed by President
03/03/14 Governor: Approved by Governor-Chapter 101 (effective 1/1/15)

HB 611 Health regulatory boards; denial or suspension of a license, certificate or registration, exception.

Chief patron: Robinson

An Act to amend and reenact §§ 54.1-2408 and 54.1-2409 of the Code of Virginia, relating to health regulatory boards; denial or suspension of license, certification, or registration; exception.

Summary as introduced:

Health regulatory boards; denial or suspension of a license, certificate or registration; exception. Creates an exception to the requirement that health regulatory boards within the Department of Health Professions shall refuse to issue a license, certificate, or registration to an applicant if the candidate or applicant has had his license, certificate, or registration to practice the profession or occupation revoked or suspended in another jurisdiction and shall suspend the license, registration, or certification of a person licensed, registered, or certified in the Commonwealth if his license, registration, or certification has been suspended or revoked or accepted for surrender in lieu of disciplinary action in another jurisdiction for cases in which the revocation or suspension in the other jurisdiction is the result of nonrenewal of the license, registration, or certification.

02/19/14 House: Bill text as passed House and Senate (HB611ER)
02/19/14 House: Impact statement from DPB (HB611ER)
02/19/14 House: Signed by Speaker
02/21/14 Senate: Signed by President
03/03/14 Governor: Approved by Governor-Chapter 76 (effective 7/1/14)

HB 612 Genetic counseling; regulation of practice, licensure, advisory board established.

Chief patron: Robinson

An Act to amend and reenact § 54.1-2900 of the Code of Virginia and to amend the Code of Virginia by adding in Article 4 of Chapter 29 of Title 54.1 sections numbered 54.1-2957.18 through 54.1-2957.21, relating to genetic counseling; licensure.

Summary as passed House:

Genetic counseling; licensure. Provides that no person shall practice or hold himself out as practicing genetic counseling without a valid, unrevoked license as a genetic counselor from the Board of Medicine. The bill establishes requirements and a process for licensure as a genetic counselor, sets forth exemptions from the requirements for a license, and establishes the Advisory Board on Genetic Counseling.

02/12/14 House: Signed by Speaker
02/14/14 Senate: Signed by President
02/14/14 House: Impact statement from DPB (HB612ER)
02/20/14 Governor: Approved by Governor-Chapter 10 (effective 7/1/14)
02/20/14 Governor: Acts of Assembly Chapter text (CHAP0010)

HB 661 Falsifying patient records; statute of limitation on prosecutions increased.

Chief patron: Bell, Robert B.

An Act to amend and reenact § 19.2-8 of the Code of Virginia, relating to limitation of prosecutions; falsifying patient records.

Summary as passed:

Limitation of prosecutions; falsifying patient records. Increases from one year to three years the statute of limitations on prosecutions for the misdemeanor of falsifying patient records with the intent to defraud.

02/21/14 House: Bill text as passed House and Senate (HB661ER)
02/21/14 House: Signed by Speaker
02/23/14 Senate: Signed by President
02/24/14 House: Impact statement from DPB (HB661ER)
03/05/14 Governor: Approved by Governor-Chapter 169 (effective 7/1/14)

HB 855 Health regulatory boards; reinstatement of licensure.

Chief patron: Garrett

An Act to amend and reenact § 54.1-2408.2 of the Code of Virginia, relating to health regulatory boards; burden of proof for reinstatement.

Summary as introduced:

Health regulatory boards; reinstatement of licensure. Provides that an applicant for reinstatement of a certificate, registration, or license that has been revoked bears the burden of proof to show to the appropriate health regulatory board by clear and convincing evidence that he is safe and competent to practice.

02/12/14 House: Signed by Speaker
02/14/14 Senate: Signed by President
02/14/14 House: Impact statement from DPB (HB855ER)
02/20/14 Governor: Approved by Governor-Chapter 11 (effective 7/1/14)
02/20/14 Governor: Acts of Assembly Chapter text (CHAP0011)

HB 874 Drugs; designation and reporting those of concern.

Chief patron: Yost

An Act to amend and reenact §§ 54.1-2519 and 54.1-2520 of the Code of Virginia and to amend the Code of Virginia by adding in Article 5 of Chapter 34 of Title 54.1 a section numbered 54.1-3456.1, relating to designation and reporting of drugs of concern.

Summary as passed:

Designation and reporting of drngs of concern. Authorizes the Board of Pharmacy to identify "drugs of concern" and requires such drugs of concern to be reported to the Prescription Monitoring Program.

03/03/14 House: Enrolled
03/03/14 House: Bill text as passed House and Senate (HB874ER)
03/03/14 House: Signed by Speaker
03/06/14 House: Impact statement from DPB (HB874ER)
03/06/14 Senate: Signed by President

HB 891 Health regulatory boards; powers and duties, special conference committees.

Chief patron: Peace

An Act to amend and reenact § 54.1-2400 of the Code of Virginia, relating to powers and duties of health regulatory boards; special conference committees.

Summary as introduced:

Powers and duties of health regulatory boards; special conference committees. Provides that special conference committees may consider applications for a license, certificate, registration, permit, or issuance of a multistate licensure privilege and may grant or deny the application or issue a restricted license, certification, registration, permit, or multistate licensure privilege. The bill also provides that special conference committees may hear cases in which a holder of a permit issued by a health regulatory board is reported to be the subject of disciplinary action.

02/26/14 House: Enrolled
02/26/14 House: Bill text as passed House and Senate (HB891ER)
02/26/14 House: Impact statement from DPB (HB891ER)
02/26/14 House: Signed by Speaker
02/28/14 Senate: Signed by President

HB 923 Prescription Monitoring Program; disclosure method of information to recipient.

Chief patron: Peace

An Act to amend and reenact § 54.1-2523 of the Code of Virginia, relating to the Prescription Monitoring Program; method of disclosure of information to recipient.

Summary as introduced:

Prescription Monitoring Program; disclosure method. Specifies that when the Director, in his discretion, discloses information that is in the possession of the program concerning a recipient who is over the age of 18 to that recipient, the information shall be mailed to the street or mailing address indicated on the recipient request form.

02/12/14 House: Signed by Speaker
02/14/14 Senate: Signed by President
02/14/14 House: Impact statement from DPB (HB923ER)
02/20/14 Governor: Approved by Governor-Chapter 12 (effective 7/1/14)
02/20/14 Governor: Acts of Assembly Chapter text (CHAP0012)

HB 1247 Spouses of military service members; reduces application review period for temporary licenses.

Chief patron: Filler-Corn

An Act to amend and reenact § 54.1-119 of the Code of Virginia, relating to professions and occupations; expedited review; applications of spouses of military service members.

Summary as introduced:
Professions and occupations; expedited review; applications of spouses of military service members. Reduces from 30 to 20 days the allowable application review period after which a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health or any board named in Title 54.1 will be required to issue a temporary license to certain military spouses while the board completes its review. The bill amends a provision that is scheduled to become effective on July 1, 2014

03/04/14 House: Enrolled
03/04/14 House: Bill text as passed House and Senate (HB1247ER)
03/04/14 House: Signed by Speaker
03/05/14 House: Impact statement from DPB (HB1247ER)
03/07/14 Senate: Signed by President

SB 203 Occupational therapy; practice as a therapist or therapist assistant applicant.

Chief patron: Carrico

An Act to amend and reenact § 54.1-2956.5 of the Code of Virginia, relating to occupational therapy; practice as therapist applicant or therapist assistant applicant.

Summary as introduced:

Occupational therapy; practice as a therapist or therapist assistant applicant. Provides that a person who has graduated from a duly accredited educational program in occupational therapy may practice under the title

"Occupational Therapist, License Applicant" and that a person who has graduated from a duly accredited occupational therapy assistant education program may practice under the title "Occupational Therapy Assistant, License Applicant" until he has received a failing score on any examination required by the Board of Occupational Therapy or until six months have elapsed from the date of graduation, whichever occurs sooner.

02/25/14 Senate: Enrolled
02/25/14 Senate: Bill text as passed Senate and House (SB203ER)
02/25/14 Senate: Impact statement from DPB (SB203ER)
02/25/14 House: Signed by Speaker
02/27/14 Senate: Signed by President

SB 328 Surgical technologists and surgical assistants; use of title, registration.

Chief patron: Barker

An Act to amend the Code of Virginia by adding sections numbered 54.1-2956.12 and 54.1-2956.13, relating to surgical technologists and surgical assistants.

Summary as passed Senate:

Surgical technologists and surgical assistants. Prohibits any person from using or assuming the title "registered surgical technologist" unless such person is registered with the Board of Medicine and prohibits any person from using or assuming the title "registered surgical assistant" unless such person is registered with the Board. The bill requires the Board to register applicants as registered surgical technologists or registered surgical assistants if the applicant meets certain criteria.

03/03/14 House: Passed House BLOCK VOTE (94-Y 0-N)
03/03/14 House: VOTE: BLOCK VOTE PASSAGE (94-Y 0-N)
03/06/14 Senate: Enrolled
03/06/14 Senate: Bill text as passed Senate and House (SB328ER)
03/07/14 Senate: Impact statement from DPB (SB328ER)

Tab 4

SHENANDOAH™
UNIVERSITY
Division of Physical Therapy

February 6th 2014

Dear PT Board Members,

I'm writing to you for clarification on certain aspects of the Commonwealth of Virginia's Physical Therapy Code as it pertains to direct access, dry needling and research.

I have been using dry needling in practice and research for almost 10 years. I recently moved to take a faculty position at Shenandoah University with the intent of continuing my line of research regarding the pathophysiology surrounding trigger points and the effects of dry needling on muscle and fascia. I now find myself in a perplexed state with regard to performing research given what I've gleaned from the practice act and the guidance documents.

§ 54.1-3482.
A physical therapist who has obtained a certificate of authorization pursuant to § 54.1-3482.1 may evaluate and treat a patient for no more than 14 consecutive business days after evaluation without a referral under the following conditions.....

D.
Invasive procedures within the scope of practice of physical therapy shall at all times be performed only under the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner as authorized in his practice protocol, or a licensed physician assistant acting under the supervision of a licensed physician

VA Board of Physical Therapy - Guidance document: 112-9
• Dry needling is an invasive procedure and requires referral and direction, in accordance with § 54.1-3482 of the Code of Virginia. Referral should be in writing and specific for dry needling; if the initial referral is received orally, it must be followed up with a written referral

Does having a Direct Access Certificate supersede the requirements of Section D of § 54.1-3482 since its exclusion or exception is not explicit?

Does the practice of research equate to the practice of Physical Therapy as per the definition noted in § 54.1-3473? If so this would infer that all research performed by physical therapists who do not hold a direct access certificate would require referrals for subjects involved in interventional research.

There are many non-PT and PT scientists inserting hypodermic needles into subjects muscle to embed fine wire electrodes for the purposes of electromyography. Additionally, some are performing punch biopsies of muscle. These tasks are being performed without referrals. This is occurring even in states who have yet to approve dry needling as being within the scope of practice of PTs.

Today at the American Physical Therapy Association's Combined Sections Meeting (CSM) in Las Vegas I listened to a platform presentation by George Beneck, PT, PhD, OCS, a faculty member at California State University who presented "Can postural cueing selectively increase local extensor activation during lumbar stabilization exercise. An EMG assessment using fine wire electrodes". Dr. Beneck inserted fine wire electrode via a hypodermic needle into his subjects multifidii muscles. Dry needling is not within the scope of practice of physical therapists in California, yet Dr. Beneck has performed several studies using fine wire electrodes with IRB approval. In my opinion this is not much different from dry needling except for the fact that the hypodermic needle is of a larger gauge than the monofilament needles used in dry needling and the fine wire electrodes are left insitu while data is acquired.

There is some lack of clarity as to the use of invasive procedures for research, and how dry needling is different from other invasive measures that are used in PT research (EMG studies, blood glucose or lactate monitoring) by PTs.

I look forward to hearing from you.

Sincerely,

Ruth M. Maher

Ruth M. Maher, PT, PhD, DPT, WCS, BCB-PMD, CEAS
Associate Director/Associate Professor
Division of Physical Therapy
Tel : 540 665 5522
Email: rmaher@su.edu

SHENANDOAH™
UNIVERSITY
Division of Physical Therapy

January 8th 2014

Dear PT Board Members,

I am writing to you for clarification on certain aspects of the Commonwealth of Virginia's Physical Therapy Code as it pertains to direct access, dry needling and research.

I have been using dry needling in practice and research for almost 10 years. I recently moved to take a faculty position at Shenandoah University with the intent of continuing my line of research regarding the pathophysiology surrounding trigger points and the effects of dry needling on muscle and fascia. I now find myself in a perplexed state with regard to performing research given what I've gleaned from the practice act and the guidance documents.

> ***§ 54.1-3482.***
> *A physical therapist who has obtained a certificate of authorization pursuant to § 54.1-3482.1 may evaluate and treat a patient for no more than 14 consecutive business days after evaluation without a referral under the following conditions.....*
>
> ***D.***
> *Invasive procedures within the scope of practice of physical therapy shall at all times be performed only under the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner as authorized in his practice protocol, or a licensed physician assistant acting under the supervision of a licensed physician*
>
> ***VA Board of Physical Therapy - Guidance document: 112-9***
> *• Dry needling is an invasive procedure and requires referral and direction, in accordance with § 54.1-3482 of the Code of Virginia. Referral should be in writing and specific for dry needling; if the initial referral is received orally, it must be followed up with a written referral.*

1. Does having a Direct Access Certificate supersede the requirements of Section D of § 54.1-3482 since its exclusion or exception is not explicit?

2. Does the practice of research equate to the practice of Physical Therapy as per the definition noted in § 54.1-3473? If so this would infer that all research performed by physical therapists who do not hold a direct access certificate would require referrals for subjects involved in interventional research.

There is some lack of clarity as to the use of invasive procedures for research, and how dry needling is different from other invasive measures that are used in PT research (EMG studies, blood glucose or lactate monitoring) by PTs.

I look forward to hearing from you.

Sincerely,

Ruth M. Maher

Ruth M. Maher, PT, PhD, DPT, WCS, BCB-PMD, CEAS.
Associate Director/Associate Professor
rmaher@su.edu
(540) 665 5522

Currier, Missy (DHP)

From: Hahn, Lisa R. (DHP)
Sent: Tuesday, January 21, 2014 11:04 AM
To: Maher, Ruth
Cc: Wolff-Burke, Melissa; Karen Abraham; Megan Bureau; Currier, Missy (DHP); Barrett,Erin L.
Subject: RE: Quick question

Ruth,

Thank you for your additional email. I can certainly understand the issue. I have added the topic to the February board meeting agenda. It is not likely that we will have an easy fix, such as amending the Guidance Document as I initially felt we could do. The law specifies when a PT can evaluate and treat a patient without a referral (Section 54.1-3482); unfortunately research is not one of the conditions. A legislative change may be necessary. I will let you know the board's decision on this matter.

Thank you.

Lisa
Lisa R. Hahn, MPA, Executive Director
Department of Health Professions
Board of Physical Therapy
Board of Long Term Care Administrators
Board of Funeral Directors and Embalmers
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804 367-4400

From: Maher, Ruth [mailto:rmaher@su.edu]
Sent: Tuesday, January 07, 2014 11:08 AM
To: Hahn, Lisa R. (DHP)
Cc: Wolff-Burke, Melissa; Karen Abraham; Megan Bureau
Subject: Re: Quick question

Hi Lisa,
Thank you for your email. Does this rule apply to those doing research? I ask because the subjects are not patients and there is no compensation involved. I have many research studies planned looking at the neurophysiolgical effects of dry needling on muscle and fascia including the use of high powered ultrasound imaging which measures tissue stiffness.

I'm not sure how I will be able to perform these studies if I have to get referrals for every subject especially if the visit to obtain the referral costs money.

I look forward to hearing from you.

Sincerely,
Ruth

On Tue, Jan 7, 2014 at 10:08 AM, Hahn, Lisa R. (DHP) <Lisa.Hahn@dhp.virginia.gov> wrote:

Currently in Virginia, dry needling requires referral pursuant to the Guidance Document below. The board has not (yet) considered an amendment to the Guidance Document regarding those that have DA certification and if that would change the referral requirement for DN.

VA Board of Physical Therapy - Guidance document: 112-9

• Dry needling is an invasive procedure and requires referral and direction, in accordance with § 54.1-3482 of the Code of Virginia. Referral should be in writing and specific for dry needling; if the initial referral is received orally, it must be followed up with a written referral.

Code of Virginia 54.1-3482.D. Invasive procedures within the scope of practice of physical therapy shall at all times be performed only under the referral and direction of a licensed doctor of medicine, osteopathy, chiropractic, podiatry, dental surgery, licensed nurse practitioner as authorized in his practice protocol, or a licensed physician assistant acting under the supervision of a licensed physician.

Lisa R. Hahn, MPA, Executive Director

Department of Health Professions

Board of Physical Therapy

Board of Long Term Care Administrators

Board of Funeral Directors and Embalmers

9960 Mayland Drive, Suite 300

Henrico, VA 23233

804 367-4400

Tab 5

PROFESSIONAL THERAPIES, INC.
a Certified Rehabilitation Agency
Physical Therapy - Occupational Therapy
Speech Language Pathology Services
Adults and Pediatrics

1421 Third St., Roanoke, VA 24016
(540) 982-2208 Fax (540) 982-7637

1110 Vinyard Rd., Vinton, VA 24179
(540) 343-0466 Fax (540) 345-2261
(540) 343-5004 - Pediatric Line

1616 Roanoke Rd., Ste. 100, Daleville, VA 24083
(540) 992-4801 Fax (540) 992-1669

300-B Pell Avenue, Rocky Mount, VA 24151
(540) 484-1456 Fax (540) 484-1236

November 11,2013

Ms Lisa Hahn

Executive Director

Board of Physical Therapy

9960 Maryland Dr. Suite 300

Henrico, VA 23233-1463

Lisa.hahn@dhp.virginia.gov

Dear Ms. Hahn and Board Members:

For over twenty-five years our Practice has provided contract therapy services ("related services") to multiple School Systems in Southwest Virginia. We have become increasingly concerned about the instructions and requests made by State DOE and DMAS Staff in their attempts to obtain Medicaid (federal) funding for these related services. We have assisted many of these Schools in identifying and helping to educate School Staff and parents in the differences between educational model services[required under IDEA and provided in the Schools based on an (IEP) Individualized Educational Plan] and medical model services usually provided in out-patient settings or home health settings. We DO acknowledge that there are SOME services that would qualify as medically necessary in the Schools.

However, because of the Commonwealth's desire to draw down increasing federal funds to fund the Schools, the Department of Medical Assistance Services and the Department of Education have consistently, over the last 10 years, tried to make things easier for Schools to bill Medicaid. In doing so, we believe that they have pushed Therapists beyond their Scopes of Practice (PT, OT , and SLP) by encouraging them to order their own evaluations (after the fact) by establishing that they are medically necessary without physician involvement. Then, once a child who has Medicaid has been evaluated and related services have been placed on his/her IEP, the VDOE and DMAS are asking Therapists to create Plans of Care on every Medicaid patient and sign the Plan of Care to agree that the services are medically necessary. Whereas, we have fought hard to make sure that the Therapist is the one who determines whether services really qualify as medically necessary and qualify for Medicaid coverage, the

Other Locations

80 College St., Ste. E, Christiansburg, VA 24073
(540) 382-1492 Fax (540) 382-1493

4860 Rucker Road, Ste. 2, Moneta, VA 24121
(540) 297-7567 Fax (540) 297-7836

13399 B.T. Washington Hwy., Hardy, VA 24101
(540) 721-4199 Fax (540) 721-4659

instructions have continued and the pressure has increased to bill all IEP Therapy rendered to all Medicaid-covered students. This pressure is brought to bear even when these services are not skilled and DO NOT require the Therapist's clinical knowledge. Although the VDOE and DMAS have stated , in writing, that services must require the skills of the Therapist to qualify for Medicaid reimbursement, they have now verbally informed the Therapy staff that student's with IEP's automatically have medical needs; therefore, IEP services are medically necessary! This simply is not the case and flies in the face of CMS regulations whereby ALL Therapy services in ALL settings require physician certification and require the skills of the Therapist in order to qualify for Medicaid reimbursement. We realize that, based on our State Practice Act, Physical Therapist's are allowed to provide services that are already ON the IEP and that there has been a guidance letter written allowing the PT to perform an evaluation on a student without physician referral. It, however, is an entirely different matter to suggest that PT's can order and certify these services for purposes of billing a Federal Program!

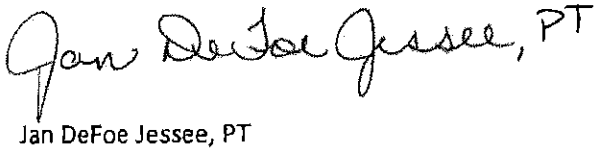
Medicaid was established to provide medical services to indigent patients and is supposed to fund only those services that are provided in efficient and economic manners. To use the federal funding stream (the only portion which is paid to the Schools) to fund IEP services that are, in most cases, not medically necessary is a travesty for the Program and for Taxpayers!! It is also impeding access to those medically necessary out-patient services to which these children are entitled and which they are needing.

The circumvention of federal regulations in this Program has grown each year and many therapists (because they are trying to comply with instructions from their Employers) are permitting and perpetuating fraudulent claiming without even knowing it. This year, at the October, 2013 VDOE/DMAS Training came the most blatant instructions to put Therapists at risk! Not only have VDOE/DMAS forms removed Physician signatures from the Plans of Care for students so that all the services can be billed to Medicaid with only the Therapist signature, but also VDOE/DMAS is instructing the Therapists to sign the order for the Therapy evaluation so it can be billed. When questioned about completing this "referral" before the Therapist had "laid eyes" on the patient, the Therapist was told to perform the evaluation and then complete the order saying that it was "medically necessary"!!

I, and my Director of Pediatrics, have been trying to hold the State accountable for questionable instructions, etc., over the last ten years because we have seen a blatant, overriding attempt by VDOE/DMAS to obfuscate the proper regulations and instructions for appropriate claiming in order to "draw down" more federal funding. This is NOT the way to accomplish proper funding for the Schools, and it puts the Schools and the Therapists in jeopardy. We would appreciate the State Board of Physical Therapy taking a stand against these practices.

Please contact me at your earliest convenience about these matters.

Sincerely,



Jan DeFoe Jessee, PT

President/Administrator

Professional Therapies of Roanoke, Inc.

Phone: 540-982-2208

Currier, Missy (DHP)

From: Hahn, Lisa R. (DHP)
Sent: Monday, November 25, 2013 2:35 PM
To: Edwards, Amy (DOE); Ireland, Marie (DOE); Nelson, Jeff (DMAS); Harrell, Ashley (DMAS); Paul & Peggy Belmont
Cc: Helmick, Lynne (DHP); Yeatts, Elaine J. (DHP); Currier, Missy (DHP)
Subject: School Based Physical Therapist

We are in receipt of a letter from a physical therapy provider practice regarding school based physical therapist being asked to certify for Medicaid medical necessity without physician involvement. The letter referenced the October 2013 Medicaid and Schools Training regarding OT, PT, SLP and Audiology Services. We have reviewed the Power Point presentation and have questions regarding some of the information provided. Our concerns are mainly in relation to the physical therapist possibly being asked to exceed their scope of practice.

We would like to invite you to meet with us in order to discuss and fully understand the process. We have reserved meeting space on December 16th at either 9 am or 3 pm or December 19th at 3 pm at DHP. Please let us know your availability.

We look forward to meeting with you.

Lisa R. Hahn, MPA, Executive Director
Department of Health Professions
Board of Physical Therapy
Board of Long Term Care Administrators
Board of Funeral Directors and Embalmers
9960 Mayland Drive, Suite 300
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